

POSTOP LAPAROSCOPY or ROBOTIC PROCEDURE INSTRUCTIONS

Laparoscopic surgery may be performed for the diagnosis of pelvic pain, for evaluation of uterine or ovarian masses, for management of ectopic (tubal) pregnancy, for tubal sterilization, or for removal of an ovary or uterus. Robotic hysterectomy uses this same method of surgery with assistance from the robot to control the instruments performing the surgery. Recovery is usually no different for a robotic case vs a traditional laparoscopy procedure.

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. Walking helps relieve this and reabsorb the gas as well.
- 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. Light tan-clear colored discharge is normal.**

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 your pre-op bowel prep or pain medication use.
- Narcotic pain medication (Percocet, Vicodin, Norco, 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 Senekot or 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. It can take up to a week for that to diminish
- 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 and pain, 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 upon discharge home.
- If your incisions are 5 millimeters (the width of a pencil), you may resume your normal activities and exercise regimen after two 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 six 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 two 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 seven 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 one pad or more per hour, call our office.

Sexual Intercourse

Avoid placing anything in the vagina until you are cleared by Dr Bertoldo (i.e. tampons, douching and sexual intercourse). We need to make sure that everything has healed before possibly causing increased injury.

Follow-up Appointment

You should schedule a follow-up post-operative appointment at two weeks. Please call to schedule this visit. You can schedule this visit before your surgery once you have the date.

Call the office if you are experiencing:

- A fever higher than 100.4° 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 two weeks. Do not be alarmed by this.**

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

A nurse from Dr Bertoldo's office may call you within a few days of your procedure. This is a routine call to find out how you are progressing after your procedure.

POSTOP MEDICATION INSTRUCTIONS

Narcotic medication: you will receive a prescription for **NORCO** (hydrocodone/acetaminophen) which also contains Tylenol. You can take this medication as needed for severe pain. A good way to approach this is to use this medication regularly for the first few days after surgery. You should be off all narcotics in 4-5 days. It is safe to take up to 2 tabs every 6 hrs if your pain requires it. **Usually you will need 2 pills every 6 hrs the first 2 days.** Gradually wean yourself off the stronger pain meds. An example of this is “You can take 1 tab every 4 hrs and if no relief after 30 mins, you can take the second pill.” If you need more than this, please call the office.

NSAID medication: This type of medicine helps control cramping and aching pain. It is for mild type pain. You will get a prescription for **KETOROLAC** or **MOTRIN**. Use this medication as instructed until it runs out. This will help reduce your overall need for the narcotics.

Stool Softener: you will be given a medication to use the first 4 weeks after your surgery. **COLACE** should be taken twice a day during the first week and then taken as needed depending on your level of constipation. This will prevent undue pressure on your incisions from having to strain and have a bowel movement. I do not expect you to have a bowel movement for the first few days after surgery, but you should be passing gas on a regular basis.

MIRALAX is another stool softener. It pulls more fluid into the bowel and is very effective at preventing constipation. You can use this up to twice a day, but **I recommend this at least once a day to prevent constipation from narcotics during the first week.** A capful or small packet of the medication mixed with any liquid of your choosing. Usually the thinner the liquid the easier it mixes. This has no flavor, just a thicker consistency once mixed.

*** One of the keys to feeling better faster is not getting behind on your pain level (TAKE YOUR PAIN MEDS) those first 3 days. You will need them and that is OK. It is short term and studies have shown that short term use of narcotics reduces the risk of addiction. If you are experiencing issues with pain please call the office so we can help you and evaluate what the best step is to help you feel better. ***