

Post-Operative Instructions for Laparoscopy/Hysteroscopy

General Complaints:

You may experience a sore throat during the first 24 hours following surgery. This soreness is in response to the breathing tube that was placed in your throat during the operation. Symptoms such as chest soreness and shoulder pain may occur from the gas (carbon dioxide) that was placed into your abdomen during the surgery. While uncomfortable, this discomfort is harmless and should diminish over the first few days. It may help to lie on your side when feeling this pain.

Diet:

Please use good common sense when deciding what to eat after your surgery. If you are nauseated, consume only clear liquids. Advance your diet as tolerated but go back to clear liquids should nausea return. Your diet, otherwise, may be advanced as quickly as desired.

Activity:

Because your thinking and reflexes may be impaired from anesthesia, you should not operate any heavy equipment (i.e., automobile) for at least 24 hours following the surgery. The type and amount of activity tolerated following the first 24 hours after surgery will vary from person to person. In general, you will not want to do any heavy lifting or pushing during the first week following surgery. Understand that you should only drive after you have returned to a normal level of physical activity.

Vaginal Discharge:

A blue/green colored vaginal discharge may be present if dye was placed in the uterine cavity to document tubal patency. A small amount of vaginal bleeding is normal if cervical or uterine surgery was performed. Bleeding heavier than a normal menstrual period that seems to be getting worse is not expected and you should contact the office. Please do not douche or have intercourse after pelvic surgery. The cervix may be somewhat dilated allowing bacteria to be flushed up into the uterus during intercourse resulting in an infection.

Menstruation:

Your menstrual period may not appear on schedule as a result of the surgery. The flow might change and be either lighter or heavier, and occasionally might be accompanied by clots. Pads are recommended as opposed to tampons.

Sexual Intercourse:

Intercourse should not take place for at least one week following the surgery. You should not have intercourse until your physician has specifically instructed you that it is safe to do so after your post-op visit. Nearly all patients may return to sexual activity within two weeks of surgery.

Incisions:

Your stitches will dissolve over time. Bruising around the incisions is to be expected. You may also notice a knot in the area of the incision. This is the absorbable stitch before it has had time to dissolve. Please do not shower for the first 24 hours following the surgery. It takes the first layer of tissue at least 24 hours to heal. When you do bathe or shower, use simple soap and water to clean the incision(s) and do not vigorously scrub the incisions.

Travel:

It is not recommended that you travel beyond a two-hour drive for at least 14 days following the surgery. While surgical complications are rare, we would like for you to be within distance for Dr. Gehlbach to treat you.

Pain:

You will be given a narcotic prescription for your post-operative pain. Do not hesitate to take this medication. The pain may also be controlled with the use of ibuprofen, every 4 hours as needed. Please do not mix the prescribed medications with alcoholic beverages. Please contact the office if there is an increase in abdominal pain not controlled by your medication.

Bowels:

You may use the over-the-counter medication of your choice for diarrhea or constipation. Please contact the office if you have specific difficulties which are not remedied with these medications.

Follow Up Appointments:

It is very important that you keep your post op appointment as Dr. Gehlbach will talk with you about surgical findings and treatment options at this appointment. He will also want to look at the incision sites to be sure they are healing appropriately.

When you should call us:

- Fever of 100.4°F
- Pain that does not improve with time or medication
- There is heavy vaginal bleeding or a thick drainage from an incision site
- Spreading redness around your incisions

Please call the office if you have additional concerns. Always remember to use good common sense.