

Robotic Hysterectomy and / or Removal of Ovaries

Discharge Instructions

Please call the office (708-422-3242) within 48 hours of returning home to schedule or confirm a postoperative visit with your physician.

Pain Medications

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

Most prescribed medications include:

- Norco: You may take this medication every 4-6 hours as needed for pain. DO NOT combine this medication with Tylenol.
- Tramadol: You may take this medication every 4-6 hours as needed for pain. It is typically given to patients who do not tolerate Norco or who have allergies to Norco.
- Tylenol Regular Strength: 325mg every 6 hours as needed for pain. As you begin to feel better you can stop taking your prescription pain medication and take the Tylenol alone.
- DO NOT take medications such as Motrin, aspirin or ibuprofen if you are taking other blood thinning medications (such as Lovenox, Coumadin or Plavix)
- Motrin: If you are not taking a prescribed blood thinning medication, you may take Motrin 400mg- 600mg every 6 hours as needed for pain.
- As you begin to feel better you can stop taking your prescribed narcotic pain medication and take Tylenol alone.

Other tips regarding pain and medications:

- You should not drive while taking narcotic pain medications.
- Taking a warm shower or bath often helps with pain. Be sure to pat dry or air dry your incision before dressing.

Refilling your prescription medications:

- Please keep in mind that prescription medications will not be refilled after office hours or on the weekends. Please give the office 24-48 hours' notice if you need a refill.

Call the doctor if you are experiencing worsening pain or pain that is not relieved by medications.

Blood Clots

- You may be sent home on injectable medication blood thinners (Fragmin, Lovenox or Arixtra) to prevent blood clots from forming in your legs or pelvis after surgery.
- You will be instructed on how to inject this medication into your thigh daily.

- Never inject this medication anywhere near your abdominal incision.
- Blood clots can move to different places in your body, such as your heart or lungs.
- DO NOT take medications such as Motrin, Coumadin, aspirin or ibuprofen while taking your injectable blood thinning medications.
- It is possible for patients that are considered “high risk” for developing blood clots to go home with up to a 25-day supply of injectable blood thinning medication.
- Be active. Walk around during the daytime every 2 hours. This will help prevent blood clots from forming.

Call the doctor if you are experiencing 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.

Commonly prescribed medications for nausea include:

- Compazine: Take every 6 hours as needed for nausea.
- Zofran: Take every 6 hours as needed for nausea.

Other tips to relieve nausea include:

- Eat small frequent meals.
- Drink slow sips of fluids.
- Try eating saltine crackers

Call the doctor if you are experiencing nausea and vomiting, which is uncontrolled by medication.

Bowel Function

Abdominal surgery can cause changes in bowel patterns. Pain medication can also cause constipation, although this is not a reason to stop taking your prescribed pain medication. It will be helpful to follow the tips below to avoid constipation after surgery.

- Colace stool softener: It is important to take a stool softener while on narcotic pain medication. You will be given a prescription for this at the time of your discharge. It is also available at your pharmacy without a prescription. Colace will NOT help you move your bowel. It will only help to keep your stool soft. It is important to take a stool softener as long as you are on pain medications. You may stop this medication if you have loose stools.
- For the first few days after surgery avoid high fiber foods as they are hard to digest. Once you are passing gas regularly you may add high fiber foods to your diet. Fresh fruits and bran cereals can help avoid constipation.
- Prune juice and apricot nectar are also helpful to avoid constipation.
- Drink plenty of fluids (at least 6-8 glasses of water or other non-caffeinated fluids daily).

Call the doctor if you have constipation that persists for over 3 days after discharge from the hospital and / or if you experience any rectal bleeding.

Staying active will also promote good bowel activity. Walk around the house or take short walks outside. If you are still unable to move your bowels you can use one of the following:

- Dulcolax or Senna are available without a prescription and can help stimulate your

bowels.

- Miralax can also be used daily until your bowel patterns have returned to normal.

Some women experience diarrhea after surgery.

- Stop Colace stool softener.
- Metamucil/ Citrucel: 1-2 teaspoons can be taken daily to slow down diarrhea.
- Please call the office if you have used Metamucil/ Citrucel for 2 days and diarrhea persists.

Bladder Function

Some women will get a urinary tract infection after surgery. The best way to avoid this is to drink plenty of fluids. Symptoms of urinary tract infection include:

- Pain with urination
- Fever
- Blood in your urine

Call the doctor if you have blood in the urine

Activity

- May not resume driving until you have completed your post-operative doctor's appointment, you can walk with ease and are no longer taking narcotic pain medication.
- Gradually resume your daily activities. Take rest periods throughout the day.
- Avoid sitting for long periods of time.
- Avoid strenuous activities, heavy housework (vacuuming) and heavy lifting (greater than 5-10 pounds). A good rule of judgement is: if it weighs more than a gallon of milk or requires more than one hand to pick up an object, **DO NOT LIFT IT** for at least 4 weeks.
- Climbing stairs is OK- just take them one at a time until you regain your strength.
- It is important to stay active to reduce the risk of developing blood clots in your legs and lungs. We suggest that you take short walks (in the house or outside) at least every 1-2 hours during your waking hours. If you notice spotting or vaginal bleeding after activity, rest until it resolves.

Call the doctor if you experience any of the following symptoms:

- Persistent fatigue prohibiting you from your daily activities.
- Shortness of breath.
- Chest pain.
- Swelling in one leg/foot more than the other
- Calf pain

Bleeding and Vaginal Discharge

- **DO NOT PLACE ANYTHING IN THE VAGINA.** This includes intercourse, douching, tampons, etc. Your doctor will let you know when you can resume normal vaginal activity.
- Expect slight spotting for up to 2 weeks after surgery. This may be pink, red, or brownish. There should be no offensive odor. You may wear a pad or panty liner until discharge resolves.

Call the doctor if you have:

- Any heavy bleeding or bright red blood from the vagina. Soaking through more than one pad in one hour or if you are using more than 3 mini pads per day.
- Temperature above 101.0 F (38.3 C) on two occasions four hours apart.
- Any foul-smelling discharge.

Wound Care

- You may shower daily. Avoid baths, pools, and hot tubs for 6-8 weeks after surgery.
- You do have stitches (sutures) at the top of your vagina. These sutures will dissolve and will fall out as they do. Do not be alarmed if you see small pieces of black or blue string.
- You also have small sutures called Dermabond on the 3-5 laparoscopic sites on your belly. The sutures will dissolve on their own over the next few weeks. The sites do not require any type of bandage over it.

Call the doctor if you:

- Temperature above 101.0 F (38.3 C) on two occasions 4 hours apart.
- You have any foul smelling (fishy) discharge.
- Redness, swelling or warmth around incision sites that is increasing.
- Any drainage from the incision that soaks a gauze pad.
- You have pain which is not relieved by pain medication.
- You have not moved your bowels for three days.
- You have burning or pain with urination.

Follow Up

We plan to see you in the office within 7-10 days of your surgery assess your post-operative recovery and to discuss the pathology results from your surgery.

If you are not given an office appointment at the time of your discharge from the hospital, please call the office at 708-422-3242 to schedule a post-operative appointment with your doctor.

Office Information

- During office hours (M-F; 8am- 4:30pm) call 708-422-3242 and ask to speak with a nurse or Physician Assistant.
- After office hours call 708-422-3242 to reach the on-call physician. Please reserve evening and weekend phone calls for urgent matters only.
- If you are receiving home healthcare, call your home healthcare nurse, who will assess your condition and call the doctor if necessary.
- For emergencies call 911 or go immediately to the nearest Emergency Room.