



### **Post Operative Instructions**

**Bandages:** Wash incisions three to four times per day with soap and water. Do not re-bandage. Allow incisions to air dry. They may leak for a few days. This is a normal part of healing. There may be some intermittent bleeding as well. Some itching may ensue. Eventually incisions will heal just like a cut.

**Laparoscopic Incisional Pain:** The normal nature of post operative pain is emphasized. Pain will be localized to incision sites but diffuse pain is expected as well. Trocars pass through the abdominal wall and into the peritoneal cavity. These incisions are just as deep as an open abdominal surgery so pain will result. Movement may exacerbate discomfort— this is normal. Bumps are often palpable below the skin related to the reactive inflammation of healing and to the sutures beneath the skin. Sutures below the skin take five to six weeks to dissolve so bumps will persist for at least that interval.

**Post Laparoscopic Chest Pain or Shoulder Pain:** Carbon Dioxide insufflated into the abdomen during surgery combines with fluids in your peritoneal cavity to form carbonic acid. This substance can irritate the diaphragm causing referred pain. In many individuals this leads to chest pain or shoulder pain. This will pass in a few days.

**Prescriptions:** Be certain to follow the instructions on each container.

**Vagina:** Put nothing in the vagina for the proscribed interval. Use pads and no tampons. Resumption of vaginal intercourse is discussed.

**Constipation:** It is very normal for post-operative ileus to develop after operative laparoscopic procedures. Use of Dulcolax pills or suppositories as a GI adjuvant is recommended until two nights after patient achieves regularity.

**Urine:** Some difficulty urinating after a procedure is expected. Most patients are catheterized intra-operatively. Catheter may irritate the urethra leading to either a difficulty to initiate mictruition or, more commonly, discomfort urinating. Some burning may be normal for a few days. Patient is told that if she can not urinate at all for at least four hours she should proceed back to the Emergency Room for evaluation.

**Emergency Care:** Patients can not be adequately evaluated over the phone. Should there develop an urgent problem after office hours or on weekends you are directed to proceed to the Emergency Room for prompt evaluation.