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POST-OPERATIVE INSTRUCTIONS **LAPAROSCOPY**

You have recently undergone a surgical procedure called a laparoscopy. During this procedure, small incisions were made in the navel and lower abdomen through which surgical instruments were inserted. The following information should help you understand what to expect during your recuperative period.

Incision Care:

You will likely have one small incision in the navel and one to three additional incisions in the lower abdomen. Some of these incisions may have stitches below the skin. You will not be able to see them. They will dissolve on their own. If the incisions are covered with Band-Aids, please remove the Band-Aid the day after your surgery. You will find that some incisions are covered with narrow white tape called Steri-Strips. Do not take the Steri-Strips off. They usually fall off on their own about 10 days after surgery. If they have not fallen off after ten days, you may gently remove them in the shower. It is best to leave these incisions open to air whenever possible. After showering, let the incision sites air-dry or gently pat dry with a towel. Do not try to clean the incisions and do not apply any creams or ointments. Observe your incisions daily for areas of increasing redness, thick or colored discharge, or worsening tenderness. If you experience any of these symptoms or if you develop a fever of more than 100 degrees, please call your physician.

Diet:

You may eat whatever you feel you can tolerate. You may experience some residual nausea from the anesthesia or pain medication which may decrease your appetite. It is most important to remain hydrated and clear liquids are usually most easily tolerated.

Activity:

It is best to avoid strenuous activity or sports for about one to two weeks after surgery. We do not however want you to be sedentary. Walking and light activity is good for circulation and healing. The speed with which patients “bounce back” after surgery is largely dependent on the individual. Remember that your body is undergoing a healing process and thus you may not have as much energy as usual. You should not drive if you are taking narcotic pain medication or if you would hesitate to move your legs quickly if need be.

NOTE: You should not insert anything vaginally for two weeks after surgery. This includes no bathing, soaking or swimming. Patients who have undergone a total hysterectomy (removal of the uterus and cervix) should avoid intercourse for eight weeks. Be aware that continued cervical cancer screening (pap smears) are recommended for women who still have a cervix.

Prevention of constipation

Anesthesia, surgery and narcotics can all contribute to constipation after surgery. To prevent constipation, take a stool softer, such as docusate (Colace) 100 mg twice a day, starting the day after surgery. Continue the stool softener until you are having normal bowel movements. If you have not had a bowel movement by 3 days after surgery or if you are feeling uncomfortable and constipated, please buy Milk of Magnesia or Miralax (over the counter) and use daily until a bowel movement occurs. If you do not have success with these medicines, you can try Magnesium Citrate, which is a strong laxative. Please start with ½ bottle.

Bleeding and Menses

You may have some spotting or light bleeding after surgery. This is expected. For any vaginal bleeding more than one pad an hour, call your doctor. If you had a hysterectomy, you may experience some spotting which comes and goes for up to 6 weeks after surgery. This is due to normal healing. If you have had a laparoscopy, but NOT a hysterectomy: The first several menstrual cycles after surgery may be more uncomfortable than usual. Surgical manipulation can often disrupt the normal timing of menstruation. You may get your period earlier or later than expected (anytime from a few days after surgery to several months).

Pain Management:

Mild pelvic/abdominal discomfort is to be expected after surgery. You will be given oral pain medication. Do not be afraid to use the medication as directed. Pain management efforts are more successful if you take the medication as soon as you start to feel uncomfortable rather than waiting until the pain is severe. For most patients, a combination of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin or Advil), Tylenol, and a narcotic such as oxycodone work best to control post-operative pain. *You should follow the specific instructions your doctor gives you.*

A typical pain control regimen includes:

- Ibuprofen (Motrin or Advil) 600 mg around-the-clock every 6 hours for first 24 to 48 hours after surgery. After 48 hours, take as needed. Note: taking three over-the-counter ibuprofen (Motrin or Advil) 200mg tablets at one time is equivalent to a 600 mg dose.
- Tylenol (acetaminophen) 2 regular or extra-strength tabs every 6 hours as needed. Note: Do not take additional Tylenol if your narcotic is a combination medication such as Percocet, as this already has Tylenol in it.
- Prescription narcotic (probably oxycodone) can be taken as needed for pain that is not controlled with Ibuprofen and Tylenol.
- It is safe to use all these pain medications together – they work in different ways to make you more comfortable. Taking Ibuprofen and Tylenol will help decrease

the amount of narcotics you will need. Do not take the ibuprofen on an empty stomach.

Shoulder pain after laparoscopy is common and will resolve spontaneously within a few days. Some patients also experience mild discomfort with urination as a result of having a catheter placed in the bladder during surgery. This will also usually resolve within one to two days. Please notify your doctor immediately if these symptoms worsen or if you are unable to urinate. As a general rule, you should feel better 48 hours after surgery.

Follow-up:

If you have not already done so, please call the office to schedule a post-operative appointment two to three weeks after surgery. If you have concerns prior to this appointment, please feel free to call at any time.

Please call the office if you experience any of the following:

Temperature greater than 101 degrees

Incisions with increasing areas of redness, thick or colored discharge, or worsening tenderness

Nausea and vomiting, unable to tolerate anything by mouth

Vaginal bleeding, more than one pad every hour

Foul-smelling vaginal discharge, progressively worsening pain