

POSTOPERATIVE INSTRUCTIONS

PATIENT NAME: _____ DATE: _____

DATE OF POST OP APPT #1: _____ TIME: _____

LOCATION: WESTLAKE OFFICE or MEADOWLAKES OFFICE

DATE OF POST OP APPT #2: _____ TIME: _____

LOCATION: WESTLAKE OFFICE or MEADOWLAKES OFFICE

RETURNING TO WORK:

- For minor procedures, you can usually return to work a week or less after surgery – when you feel ready.
- For DaVinci laparoscopic or vaginal hysterectomies, and myomectomies - work 1-2 weeks after surgery.
- For abdominal procedures, you can return to work 3-6 weeks after surgery

EXERCISE, ACTIVITY, AND INTERCOURSE: NO LIFTING OF HEAVY OBJECTS (10-15 pounds or more) OR STRENUOUS/HIGH IMPACT ACTIVITY for 1 week for minor laparoscopies and hysteroscopies and 6 weeks for all other surgeries. If it doesn't feel good to you, do not perform the activity. Heavy housework is included in the restrictions. No bicycling, horseback riding, jet skiing, or boating during the restricted period.

NO INTERCOURSE FOR 2 WEEKS FOR MINOR SURGERIES (EXCEPT CERVICAL CONIZATIONS AND VULVAR SURGERIES – 4 WEEKS). NO INTERCOURSE FOR 6 WEEKS FOR ALL MAJOR SURGERIES, AND ONLY ONCE CLEARED BY DR. JUKES. Do not place anything in the vagina during this healing period unless you have been prescribed a vaginal antibiotic (usually only for conizations) or vaginal estrogen cream.

HYGIENE: Showers are acceptable starting the day after surgery. **No tub baths until: a) 2 weeks after minor laparoscopies, hysteroscopies, and cervical surgeries; b) 6 weeks after all major surgeries** (vaginal, robotic laparoscopic, or open abdominal procedures, including hysterectomies, prolapse surgeries, and laparoscopic removal of fibroids). You can wash the incision sites gently with a clean cloth, soap, and water.

BLEEDING AND DISCHARGE: Vaginal bleeding or spotting may occur for the first week or so, and **up to 6 weeks** after major surgeries, **especially hysterectomies**. Bleeding and spotting may not start until 2-3 weeks after hysterectomies when the vaginal cuff starts to heal and with more activity. **Call our office if you experience any heavy bleeding, and always try to reduce activity to see if any symptoms improve on their own.**

Slight incision bleeding or bruising may occur. Slight bleeding will usually respond to gauze with a bandage covering it. Call if this does not work, or if foul discharge occurs. Some redness, firmness, and clear discharge is normal with incisions. Avoid irritating incision with tight clothing.

PAIN AND CRAMPING: Small incisions may have a dull ache and pulling sensations. Larger incisions will usually have more discomfort – heating pads or ice packs may help. Again, loose clothing is important. Abdominal pain and/or cramping can be expected after pelvic surgery unless it is surgery vulva. **Notify the office of severe pain that does not respond to prescribed pain medications.** NSAIDs during the first 2 days after surgery will help to significantly reduce pain. You may experience shoulder pain, neck pain, and bloating due to the carbon dioxide used to inflate the abdomen during laparoscopic procedures, typically for 1-3 days. These symptoms will pass as the gas is absorbed. Using a heating pad, lying flat, massaging the area, taking prescribed pain medications, and walking should help.

OPERATIVE SITE AND DRESSING: Skin glue is usually used for laparoscopic incisions with absorbable sutures underneath. Please allow skin glue to peel off by itself. This may take 2 weeks or more. If steri-strips are used, do not remove them until they fall off (usually 7-10 days). If staples were used, please make an appointment with the office to have them removed 1 week after surgery. If sutures are used, they do not have to be removed but will absorb over time. Dressing care will be addressed by Dr. Jukes in the hospital for all other types of wounds. Ice packs may be used for short periods of time, 20 minutes on and off, for vulvovaginal incisions. Abdominal binders may be used for abdominal incisions, if needed.

BOWEL FUNCTION: It sometimes takes several weeks for bowel function to return to normal after abdominal, laparoscopic and large vaginal surgeries due to anesthesia, narcotic pain medications and surgery on or around the intestines. For constipation lasting 1-2 days, you may only use milk of magnesia, Miralax, or Dulcolax. For gas pain and bloating, walking helps the most, followed by Gas-X before meals and bedtime. Avoid foods that bloat you and wear loose clothing. Bloating can take several weeks to fully resolve – this is normal and will be intermittent. For diarrhea, follow the BRAT diet (bananas, rice, apple sauce, and toast), then use Pepto Bismol or Imodium if it persists for more than 2 days. Stool softeners are important – Colace 100 mg twice daily is recommended, especially after major surgeries and while using narcotics. Call our office for any symptoms that do not improve after following the above directions and for severe nausea/vomiting or any other concerns.

OTHER IMPORTANT FACTS: WALKING ON FLAT SURFACES IS ENCOURAGED! This helps with bowel function, preventing pneumonia and other lung complications, and preventing blood clots in the lungs and legs. Limit stair following major surgeries to 1-2 times daily for the first 2 weeks. Deep breathing and coughing will also help reduce lung complications.

Remember that fatigue is common after major surgery and can take **6-8 weeks** to fully resolve. Please be patient. **DRIVING SHOULD BE AVOIDED AFTER MAJOR SURGERIES FOR AT LEAST 2 DAYS. ONLY RESUME DRIVING ONCE YOU HAVE STOPPED TAKING NARCOTICS AND ARE ABLE TO REACT NORMALLY BEHIND THE WHEEL.** You can resume driving the day after any minor surgery as long as you are not taking any pain medications.

You are at risk for deep venous thrombosis/pulmonary embolus for up to 6 weeks after any surgical procedure. Early mobilization reduces this risk. Also, be cautious with flying and prolonged car rides or immobilizations. Wear the stockings given to you at the hospital for at least 24 hours, and walk frequently to reduce these risks on prolonged trips. You are able to take the stockings off the day after surgery. If you must travel after surgery, keep the above instructions in mind.

PATHOLOGY: The results from any pathology obtained should be ready in 5-7 days. Our office will call with the results. Please let us know if you have not heard from our office after that time frame.

EMERGENCY INSTRUCTIONS: DO NOT HESITATE TO CALL 911 OR GO DIRECTLY TO THE E.R. IF ANY EMERGENCY DEVELOPS. Call the clinical staff at our office, or **MEDICAL LINK if after hours at (512) 660-6374**, for fever higher than 101°F; chest pain or shortness of breath; unexplained lower leg swelling, calf pain, or redness; productive cough; heavy bleeding; severe pain refractory to pain medication; excessive drainage, purulent discharge, or exquisite tenderness of incisions; inability to urinate in 6-8 hours or other problems with urination; persistent nausea or vomiting; or reactions to medications.

Please sign here to indicate that you have read these preoperative and postoperative instruction packets and that all questions or concerns have been answered. You will receive a copy to take home with you.

Patient Signature and Date

Staff Signature and Date