

Women's Clinic of Johnson County

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Your post-operative instructions were created for you by the Women's Clinic of Johnson County to aid in your comfort and understanding of the recovery process. Our goal is to provide you with an excellent surgical experience. Thank you for choosing our health care team.

Post-Operative Instructions for Laparoscopy

Laparoscopic surgery may be performed for the diagnosis of pelvic pain, evaluation of uterine or ovarian masses, management of ectopic (tubal) pregnancy, for tubal sterilization, or removal of an ovary or ovarian cyst.

Pain Control

You may feel some chest, shoulder or abdominal discomfort for a few days. This discomfort is a result of the gas that was introduced in the abdomen during surgery. Your body will absorb this gas after 24 to 48 hours. For relief, you may apply heat to your abdomen or lay flat.

It is important to take a stool softener, such as Colace, while taking narcotic pain medication such as Percocet or Vicodin. Please purchase a stool softener before your surgery.

You may take "over the counter" pain relievers that do not contain aspirin such as acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). Do not exceed the daily recommended dose.

Note: If the pain is not relieved by pain medication, becomes worse or you have difficulty breathing, call our office.

Incision Care

Laparoscopic incisions are closed with skin adhesive which may have a bluish/shiny appearance on the skin and/or with subcutaneous (under the skin) suture.

Inspect your incisions daily.

A small amount of blood or clear drainage from the incisions is normal and not a cause for concern.

Bruising around your incision sites is common and not a cause for concern.

Your incisions may be itchy for a few days. This is part of the normal healing process.

As your incisions heal, they will change in color and may become numb for several weeks.

If you have small dressings or band-aids, they may be removed in 24 hours.

If you have steri-strips (small adhesive strips) in place, they will peel and fall off. If they do not fall off in 10 days, carefully peel them off.

If you have stitches, they will dissolve on their own.

Note: If you notice any redness, heavy drainage or bleeding from your incisions, call our office.

Nutrition

You may resume the diet you had prior to surgery.

Drink 6-8 glasses of water daily.

Bowel Function

For the first several days after surgery, the bowel is usually less active. You may not have a regular bowel movement right away depending on pre-op bowel prep or pain medication use.

Narcotic pain medication (Percocet, Vicodin, hydrocodone or oxycodone) will increase constipation.

Regular bowel movements may be less frequent.

If constipation should occur:

- Drink more fluids
- Continue to take a stool softener, such as Colace, until constipation resolves.
- Take a mild laxative such as Milk of Magnesia

Swelling

Mild abdominal swelling can occur following surgery due to slowing of the bowels and gas used to distend the abdomen during surgery.

Swelling of the hands and lower extremities is common due to fluids given during surgery.

Swelling of the face can occur due to positioning during surgery.

If you have swelling of the calves that is persistent or associated with redness, call our office.

Activity

It is normal to feel tired for a few days after surgery. Listen to your body and do not overdo it.

Walking is encouraged immediately after surgery, as tolerated. You should NOT be bedridden after surgery as continued movement will prevent prolonged recovery times due to "deconditioning".

If you could climb stairs un-aided prior to surgery you may resume climbing stairs on discharge home.

If your incisions are 5 millimeters (the width of a pencil), you may resume your normal activities and exercise regimen after 2 weeks.

If your incisions are 10 millimeters (finger width) or larger, you should avoid strenuous activities such as heavy lifting (greater than 10 pounds or a gallon of

milk), pushing or pulling for 6 weeks.

Do not drive while taking prescription pain medication or if your level of discomfort could inhibit your ability to operate a motor vehicle safely.

Most patients are able to return to work after 2 weeks. Recovery times vary from patient to patient. Your doctor will make recommendations based on your specific case.

You may shower the day after surgery. Pat incisions dry. Do not rub incisions with washcloth or towel. Keep your incisions as dry as possible.

You may take a bath after six weeks. You must also wait six weeks to go into a swimming pool, hot tub or the ocean.

Vaginal Bleeding

Light vaginal bleeding, spotting or brown discharge after surgery are common due to the intrauterine instruments used during surgery.

Surgery can alter your menstrual cycles. Your first cycle could occur early or late. If your cycle is more than 7 days late, you should take a home pregnancy test if you have been sexually active.

Note: If you have heavy, bright red vaginal bleeding soaking 1 pad or more per hour, call our office.

Sexual Intercourse

Avoid placing anything in the vagina for **2 weeks** (i.e. tampons, douching, and sexual intercourse).

Follow-up Appointment

You should schedule a post-operative appointment at 2 weeks and at 6 weeks after surgery.

Call The Office If You Are Experiencing:

- **A fever higher than 100.4 degrees F.**
- **Increasing pain not controlled by pain medication.**
- **Inability to eat or drink without vomiting.**
- **Shortness of breath.**
- **Inability to empty your bladder.**
- **Redness and tenderness at the incision site, or a large amount of drainage.**
- **Heavy, bright red vaginal bleeding or foul smelling discharge. You can expect to have a small amount of reddish-brown colored discharge for up to 2 weeks. Do not be alarmed by this.**

If you feel you need to be seen emergently, please go to the Emergency Department where your surgery was performed so that our physicians may care for you.

Any questions regarding your surgery or post-operative recovery should be directed to the staff at the Women's Clinic of Johnson County rather than your Primary Care Physician.