

Camellia Women's Health

Post Abdominal Surgery Instructions

The following directions and suggestions are guidelines for your recuperation following your surgery. After reading these instructions, should you have any questions at all or are not totally clear as to what you should do following your discharge from the hospital, please feel free to contact us at our offices. Emergency calls at night and on the weekends can be made utilizing any of the office numbers.

1. Discharge from the hospital:

Although immediately prior to discharge most patients feel that a good deal of their strength is returning, frequently patients complain of feeling more tired or sore the first day or two following discharge. In all likelihood, this is due to all the physical activity involved with packing and leaving the hospital and the general tendency to be up and around more at home than you were in the hospital. Friends and relatives, although well meaning in wanting to visit you at home, may place physical burdens upon you. Try to limit their visits. Take it easy at home for the first week. Try to keep your activity to a minimum. Bed rest is not necessary; however, we discourage at this point any regular house cleaning or major meal preparation. If your bedroom is upstairs, try to limit your trips up and down the stairs to once or twice a day for that initial five to seven days.

2. Daily Activities:

Following that initial week at home, you may gradually get into your normal routine in terms of physical activity; however, no heavy lifting, no strenuous physical activity, and no major exercise programs until you are seen by your physician at your six week check. Although 99% of healing is completed within the first six weeks following surgery, be aware that the remaining 1% to 2% of healing occurs over a total of three to four months post surgery and therefore you must always let your body be your guide in terms of return to activity. A mild exercise program is permissible to start approximately two weeks postoperative but no running, jogging, aerobics programs, Jazzercise, or other strenuous physical activity until six weeks postoperative.

3. Diet

Surgery represents a strain on the body and the inactivity associated with the recuperation period is known to cause loss of body protein. Therefore, a well balanced diet is extremely important, particularly one that is relatively high in protein (dairy products, lean meat, fish, etc.). During the first five to seven days at home, bowel activity is still not completely normal and therefore it is quite important to keep your diet bland and to avoid very

gassy foods, spicy foods, or fatty foods. Fast foods and junk foods are particularly to be avoided.

4. Bowel Activity

It's typical that the first bowel movement may not occur until three or four days postoperative. Because dietary intake is reduced during the pre- and postoperative period, bowel activity may not return to a normal level until approximately ten days following the procedure. If, however, you have not had a bowel movement by the fourth postoperative day, it is recommended that you increase your fluid intake (plain water is fine), increase your bulk to a moderate degree (fruit, vegetables, and bran cereals), and if necessary take two tablespoons of Milk of Magnesia per night until regular daily bowel habits are established. If you find that your bowel movements are quite hard, please follow the above instructions and call our office so that we may supply you with stool softeners. If you have not had a bowel movement by the fifth or sixth postoperative day and have tried the above measures, please call our office as soon as possible.

5. The Incision:

For most abdominal surgeries, staples are used to hold the skin edges together. Most of these incisions are what are known as low transverse skin incisions which heal quite rapidly. With a low transverse incision, clips or staples are removed in most cases by the third postoperative day. Occasionally, they are removed earlier or later. In removing these devices, sterile half-inch strips of tape are placed over the incision to provide some reinforcement. These pieces of tape may be slowly removed from the incision in the shower one week from the date of your surgery. Prior to this, you may shower, but keep the incision relatively dry by placing Saran Wrap or other plastic material over the incision. If the incision or tape gets somewhat wet during this period, merely pat dry and do not be concerned. No baths, Jacuzzi, or swimming pool until two weeks from the date of surgery. No aggressive washing of the incision until two weeks following the date of surgery. It is generally recommended that for the first several days to a week after leaving the hospital you may want to

consider keeping the incision protected with a perineal pad to prevent binding to clothing. A panty girdle also sometimes gives extra added abdominal support and may add to your comfort. Some numbness around the incision is not unusual and may persist for as long as several months following the surgery.

6. Your Postoperative visit:

Most postoperative surgery patients are seen six weeks following the surgery. Please call our office within the first week of surgery to make an appointment for your postoperative visit should you not have one already.

7. Work Disability:

Generally, six weeks is considered the usual time for disability from work; however there is a range between four to eight weeks that is usual. If there is no significant problem, generally six weeks is considered the standard. At times, patients are very anxious to return to work sooner. This will need to be discussed with your physician. However, light desk work can be resumed two weeks following the date of surgery and more aggressive work (as long as it does not involve strenuous work or heavy lifting) can theoretically be resumed as early as three to four weeks depending upon your specific recuperation. We urge you, however, if at all possible, to take the full six weeks to allow your body to totally recover.

8. Warning signs:

Please call our office if you have any of the following symptoms:

- a. Severe chills or fever over 100°F
- b. Frequency or burning with urination
- c. Heavy or prolonged vaginal bleeding
- d. Fainting
- e. Redness, swelling, or discharge from your incision
- f. Redness, swelling, or pain in one or both legs
- g. Other symptoms which you may feel are unusual or that are concerning to you.

9. Driving

It is recommended that you not drive a car until two weeks following surgery and only then if you are absolutely pain free and experiencing no dizziness.

10. Intercourse

No intercourse, douching, or tampon use for 2 weeks.

11. Laparoscopy

If you have had a laparoscopy only, you will have one incision by your umbilicus (belly button) and

one to three incisions very low on your abdomen. The suture material we use dissolves on its own but occasionally it will persist for up to six weeks. If it does not fall out, we will remove it on your six week visit. Occasionally, one or more of these incisions, particularly the one by the pubic area, will become somewhat red or have a discharge. If this occurs, a topical antibiotic cream like Neosporin or bacitracin applied two to three times per day for several days should improve the problem. If not improved over several days or if you develop a temperature, please call our office.

No intercourse, douching, or tampon use for 2 weeks. No heavy lifting, strenuous physical activity or major exercise programs for 2 weeks. If the laparoscopy has included surgery on your ovary (removal of cyst or ovary) or surgery for a tubal pregnancy, you should avoid strenuous activity for three to four weeks. If you have had a laparoscopic hysterectomy, decrease activity for 6 weeks. If a simple laparoscopy is performed, you may return to work within three to seven days as long as it does not involve heavy lifting.

Call the office with fever, persistent nausea and/or vomiting, or unusual pain. Shoulder pain or a bloated sensation for the first 24 to 48 hours is not unusual as this is a result of the carbon dioxide gas used to fill your abdomen during the procedure. A sore throat for one to two days may result from the endotracheal tube used to assist you in breathing while under anesthesia and generalized muscle aches due to certain medications used is also not uncommon.