

Laparoscopic Hysterectomy Discharge Instructions

It has been our pleasure to take care of you. If you have any questions about your care, please contact our office during normal business hours at 712-262-6320. After hours or weekends, please call your local emergency room.

Medications and Pain Management

Common areas of pain after laparoscopic hysterectomy include incision pain or pain in between your shoulder blades, the pelvis and lower back. The gas that was used to distend your abdomen for the surgery is absorbed slowly into your blood stream over the first 3-4 days after surgery. It is not passed intestinally, although, because your abdomen is distended, it may feel similar to intestinal gas. Staying active and walking is the best way to promote the absorption of this gas.

Immediately after surgery, nerve pain is the most intense, typically for the first 6 to 12 hours. As the body heals, it creates inflammation around the incision sites adding pressure and creating soreness. After 5 days, the inflammation begins to recede and significant improvement in soreness is expected. Pulling on the incisions, especially if sudden, such as when you cough, will reactivate the nerve pain. Support your abdomen with a pillow during coughing or sneezing as this will be helpful to minimize pain.

There are two types of pain pills typically used for post-operative pain management, narcotics such as Vicodin or Norco, and an anti-inflammatory such as Ibuprofen or Naprosyn. Taking regular anti-inflammatory pills, such as three 200mg liquid gel caps of Ibuprofen 3 times per day for the first 5 days and then as needed is recommended. If you have problems using NSAIDs, be sure to discuss this with your doctor. The narcotic can be used on a schedule for the first 1 to 2 days but after that, only as you need it. Narcotics can cause constipation, nausea, sleepiness, and headaches.

You may begin your usual home medications as you were taking before unless directed by your doctor.

Incisional care

Paper tape steri-strips are typically used for the abdominal incisions. The steri-strips can be pulled off after several days or at your first post-operative appointment. You may shower and use a mild soap around the incisions and pat dry. Do not use a washcloth or scrub the incisions. Using peroxide or antiseptics is not recommended for routine care. Avoid hot and steamy showers as this may cause you to feel faint. No tub baths for the first two weeks following surgery.

There may be discoloration or bruising around the incisions. This is normal and may take several weeks to resolve. Firmness or a nodular area under the skin near the incision may represent a collection of blood, this too will resolve on its own after a little time.

If any incision develops tenderness, redness in the skin layer, or has drainage please call the office.

Vaginal Discharge

You may have a mildly malodorous discharge and occasional spotting for up to 6 weeks. Menstrual level bleeding or significant watery discharge is not expected. Put nothing in the vagina like tampons or sexual intercourse for 6 weeks after surgery.

GI Function

Nausea can occasionally be an issue in the first few days after surgery. It is usually caused as a side effect from the pain medicine, particularly narcotics. Taking the pain pills with food is a good way to proactively minimize this. Throwing up, especially after the first day, is not expected and if this happens, you should call your doctor.

Feeling gassy and constipation can be a problem for the first week after surgery. Limiting the use of narcotics may be helpful. Stool softeners twice a day and a high fiber diet are safe. If needed, Miralax once daily is a good choice. If no bowel movement after 3 days, you will need to increase the Miralax until soft, regular bowel movements are passing.

Voiding

Because the bladder is disturbed by the surgery, the normal sensation may be temporarily altered. You may not be aware that your bladder is full. If the bladder is allowed to get over distended, it may make the problem worse. This is why we make sure that you are able to empty your bladder adequately before you go home. For the first few days at home, you should make a point to empty your bladder every 3 to 4 hours.

If you had a sling placed, it may take longer to empty your bladder and you may have to tilt forward while voiding. After a few weeks, voiding feels much more natural. Pain with voiding, especially after the first day, is not expected and may represent a bladder infection.

Activity

For the first two days post-operatively, your soreness and recovery from anesthesia will limit your activity. At a minimum during this time, you should walk around for 10-15 minutes every 2-3 hours. After that, in the first week, any activity except for overt exercise is ok. Stairs are safe, just take your time. During the first week you should not commit to being on your feet for more than 30 minutes at a time. During the second week, light exercise is encouraged. After 2 weeks from surgery, you should try to get back into regular activity other than heavy lifting. For healing, please limit the amount of weight lifted to 8-10 pounds for the first 6 weeks after surgery.

Driving is ok after the first few days as long as you are not taking narcotic pain medications and your pain is well controlled.

When to Call the Doctor

Call for any fever above 100.5 F. If you do not feel feverish you do not have to routinely check your temperature.

Call for severe pain not improved by medications.

Call for persistent nausea and/or vomiting.

Call for menstrual level or more vaginal bleeding or significant vaginal discharge.

Call for unusual swelling in your legs.

Call if the incisions develop painful redness and discharge.