

Home Care After Laparoscopy

About Laparoscopy

Laparoscopy is surgery that allows the doctor to look at your reproductive organs and other structures in your abdomen. A thin camera, called a laparoscope, is inserted through small incisions. It requires anesthesia.

If tissue is removed, it is sent to the lab for review. You will get results in 1-2 weeks after surgery or at a clinic visit with your doctor.

Laparoscopies are done for a variety of reasons. This may include:

- **Diagnostic laparoscopy:** Looks at the pelvic organs, including the fallopian tubes, ovaries, uterus, small and large bowels, appendix, liver and gallbladder.
- **Laparoscopic tubal sterilization:** Procedure that is performed on the fallopian tubes as a permanent form of birth control. There are several different ways to do this. Your surgeon will discuss the advised method.
- **Laparoscopic salpingo-oophorectomy:** Removal of either one (unilateral) or both (bilateral) fallopian tube(s) and ovary(ies).
- **Laparoscopic ovarian cystectomy:** Removal of an ovarian cyst.

What to Expect After Surgery

You will stay in recovery for 2-4 hours after the surgery. Staff watch you closely to be sure you are safe to go home. Most patients go home the same day. You need a driver to take you home.

After Surgery

You may have pain or other symptoms that often go away in 24 to 48 hours. You may feel:

- Pain and bruising at the sites.
- Mild nausea.
- Menstrual-like cramps.
- Bloody discharge like a light menstrual flow for up to a week.
- Aching in your neck and shoulders from the gas placed in your belly. For relief, lie on your side. Another option is to put pillows under your buttocks to raise them higher than your chest. Stay in this position for 5-15 minutes. The pain should slowly improve.
- A swollen belly for a few days.
- Fatigue or muscle aches for a day or two.

Diet

If you feel sick to your stomach, drink small amounts slowly. Bland liquids such as broth, tea, or Jello® are best if you feel this way. Add solid foods to your diet as you feel better.

Incision Care

- Bandages/Band-Aids® placed over your incisions during surgery should be left on for 48 hours (2 days). You may replace the Band-Aids® if you prefer to keep your incisions covered.
- Sometimes there is surgical glue on the incisions. This comes off on its own in 1-2 weeks.
- You may shower as usual. No tub soaks for 1 week after surgery. It is

fine for the soap to run over your incisions.

- Pat incisions dry. Avoid rubbing.
- It is normal for incisions to be puffy, numb, pink or to have a small amount of clear, light pink drainage.
- Expect the incisions to heal within 2 weeks.
- Dressings are needed if wounds are in skin folds, clothes rub on them, or they are draining. If you have a dressing, change it at least once a day or if it gets wet.
- You do not need antibiotic ointment on the incisions.
- Do not apply any powders, ointments, or creams to the site until it is well healed.
- The stitches will be absorbed by the body; they do not need to be removed.

Pain Relief

If you have pain or cramping, take 975-1000 mg of acetaminophen (such as Tylenol®) every 8 hours and/or ibuprofen (such as Advil® or Motrin®). 400-600 mg every 4-6 hours

Your doctor may prescribe stronger pain medicine for you. Opioid (narcotic) pain medicine should be used only for severe pain. Be aware of the medicine that is in your opioid medicine. It is common for some to include acetaminophen. **Do not** take more acetaminophen if you are taking opioid medicine that contains it. **Do not take more than 3000-4000 mg (4 grams) of acetaminophen daily.**

If you are taking opioid pain medicine every 4-6 hours and still have pain, you can try taking a dose of ibuprofen 400-600 mg about 2-3 hours after taking the opioid. Do this during the day for continued pain

coverage and relief. **Do not take more than 2400 mg of ibuprofen daily.**

Activity

- **Do not** drive for at least 24 hours. **Do not** drive if you are taking opioid pain medicine. If your stomach is sore enough to limit motion of your legs, wait to drive until the pain is gone.
- It is safe to resume normal activities when you feel able. Plan to be off of work for 1-2 weeks.
- Avoid heavy lifting or any type of activity that causes pain. Some doctors may suggest that you avoid lifting more than 15 pounds for a few weeks. If this is not suggested, there are no specific weight, activity or exercise limits. Listen to your body and avoid activities that increase discomfort. It is normal to feel tired after surgery. Increase your activities slowly.
- It is okay to go up and down the stairs.
- Walk as often as you are able. This helps to improve blood flow, muscle strength, and breathing.
- Do not swim for 2 weeks.
- You can resume sexual activity in 4-7 days or per your doctor's advice.
- You may use pads or tampons.
- Ask others to help with chores and errands while you recover.
- Avoid all tobacco and secondhand smoke to promote wound healing.

Constipation

- A stool softener is often prescribed after surgery. You can also get it over the counter. Take 50-100 mg twice daily.
- Eat fruits, vegetables and whole grains that are high in fiber.
- Take a fiber supplement if needed (Benefiber[®], Metamucil[®], etc.)
- Drink 6-8 glasses of water daily.
- Increase activity as soon as you are able.

Contraception

If you had a tubal sterilization, you do not need to continue using contraception after surgery.

Follow Up Visit

You might have a follow up visit with your doctor in about 2-4 weeks.

When to Call

- Increased redness, warmth, or severe tenderness around the incision sites.
- Large amount of bloody discharge or pus-like drainage from the incisions.
- A temperature (by mouth) over 100.4°F for two readings 4 hours apart.
- Severe pain not relieved by pain medicine.
- Heavy bleeding more than a normal menstrual cycle.
- Vaginal discharge that is foul smelling, cloudy or greenish in color.
- Severe nausea and vomiting.

Who to Call

Call your clinic with questions or concerns:

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Prepared by the Department of Nursing. HF#4364.