

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Post-Operative Instructions For Laparoscopy-Hysteroscopy

General Complaints:

You may experience a sore throat during the first 24 hours following surgery from the breathing tube that was placed 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. Your physician did their best to remove all of this gas from your abdomen, but the nerves under the diaphragm may remain irritated for a few days. While uncomfortable, this discomfort is harmless and will diminish over time.

Diet:

Please use good common sense when deciding what to eat after your surgery. If you are nauseated, consume only liquids you can see light pass through (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. Patients who undergo laparoscopy are generally quite sore for about four days and become stronger over the following three days. Most are able to resume normal physical activity within one week of surgery. Vigorous exercise, however, may take a bit longer to be resumed. Please use good common sense. If it hurts, please slow the pace of your activity down.

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 more open allowing for bacteria to be flushed up into the uterus and tubes during intercourse resulting in a severe pelvic infection.

Sexual Intercourse:

Intercourse should never take place for at least one week following the surgery. Most patients simply aren't in the mood for a while following surgery. Generally, you should not have intercourse until our office has specifically instructed you that it is safe to do so, usually following your two-week post-operative visit but always wait at least one week.

Incisions:

Your stitches will dissolve over the next six weeks. Bruising around the incisions is to be expected. Your larger incision was closed with two layers of suture and then sealed shut while the smaller incisions were only sealed with Dermabond®. Because all of the incisions are sealed, you may shower as soon as you like. When you do bathe or shower, use simple soap and water to clean the incision(s) and do not vigorously scrub the incisions. If you can see the stitches or knot in the incision(s), these may be clipped or plucked out one week following surgery.

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, you will be forced to go to an unfamiliar emergency room and be seen by unfamiliar physicians should you start to develop problems.

Pain:

You will be given a narcotic prescription for your post-operative pain. Do not hesitate to take this medication -- you will not become addicted. If the prescribed medications are too strong, you may combine with extra strength Tylenol as needed. After a few days, you may want to treat the pain with Tylenol alone, Ibuprofen or similar medications. Please try to take your pain medications with food. 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 that are not remedied with these medications.

Surgical DVD:

You may have had a surgical DVD taken during your surgery. If your physician gives you the DVD, please review the tape before any future office visits. We suggest you wait 24 hours before viewing the DVD. You will never get a better opportunity to understand your surgical case and understand why your physician took the steps he did in your care.

Follow-Up Appointments:

The office will make an effort to contact you within 48 hours of the surgery. However, emergencies arise and this phone call may not be able to be made. If you do not get a phone call within the first 48 hours following surgery, please contact the office on the following day and let us know how you are feeling. If you have not already done so, please call the office to make your next appointment. You are generally asked to return two weeks following the surgery for the nurse to check your incision and perhaps have a pelvic exam. It is also strongly encouraged that you schedule a follow-up two weeks following the incision check to review your future options with your physician.

When you should call us:

- Pain that does not improve with time or medication
- Fever ≥ 100.4 °F x 2 taken four hours apart
- 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 during the post-operative period.