



DISCHARGE INSTRUCTIONS

ROBOTIC HYSTERECTOMY AND REMOVAL OF OVARIES

Recovery from surgery can be a gradual process. We are available for assistance as you return to your normal activities. We have provided you with this set of discharge instructions that addresses some of the most common concerns after your surgery. **If you have any concerns at home that are not addressed here please call the office.**

When you call this number you will be asked to leave your name and a brief message with your concerns. During business hours, a nurse will call you back. If you need immediate attention please tell the phone staff that the matter is urgent. There is an on call physician in the evenings and nights as well. Please reserve urgent matters only for evening and night calls.

PAIN

It is common for women to experience mild to moderate pain after they are discharged from the hospital. We expect that this pain should lessen with each day after surgery. You will receive a prescription for pain medicine at the time of your discharge. It is important to use pain medicines as you need them in order for you to be comfortable and gradually increase your daily activities and promote healing.

- Most commonly prescribed medications include: Norco (narcotic pain medication). This is a narcotic pain medication that is combined with Tylenol. Do not take additional Tylenol with it.
- Do not take Motrin if you are taking other blood thinning medications (such as: lovenox/coumadin or Plavix).
- As you begin to feel better you can stop the Norco and take the Tylenol alone. You should not drive while taking narcotic pain medications.

- **If you are not taking blood thinning medications such as: lovenox/coumadin- you can take over the counter Motrin (400 – 600mg every 6 hours as needed) with food as well for pain.**

KEY POINTS ABOUT YOUR PAIN MEDICATION:

- DO NOT take Tylenol more often than every 4 hours. Your maximum Tylenol dose over 24 hours is 3 grams.
- If you cannot take Motrin due to your other medications - you can take Tylenol (acetaminophen).
- Taking a warm shower or bath often helps pain as well.

Call for:

- Worsening pain or pain that is not relieved by medications.

BLOOD CLOTS

Many of our patients are discharged with an injection (Fragmin or Lovenox or Arixtra) to prevent blood clots from forming in your legs or pelvis after abdominal surgery.

These clots can move to different places in your body, such as your heart or lungs and be very dangerous to you.

It is very important to understand that these injections are blood thinners. You should not take Aspirin/Motrin/Ibuprofen/Coumadin/Celebrex while you are on this



injection. Please let us know if you are taking any of these medications at home.

Many patients who have robotic surgery will go home with either 1-2 weeks of this injection if they are considered “high risk” for developing blood clots.

The most important thing to help prevent blood clots is to be active. Walk around during the daytime hours at least every 2 hours.

Call for:

- Pain and unequal swelling in your calves
- Shortness of breath or chest pain

NAUSEA

Patients often experience nausea after surgery. This is often related to anesthesia and slow return of bowel function. We have a prescription medication we can give you for nausea called Compazine. This medication can be taken every 6 hours as needed for nausea. Sometimes slow sips of fluids/saltine crackers/and small rather than large meals will help to relieve nausea. If you have nausea and vomiting that is uncontrolled with Compazine you will need to call the office.

BOWEL FUNCTION/ BLADDER FUNCTION

Abdominal surgery often causes changes in bowel patterns. Pain medicines, such as narcotics can be constipating, although it is NOT a reason to stop pain medicines. It is helpful to take medicines for constipation at the same time you are taking pain medicine. You can avoid constipation by adding fiber to your diet with bran cereals, fruit, etc. Patients often find prune juice and apricot nectar are also helpful.

You should always take a stool softener (Colace) while on narcotic pain medications. You may stop this medication if you are having loose stools. We will give you a prescription for this at the time of your discharge and it is also available over the counter at your pharmacy.

It is important to remember that Colace will NOT help you

move your bowels. It will only help to keep your stool soft.

If after taking Colace, you are unable to move your bowels after getting home: oral Dulcolax or senna will help to stimulate your bowels. Miralax is also another good option and can be used daily until your bowel patterns return to normal.

Try to avoid laxatives if you have had any bowel surgery. If you have had bowel surgery, it is best to check with us before you take a laxative. It is important to drink plenty of fluids with any of these medications. (6 – 8 glasses of water/or other non-caffeinated fluids).

Some women experience an increase in bowel motility - diarrhea. Metamucil/Citrucel daily will help slow this down (1 – 2 tps daily). If this doesn't help, or persists beyond 2 days – please call the office.

The key to good bowel activity is staying active and drinking plenty of non caffeinated fluids. Try to get around the house and out for short walks.

Sometimes women will get a urinary tract infection after surgery. The best way to avoid this is to drink plenty of fluids. If you have pain with urination, a temperature, or blood in your urine then please call the office.

Call for:

- Diarrhea that is not relieved by Metamucil/Citrucel.
- Constipation that persists beyond 3 days after discharge from hospital
- Any rectal bleeding/blood in urine.

ACTIVITY

Gradually resume your daily activities. Take frequent rest periods throughout the day. Avoid sitting for long periods of time. Avoid strenuous activity or heavy lifting (no heavy lifting greater than 5 lbs until instructed by your physician). You may go up stairs.

- You may not drive for the first week after surgery.
- You may not drive while you are on narcotic medicine.
- You may resume all your usual activities, except no intercourse and nothing in the vagina for 6 weeks.
- You may climb stairs



- You may shower daily, avoid tub baths for the first 2 weeks.
- You may not lift anything heavier than 5 lbs, for 3-4 weeks.
- You may walk regularly but no running until after 4 weeks.

BLEEDING/VAGINAL DISCHARGE

DO NOT PLACE ANYTHING IN THE VAGINA FOR 6 WEEKS OR UNTIL AFTER YOUR POST OP APPOINTMENT. This includes intercourse, douching, tampons, etc.

Expect slight spotting or light vaginal bleeding for up to 2 – 4 weeks after surgery. This may be pink, red, or brownish. There should be no offensive odor.

Call for:

- Any heavy bleeding i.e. more than a mini pad 3 x a day
- Temperature above 100.4 F
- Any foul smelling discharge

SKIN AND SELF CARE

You do have stitches (sutures) at the top of your vagina. These sutures will dissolve and often will fall out as they dissolve. Do not be alarmed if you see small pieces of black or blue string. As mentioned above-you may also have a small amount of pinkish or beige discharge for 2 – 4 weeks so wear a panty liner until that resolves.

You also have small sutures or Dermabond “Skin crazy glue” on the 3 – 5 laparoscopic sites on your belly. The sutures will dissolve on their over the next few weeks. The Dermabond is a skin adhesive that forms a protective barrier for your skin and will dissolve on its own as your skin heals. It does not require any type of bandage over it. It is OK to shower with both the sutures and the Dermabond. The Dermabond is a strong adhesive and it will not loosen if it gets wet.

CALL YOUR PROVIDER IMMEDIATELY IF:

- You have a fever to 100.4 F or greater, or chills
- You have any foul smelling (fishy) discharge
- You have any heavy bleeding
- You have pain which is not helped by pain medicine
- You have not moved your bowels for three days
- You have pain or burning with urination

FOLLOW UP

Your pathology report will be available in 5 – 7 days. Your doctor or a delegate will call you with the report. The clinic will call you at home to confirm your post-operative follow up appt day.

Please do not hesitate to call with any questions or concerns in the interim.