

MINIMALLY INVASIVE HYSTERECTOMY POSTOPERATIVE INSTRUCTIONS

ACTIVITY

- No heavy lifting/pushing/pulling for 6 weeks. Do not lift anything more than 10 lbs (such as laundry, groceries, children, pets), vacuum, push heavy doors or grocery carts, etc, for 6 weeks.
- You may climb stairs as tolerated.
- Do not put anything in the vagina for at least 6 weeks after surgery **unless otherwise instructed by your doctor** (including tampons, douching, sexual intercourse, etc).
- No driving for 1 week after surgery and not while taking narcotic pain medication. Drive defensively when you are ready.
- Avoid sitting or lying in bed for more than 2 hours at a time while you are awake to reduce your risk of blood clots.
- You may return to work when you are ready as long as you do not lift more than 10 pounds for 6 weeks. If you have a sedentary job or work from home 1-2 weeks before returning to work is appropriate. You may return to work in 2-4 weeks if your job requires a lot of movement. Please contact your doctor if you need any return to work letters or medical leave paperwork to be completed.

WOUND CARE

- If you had a laparoscopic or robotic hysterectomy, you will have small incisions on your abdomen. There will be dissolvable stitches under your skin that do not need to be removed. If you have band aids or tegaderms on your incisions, these may be removed when you shower. If you have steri-strips (paper tape) on the incisions, these may be removed in about 1-2 weeks. It is OK to remove them if they are falling off. If skin glue is present, leave in place for at least 2 weeks.
- Shower daily after surgery. Clean your incision with mild antibacterial soap and water. Pat your incision dry with a clean towel. No tub baths or swimming pools for six weeks or until wound is completely healed.
- No ointments or antibacterial creams are required for incisions. Do **NOT** use cleansing agents like alcohol or hydrogen peroxide.
- Wash your hands frequently, especially before touching your incision or changing any dressings.

PAIN MANAGEMENT

- Take your oral pain medication as needed.
- Alternate Tylenol and ibuprofen/Motrin (*if you are eligible*). Each of these medications can be taken every six hours. Try to stagger them so that you are taking something for pain every three hours (ex. Take Motrin at 12:00, Tylenol at 3:00, Motrin at 6:00, etc.) to maximize pain relief.
 - Dosages
 - Tylenol – 500-650 mg every 6 hours as needed
 - Motrin - 600 mg every 6 hours as needed
 - **The maximum dose of Tylenol is 3000 mg in 24 hours, the maximum dose of Motrin/ibuprofen is 2400mg in 24 hours**
- Some pain medications can cause constipation. We recommend a stool softener (i.e. Colace) while you take these medications.
- You may also take milk of magnesia or Miralax for constipation as directed on the bottle.
- There is a risk for addiction with narcotic pain medication, so take with caution and do not take more than the recommended amount.

- Please be sure to dispose of leftover pain medication after you have recovered. You may dispose of unused narcotic medications in the trash with an unpleasant substance such as coffee grounds or cat litter or you can turn them in to a designated law enforcement/pharmacy narcotic box. You can also check FDA.gov to assess which medications can be safely flushed down the toilet.
- There are locations to dispose of unused medications at three Cleveland Clinic locations: Avon Hospital pharmacy, Hillcrest Hospital pharmacy, and the J Pharmacy at the Main Campus for Cleveland Clinic (inside the parking garage on the first floor).

WHAT TO EXPECT AT HOME

- Recovery from surgery is generally 2-4 weeks, but sometimes longer for more strenuous activity. It is normal to be very tired during this time.
- It is normal to have some drainage or a small amount of vaginal bleeding after surgery that would require the use of a light pantiliner. This discharge may last up to 6 weeks. The bleeding and discharge should be light and should have no odor.
- You may experience gas pain, abdominal swelling, or shoulder pain for 24-72 hours after surgery. This is from the carbon dioxide gas put into your abdomen to better visualize your organs. A warm shower, heating pad, and/or walking may help.

WHEN TO CALL YOUR DOCTOR:

- Fever ($>100.4^{\circ}\text{F}$ or 38.0°C) or chills.
- Incision problems such as redness, warmth, swelling, or foul smelling drainage.
- Severe nausea or persistent vomiting.
- Bright red vaginal bleeding (soaking >1 pad/hour) or foul smelling vaginal drainage.
 - IT IS NORMAL TO HAVE A MINIMAL AMOUNT OF VAGINAL SPOTTING OR VAGINAL DISCHARGE FOR SEVERAL WEEKS
- Severe pain not relieved with pain medication.
- Pain and swelling in your legs, especially if it is only on one side.
- Pain with urination, cloudy urine, or foul smelling urine.
- Severe redness/irritation at sites where adhesive bandages were applied.
- Or if you have any other problems or questions.

FREQUENTLY ASKED QUESTIONS/CONCERNS:

Constipation

Constipation is common and it is normal to not have a bowel movement for up to one week after surgery. You should still be passing gas despite constipation and should be able to tolerate both liquid and solid food without nausea or vomiting.

Concerning symptoms would be constipation without gas, with fever, or nausea/vomiting and inability to eat. **Call your doctor if these symptoms occur.**

Over the counter stool softeners including Colace twice daily and Miralax up to twice daily can help with constipation.

1. **Colace** (docusate sodium) 100 mg (1 capsule) two times a day
2. **Miralax** (polyethylene glycol) 17 g (1 measured capful or 1 packet) once a day.

If you have not had a bowel movement 3 days after surgery, you may take the Miralax two times a day. If you have any discomfort because of the need to have a bowel movement, you may add milk of magnesia or magnesium citrate (available at your local pharmacy without a prescription) at any time. Do not take milk of



magnesia or magnesium citrate if you have kidney failure. If you have loose or watery stools, stop taking the medications. Call your doctor's office if you have questions.

Drainage from incisions

Clear/pink drainage or a minimal amount of bleeding from incisions can be normal after laparoscopic surgery. Concerning drainage that is persistent, thick/cloudy, or foul smelling can be an indication of infection and should prompt you to call your doctor.

Post-operative pain

Pain after surgery is a challenging part of the healing process. Pain may be present for weeks but should gradually get better. Increasing pain or pain that is unbearable warrants evaluation by your doctor or in the emergency department.

By state law we cannot immediately provide narcotic pain medication over the phone.

Stitches

If 2 weeks have passed and you have a visible stitch at a laparoscopic incision site it is OK for you to cut it to remove it.

CALL 911 OR GO TO THE EMERGENCY ROOM IF YOU HAVE: Any shortness of breath, difficulty breathing, or chest pain.

GYNECOLOGY PHYSICIAN CONTACT INFORMATION

Minimally Invasive Gynecologic Surgery (MIGS) /Benign Gynecology:

Dr. Linda Bradley	(216) 444-3435
Dr. Mark Dassel	(216) 445-5043
Dr. Cara King	(216) 444-2488
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Nurse Practitioner

Mary Clarkin, CNP	(216) 444-8668
Lindsay Haibach, CNP	(216) 445-5043
Kelsey Kennedy, CNP	(216) 445-0228
Dana Leslie, CNP	(216) 444-8668
Erin Reaper, CNP	(216) 445-5043

After 4:30pm or on holidays or weekends, call: 1(800) 223-2273 or (216) 444-2200. Ask the operator to page the 'gyn on call'.