

POST-OPERATIVE CARE

Because the overriding post-operative goal is a safe and early discharge to the comforts of home, Desert Women's Care strives to implement all of the most recent advances which have been shown to decrease post-operative discomfort and length of hospital stay. Be sure to understand that medicine changes and the type of post-operative care your family and friends describe may already be out dated. Historically most surgeries were done with an open abdominal incision called laparotomy. Patients often woke up with a Naso-Gastric tube (NG tube) in their nose. In those days patients were prohibited from eating, drinking and in some cases even getting out of bed for extended periods of time by well meaning physicians and nurses believing these interventions were beneficial. Fortunately waking up with a tube down your nose and being prohibited from drinking for several days after surgery has fallen out of favor because neither has been shown to decrease the duration of post-operative ileus—the length of time it takes to regain normal intestinal function and to move your bowels after surgery.

Desert Women's Care surgeons take many steps to assure that you have the lowest impact surgery possible and your post-surgical course is as pleasant as possible. Here are some of the ways we accomplish this.

First, we refrain from doing pre-operative bowel preps. It had been believed that surgeons would have a more optimal view of the pelvic structures and enhanced ease of handling the bowel intra-operatively if bowel prep was used. This has been shown to be untrue¹. Lengthy bowel preps with fluids and antibiotics also changed the normal intestinal flora. For these reasons we do not order pre-operative bowel preps.

Second, we almost never perform traditional laparotomy for gynecological surgery. Laparoscopy, surgery through small pencil-like incisions, results in less pain, shorter (or even no) hospital stays, less post-operative ileus and far quicker return to normal activities than laparotomy.

Third, we do our best to assure your pulmonary needs are addressed. Hospitals are now smoke free environments. Tobacco use is prohibited to enhance the health of your lungs. For patients requiring it, nicotine patches are available from your nurse. On another note, studies have long demonstrated that deep breathing and use of Incentive Spirometers decreases the chance of post-operative atelectasis (where areas of the lungs do not transfer gasses effectively) and pneumonia²⁻⁴. Pneumonia can be serious, requires antibiotic therapy and needlessly prolongs your recovery. Because use of Naso-Gastric Tube decompression is associated with development of pneumonia, we only use it when absolutely indicated and never in a routine manner⁵. With rapid return to normal breathing you are ready sooner to go home without residual issues.

Fourth, we aggressively combat post-operative ileus. Because this is central to drinking, eating real food and returning to regular bowel function expediently, we implement various measures beginning even before your surgery to achieve the best outcomes. Here are the typical steps we take:

1. We administer Alvimopan pre-operatively and continue its use twice daily after surgery. This drug has been shown to counteract the normal activation of gastrointestinal mu-opioid receptors that accompanies use of narcotic pain medication in abdominal surgery⁶. Use of this drug typically reduces duration of post-operative ileus by one day and

- shortens hospital stay by the same period. This drug is very expensive and is not on all hospital formularies. This drug is also not available in out-patient facilities.
2. We feed patients immediately following surgery. This practice has been shown to decrease infection by maintaining normal bacterial flora and by decreasing mucosal atrophy³. In a metaanalysis of 13 trials, early postoperative feeding results in decreased mortality, wound infection and pneumonia⁷⁻⁹.
 3. We encourage patients to chew gum following surgery. We ask patients to chew at least three times daily for at least fifteen to thirty minutes. Gum chewing activates the cephalic-vagal pathway that stimulates intestinal myoelectric activity that counteracts activation of the mu-opioid receptors by analgesics. A large metaanalysis validated this approach showing one-day decrease in length of postoperative ileus¹⁰.
 4. We use bisacodyl (Dulcolax) suppositories after surgery to stimulate bowel function. We begin immediately following surgery and ask you to continue at home until you are regular. By itself bisacodyl has been shown to hasten return to normal bowel function¹¹.
 5. We use Milk of Magnesia to stimulate bowel activity. This is also started right after surgery and continued twice daily. When used together with bisacodyl suppositories and allowing early eating, hospital days were decreased in one study on radical hysterectomy patients from eight to four days¹². When Milk of Magnesia is combined with early feeding and bisacodyl suppositories, the incidence of post-operative ileus was decreased to 1% which is the lowest incidence to be reported¹³.
 6. We use Ketorolac (Toradol), a non-steroidal anti-inflammatory agent as part of our post-operative pain treatment regimen. This drug is felt to both decrease the gastrointestinal inflammatory response to surgery and to help block the impact of narcotic analgesics on the mu-opioid receptors. Data support its benefits in decreasing the overall amount of narcotics in achieving a comparable level of pain control and in shortening return to normal bowel function by one day¹⁴.

Fourth, we implement all appropriate measures to decrease your chance of developing deep-vein thrombosis (DVT) and the complications which can result. The Intermittent Compression Stockings you were fitted with pre-operatively have been shown to decrease the chance of developing DVT in the peri-operative period. They work by increasing blood flow in the deep veins of the legs¹⁵. Patients with additional risk factors for DVT may be treated with heparin¹⁶⁻¹⁷ or Lovenox¹⁸⁻¹⁹ injections as well. Once you are awake it is essential for you to begin dangling at the bedside then walking again with assistance. Normal ambulation is well known to decrease the chance of DVT.

Desert Women's Care is a leading provider of minimally invasive surgery in the Phoenix area. It is not only our goal to perform the best surgery possible but to provide all advances in post-operative care that have been shown to decrease risk of complications, to hasten return to normal bowel function and to get you back to your normal work and home routine as soon as possible.

References

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