

Discharge Instructions: Laparoscopic Surgery

Please read the following information so that you will be able to manage your post operative care after leaving the hospital. Any questions you may have while at home can be answered by calling **413-794-8484**.

When to call for advice

- A fever greater than 100.4 within the first three days following the procedure.
- Pelvic, abdominal, flank, or chest pain not relieved with your over-the-counter or prescribed medications, or pain that worsens.
- Shortness of breath
- Painful urination
- Heavy bleeding more than a moderate period or soaking through one pad per hour for three hours.
- Pain, redness or swelling in legs or arms.
- A change in over-all health status, including nausea, vomiting, chills, profuse sweating, diarrhea, constipation, or increased swelling/redness at the surgery site.

What to expect

- Shoulder pain from the carbon dioxide used to distend your abdomen is common the first week. The gas is absorbed over 48-72 hours. Tylenol or Motrin is usually sufficient to relieve this discomfort. Lay flat for a while if it is really bothersome.
- Wear loose clothing when leaving the hospital and for the first few days.
- Your throat may be sore from the intubation tube. This resolves in 1-2 days. Throat lozenges can be soothing.
- Occasionally patients are admitted overnight due to nausea, drowsiness or pain.

Incision care

- You will have one to four small incisions
- If discharge develops clean with ¼ strength hydrogen peroxide on a q-tip twice a day.
- You can remove bandages the day after surgery. Removing them in the shower is sometimes helpful.
- You may have small strips on your incision called steri-strips. These should stay on until they fall off naturally or after 7 days.
- You can shower at home the day after surgery.

Activities

- Although laparoscopy is outpatient surgery you can plan on sleeping more and being tired the first few days up to a week after surgery.
- You should not drive until you have stopped taking narcotic pain medication and you can sit comfortably.
- Normal sleeping patterns may be disturbed the first week or two after surgery.
- Avoid activities that require concentration for at least two days.
- Rest when stressed or tired.
- You can usually return to office work and sedate activities 3-7 days after your surgery.
- You may need 1-3 weeks to return to heavy activity and for full recovery.
- Sexual intercourse can be resumed when recommended by your doctor.

Post-operative Constipation and Pain

- Narcotics cause constipation.
- Although we encourage use of pain relievers as needed, try to limit your use of narcotic pain relief to as little as possible.
- You may wean off your pain medication by using Motrin or Tylenol.
- To prevent post operative constipation due to taking narcotic pain medication:
 - Day 1 post op:
 - Take 100 mg of stool softeners both in the morning and evening.
 - Increase fiber in your diet by taking Citrucel or Benefiber as directed. (You can resume Miralax if was used pre-operatively.)
 - Drink 1-2 quarts of decaffeinated fluids daily.
 - Walk as tolerated.
 - Day 3 post op:
 - Please call our office if you have not had a bowel movement and/or you are not passing gas
 - We will then instruct you to use Milk of Magnesia as directed (or Miralax if you have a chronic problem with constipation). If you do not have a bowel movement within one day after using Milk of Magnesia, you will then be instructed to use a Fleet's enema.

Your post-operative appointment was made prior to your surgery. Call our office at (413) 794-8484 during normal business hours if you need to confirm the date or time of your appointment.