

Discharge Instructions After Robotic Myomectomy

You had a **robotic myomectomy** to remove your fibroid. This was a laparoscopic procedure that involved 3-5 small incisions in your abdomen (belly). Most patients have very few problems after this procedure. A myomectomy can also be performed laparoscopically without a robot.

What to Expect After Surgery

Stiff Neck

You may have some shoulder tightness or neck stiffness. This can be a side effect of the gas used during your surgery. This should go away in 1-2 days.

Bleeding

Some patients will have light vaginal bleeding. You may need to use a light pad for a short time. It may begin as a reddish/pinkish color and change to a rust or brown color over time. This is normal. If you begin to have bright red, period-like bleeding, with or without blood clots, you need to be seen.

Trouble Urinating

A very small number of patients may have trouble urinating. Most patients will be able to have their bladder catheter removed right away.

If you are unable to pass urine at home, please go to the emergency room. You will need a catheter to be placed to allow the bladder to “rest.” It will be removed later in the office.

Pain

Pain in your incision should start to improve within 24-48 hours. Use the methods below to control your pain.

- **Narcotic pain pills:** You will be prescribed a narcotic pain medicine. Take as directed and only use for severe pain. These can cause nausea and constipation. Your pain should slowly improve over time.
- **Ibuprofen:** You may use 400-600 mg ibuprofen (Advil[®], Motrin[®]) in between doses of narcotic pain medicine. **Do not** take more than 2400 mg daily.
- **Aleve[®]:** Some patients may prefer to take a naproxen (Aleve[®]). You take this medicine only once every 8-12 hours. **Do not** take more than 3 pills in 24 hours.
- **Tylenol:** Avoid Tylenol[®] (acetaminophen) while taking narcotic pain medicines. Narcotics often have acetaminophen (Tylenol[®]) already in them. If your pain medicine does not include Tylenol[®], you can take 650 mg of plain Tylenol[®] every 4 hours in between narcotic doses. **Do not** take more than 3,000 mg daily. You may also still take ibuprofen or Aleve[®] for more pain control.
- **Aspirin:** Avoid aspirin unless you were told not to, or you have a serious heart condition. Aspirin may cause bleeding. **Do not** resume it until you have discussed this with your surgeon and/or your cardiologist.
- **Ice:** You can also try using an ice pack or bag of frozen peas over the incision sites several times daily for pain.

Home Care

- Have an adult stay with you for the first 24-48 hours.
- Keep doing the coughing and deep breathing exercises.
- **Do not** use tampons, douches, or feminine deodorant sprays.
- Avoid swimming or using a hot tub until your post-op exam.

Wound Care

- Leave the band aids over your incisions for at least 24 hours. After 24 hours you may replace the band aids if you prefer to keep your incisions covered.
- You may shower or bathe as normal. It is fine for the soap to run over your incisions. Pat your incisions dry when you're done. Avoid rubbing.
- You can use antibiotic ointment on your incisions, but it is not required.
- **Do not** use oils, powders, or lotions on your incisions.

Constipation

Constipation is common after surgery. Some patients may go 4-5 days without a bowel movement. You will get a prescription for a stool softener. Take this medicine for several days after surgery or until you have several soft, easy to pass bowel movements.

Tips to prevent constipation:

- Take 100mg of your prescription stool softener, Colace (docusate), twice daily
- Try MiraLax (follow the package directions)
- Eat plenty of high fiber foods such as fruits, vegetables, and whole grains
- Drink 6-8 glasses of water daily.
- Increase your activity level as soon as you are able

Activity

Healing time varies. It often takes about 2-4 weeks to recover. As you heal, follow the activity guidelines below.

- **Lifting:** Avoid lifting more than 15 pounds for the next 2 weeks
- **Walking:** Starting walking right away after surgery to promote healing. Try to work your way up to walking one mile per day as soon as you can.
- **Driving:** You may resume driving when you are no longer taking narcotics and you can sit in the car with a seatbelt over your lap without pain.
- **Chores:** Ask others to help with chores and errands while you heal.
- **Stairs:** It is fine to go up and down the stairs in your home.
- **Sex:** Avoid sex for 4 weeks, unless told otherwise. Your sex drive or your ability to have an orgasm will not change.
- **Other activities:** Avoid any type of activity that causes pain. Increase your activities slowly and pace yourself.

Follow-Up Visit

Most patients return to our office for a post-op visit in 2-4 weeks. We try to have this scheduled before your surgery. If this visit is not scheduled, please contact our office.

When to Call

Call the clinic if you have questions about your discharge instructions. Call right away if you have any of the symptoms below.

- Increased pain or pain not controlled by pain medicines
- Fever over 100.4° F for two readings taken 4 hours apart
- Incisions that are red, swollen, warm or painful to the touch
- Yellow, green or smelly discharge from the incision
- Heavy, bright red, period-like vaginal bleeding
- Bruising around the incision sites that seems to worsen or spread
- Chest pain or shortness of breath
- Leg swelling, redness, or pain
- Dizziness or fainting
- Trouble urinating
- Frequent, urgent, or painful urination
- No bowel movement after 7 days
- Nausea or vomiting which does not improve with medicines
- Not able to eat or drink without vomiting

Who to Call

20 S. Park St. Clinic*
20 S. Part St., Suite 307
20 S. Part St., Suite 506
Madison, WI 53715
(608) 287-2830

Ob-Gyn Resident Physician Clinic
20 S. Park St.
Madison, WI 53715
(608) 287-2830

Union Corners Clinic*
2402 Winnebago St.
Madison, WI 53704
(608) 242-6840

West Clinic*
451 Junction Rd.
Madison, WI 53717
(608) 265-7601

*Location includes Midwifery Clinic

For a complete list of our providers and clinics, please visit uwhealth.org.

After hours your call will be answered by the paging operator. Please give your name, phone number with area code and state the reason for your call. A doctor will call you back.

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 ©12/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8229.