

# Laparoscopic Surgery Recovery Guide

## What can I expect following a laparoscopic surgical procedure?

Depending on the nature of your surgery, you may be a daycare patient or admitted overnight. There is a small chance that you will have a catheter or tube that drains the urine from your bladder into a bag overnight. The catheter will come out the next day. You will experience some pain or discomfort in your lower abdomen around the puncture sites. There may be a feeling of bladder urgency. You may need stronger pain medication for 1-2 days but after that most patients find that their pain is easily managed with regular Acetaminophen and Anti-Inflammatory medication such as Advil LiquiGels.

Pain relief in the early postoperative period is best taken at regular intervals, do not wait for pain to become severe before taking medication. Staying on top of any pain will help to keep you mobile and helps you to recover more quickly. If after several days you are still experiencing severe pain, or you have increasing pain then you should contact the office for advice. You will usually feel well enough to have a shower within 1-2 days after surgery. If you had a hysterectomy or sacro-colpopexy showering is preferable to bathing in the first three weeks after surgery while the vaginal stitches are still healing. There may be a small amount of vaginal bleeding or spotting which will clear after a few days or may give way to a bit of a mucky vaginal discharge that can last 2-3 weeks. Use pads and not tampons until this discharge has cleared up.

Note: It is important to remember that with laparoscopic surgery, the natural progression is for continued and steady improvement day by day. Rarely, a serious complication of laparoscopic surgery can occur and only present 5-10 days postoperatively. If you have been improving and then suddenly your condition goes backwards with increasing pain, bloating, decreased appetite and/or fever this is not normal. You need to call our office or if it is out of office hours go to the emergency room at the Royal Columbian Hospital.

## Bowel and bladder function following laparoscopic surgery

Usually bladder function will return to normal fairly quickly. Your urine flow may be a bit reduced for a few days and you may have some feeling of incomplete bladder emptying, but this should clear fairly quickly. A bladder infection will occur in 3% of cases, so if you experience bladder pain, pain on urination or blood in your urine then please contact our office.

Constipation is a common problem following surgery. Before and after your surgical procedure you should have a high-fiber diet with lots of fruits and vegetables and drink plenty of fluid to keep your bowel motions soft and regular. Following surgery stool softeners are often prescribed to help prevent constipation. This would be things like Colace or Metamucil. Take these on a regular basis when you first go home. It may also be necessary to use a mild Laxative

such as Senokot or Dulcolax, although an osmotic Laxative such as RestoraLAX is often better tolerated and can be taken on a daily basis. Occasionally patients find it helpful to give themselves a Fleet enema at home. You can purchase a Fleet enema at any local pharmacy.

## Resuming activity after surgery

For the first week after surgery you will want to take it easy. You will have some discomfort, you will tire easily, and you will be helping your bowel and bladder function to get re-established. You will simply be walking around your house and resting a lot. After a week or so you will start to feel more energy and you should increase your activity to include short daily walks. Walking is a good activity because it puts very little strain on your surgical repair. Do not try to exercise for at least six weeks following her surgery. It is safe to restart her pelvic floor exercises as soon as you feel you are ready, usually 4-6 weeks postoperatively.

You should not lift anything heavier than a small bag of groceries (6-10 pounds). After six weeks you can do light aerobics and light physical activity where you are not straining against your pelvic floor. Avoid sit-ups and squats until you are at least eight weeks postop for surgery on the tubes and ovaries, or three months postop if you had a hysterectomy or sacro-colpopexy. Avoid sexual activity involving vaginal penetration for at least eight weeks postoperatively. Fooling around is okay. Intercourse will be a little uncomfortable to begin with so make sure that you take things slowly and gently. Using a vaginal lubricant will be helpful. If intercourse remains uncomfortable after 3-4 months of regular trying, then please be sure to consult with our office.

## When should I seek medical advice?

If your bleeding is excessive; if you experience heavy fresh red bleeding or clots requiring frequent pad changes that is not settling down after 2-4 hours you should contact our office or go to the nearest hospital emergency room.

If you develop heavy or smelly vaginal discharge, burning or stinging on passing urine then you should contact our office. If you develop redness or discomfort or discharge from your abdominal puncture sites, then contact our office or see your family doctor.

If you develop significantly increased abdominal pain, vomiting, fever, painful swollen leg(s), shortness of breath or chest pain you should contact our office or if it is out of office hours please go to the hospital emergency room. The emergency room at the Royal Columbian Hospital is preferable to Eagle Ridge Hospital. There is not continuous gynecology coverage at Eagle Ridge Hospital emergency room.

Otherwise if you are having a normal recovery then please contact the office for a routine appointment eight weeks postop.

## When will I feel back to normal after my surgery?

Everyone recovers at a different rate and this depends on several factors including your overall health and fitness state before surgery, the type of surgery performed, as well as whether or not any complications occurred. It is important to listen to your body, take enough time to rest, and do not try to push herself too hard. Over the course of 2-6 weeks your body will gradually heal and your energy level will slowly rise back towards normal. Many patients who have just had surgery on their ovaries or tubes will be back to normal by 2-3 weeks, but if you had a more extensive surgical procedure such as a hysterectomy it is not unusual for it to be eight weeks before you are feeling that your energy level is back to normal.

You should not drive a car if you are taking any narcotic or sedative painkillers. You should not drive a car if you are not confident that you could perform an emergency stop if needed. As a general rule, avoid driving for at least 1-2 weeks after surgery. Once you are comfortably able to hop from one foot to the other several times you are probably ready to resume driving. Remember that you must be able to quickly get your foot off the accelerator and hit the break in a controlled fashion in the event of an emergency.

Your return to work will depend on various factors such as your overall health and fitness state, the nature of your surgery, whether or not you had any complications, and the type of work that you do. The answer to this question is individualized for each patient and needs to be discussed with Dr. Waterman and the office. In the event that forms need to be filled for absences from work, there is a small charge for this service.