NAMAKY
ADVANCED ENDOMETRIOSIS SURGERY

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Discharge Instructions after Minimally Invasive Hysterectomy

WHAT ACTIVITY CAN I DO?

Avoid strenuous physical activity and do not lift anything greater than 10 pounds (about the size of a gallon of milk) for the first two weeks. You should not drive while taking narcotic medications (e.g. Percocet, Vicodin, oxycodone, hydrocodone, Norco, etc).

You can:

- Walk up/down steps
- Go for walks
- Ride as a passenger in the car
- Normal household activity, such as making meals, as long as it does not cause pain

A FEW THINGS TO REMEMBER:

- You should discuss with your doctor when to return to work, usually after 2 to 4 weeks.
- Avoid sexual intercourse for 3 months after hysterectomy. Intercourse can cause the incision at the top of the vagina to open, which would be a surgical emergency.
- Do not insert anything into the vagina or rectum for 6 weeks including tampons or suppositories. These items may disrupt the vaginal incision, they can become stuck to certain suture types, and also are sometimes forgotten.
- No pools, tub baths or hot tubs for 6 weeks.
- It is normal to have a vaginal discharge with some blood or spotting for up to 6 weeks after surgery. The amount of discharge should gradually decrease with time. You should not have flow.
- It is normal to have some shoulder pain after laparoscopy. This is caused by irritation from gas used during surgery. It will gradually go away within 24 to 48 hours. “Gas medications” will not help this pain.

WHAT SHOULD I EAT?

You may resume your usual diet. To decrease post-operative nausea, try to eat small frequent meals. Taking narcotic pain medications also can cause nausea. Consider taking a single multivitamin, which you can buy at any pharmacy. Drink lots of fluids.

CONSTIPATION

You will want to have a regular, soft daily bowel movement. It should be formed and not too loose. Upon discharge from the hospital you will be given a prescription for Colace (docusate) with instructions to take it twice daily. If you are feeling constipated or if it has been more than a day since your last bowel movement, it is acceptable to try the following:

Prunes/apple/raisins or other high-fiber foods

Metamucil or Citrucel: one heaping tablespoon in 8oz of water twice per day

Miralax or similar laxative. Take it once daily per the package instructions, and you may increase it to twice daily if needed.

Be sure to stay hydrated.

If you have problems with constipation and no bowel movement for 5-7 days after surgery and you are uncomfortable or concerned-- please call the office.

AVOID the use of rectal suppositories or enemas.

WHAT MEDICATIONS CAN I TAKE?

After surgery you may resume all your normal medications. Please follow specific instructions for any kind of blood thinner (e.g. Aspirin, coumadin, heparin, etc).

WHAT ABOUT PAIN MEDICATION?

You will be sent home with a narcotic pain medication. Some things you may want to remember:

You should use naproxyn (Naprosyn), ibuprofen (Motrin or Advil), Acetominophen (Tylenol), or other non-steroidal anti-inflammatory medications for your pain on a scheduled basis for the first two days after surgery. This will decrease the amount of narcotics you will need.

For the first 24 hours, take one narcotic pill as instructed on a scheduled basis to prevent pain from getting out of control. Don't wait until your pain is intense to take your medications.

The narcotic pain medications we send you home with may cause nausea or constipation. As your surgery heals, you may find that you feel better when you don't take those medications. If Tylenol or Motrin relieves the pain, use those medications instead.

Don't drive while taking narcotic pain medications.

Use of opiates (narcotics) can sometimes cause addiction. Use only the smallest amount necessary to control your pain. If you want to avoid the risk of addiction, then do not use the opiate.

HOW DO I TAKE CARE OF MY INCISION?

Showers (NOT tub baths) are preferred for the first 2 weeks after surgery. If you have an abdominal incision, it is ok for this to get wet. If the incision appears dirty or caked, you may clean it with hydrogen peroxide on a cotton swab. You may have small plastic bandages called Steri-strips across the incision. There is no need to worry if these fall off. If they begin to curl at the edges, simply trim with scissors.

You may have a special adhesive, or "glue", to protect your incision. This will eventually fall off and this is normal. After one week, you can tease it off, or you can massage a small amount of Vasoline into the adhesive to help remove it.

If you have had vaginal surgery, you may do sitz baths once or twice a day with warm water. A tablespoon of Epsom salts mixed in the water may help healing and decrease pain. DO NOT douche.

WHAT SHOULD I WATCH OUT FOR?

There are several warning signs you should watch for:

FEVER GREATER THAN 100.4°F

SHAKING CHILLS

SEVERE PAIN

NAUSEA WITH VOMITING

PROBLEMS WITH YOUR INCISION SUCH AS REDNESS OR DISCHARGE

VAGINAL BLEEDING ENOUGH TO CAUSE FLOW

INCREASE IN VAGINAL DISCHARGE, ESPECIALLY WITH A STRONG ODOR

INABILITY TO URINATE

You should feel better every day. If you start to feel worse than the day before, please call our office.

FOLLOW UP

Follow up after surgery is after 2 weeks. You need to make a post-operative appointment. It's best not to make the appointment sooner than 2 weeks after, unless you need to return to work or school sooner.

Thank you again for choosing Namaky Advanced Endometriosis Surgery for your care. I strive to make this the best possible experience for you, and will treat you like my own family.

CONTACT INFO

For a medical emergency, dial 911.

If you need a timely response from me, you can call 513-580-4496, 24 hours a day, 7 days a week to get help.

For non-urgent issues you can call me or send me a message through the Onpatient portal. If your message is more than a few sentences, then use of the portal may not be appropriate. In that case, please call instead.

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