MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

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Laparoscopy: care after your keyhole surgery

These guidelines are based on an average patient; your personal recovery is likely to be slightly different. During your recovery, some days will be better than others; the main thing is that, in general, your recovery is heading in the right direction.

How can I prepare for my recovery, even before I've had my operation?

- Cook some meals ahead of time that will last in the freezer, ready for when you get home.
- Buy some over-the-counter pain relief (eg. paracetamol and ibuprofen) and laxatives (eg. 'Movicol', 'Coloxyl' or 'Metamucil').
- If you live by yourself: organise for someone to be home with you for the first night and day.

How long will I need to stay in hospital after my laparoscopy?

The answer to this depends on several factors, such as:

- The extent of the operation that you had done: the bigger the operation, the more likely it is that you will need to stay in hospital overnight.
- The time of day that your operation finishes: the earlier in the day your operation finishes, the more likely it is that you'll be able to go home to sleep in your own bed that night.
- How you recover from the anaesthetic: some patients experience significant nausea and vomiting, and need to stay in hospital overnight to receive anti-nausea drugs through a drip.

Immediately after your keyhole surgery operation (or 'laparoscopy')

After surgery, you'll usually stay in the 'recovery ward' for an hour or two, while you wake up from the anaesthetic. You can eat and drink as soon as you wake up from your general anaesthetic. Most patients are up and walking on the same day as their keyhole surgery, even if a little gingerly.

Given you will have had a general anaesthetic, it won't be safe to drive for 24 hours. Hence, you may need someone to pick you up from your operation and take you home (if you leave hospital within 24 hours of your operation).

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Week 1

What to expect, and what to do about it

Pain

- A sore throat, from the breathing tube used during your operation. Consider throat lozenges.
- Shoulder tip pain. We use a gas to distend your belly, so we can see what we're doing during your operation. This stretches and irritates the diaphragm, leading to shoulder tip pain. Try: having a warm drink, using a heat pack, going for a gentle walk, alternating between lying on your back and your other side, and pain relief tablets.
- Your tummy will be quite sore, as we need to insert our video camera and surgical instruments through your abdominal muscles. Any movements using your tummy muscles (eg. sitting up out of bed) will be quite painful.
- Unless you've been told not to, take regular simple pain relief, such as paracetamol and ibuprofen. Alternate between the two every few hours.
- Your anaesthetist may have prescribed stronger pain medicines, to be taken on an 'as needed' basis. If (despite taking regular paracetamol and ibuprofen) you still have significant pain, add in this stronger medication.

Activity and exercise

- Go for a gentle short walk at least once a day, and build up to longer walks over time.

Bleeding

- It's normal to experience light vaginal bleeding for up to a month after keyhole surgery.
- When your next period occurs, it may be a little late, or heavier than usual. (NB: not relevant for patients who've had a hysterectomy.)

Diet, bowel and bladder function

- Your bowels and bladder may take a few days to get back into a normal pattern.
- Slowly build up: start with snacks and lighter meals, and progress to your usual diet.

Your wounds (or 'incisions')

The nurses in the recovery or surgical ward can provide advice about when to remove your dressings. Different dressings can be removed at different times, as follows:

- Waterproof dressings are thin, see-through dressings, which can be removed after 2 – 3 days.

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- "Steri-strips" are narrow (2 – 4 mm wide) white strips that may be placed over surgical incisions. Leave these to fall off of their own accord, which takes a week or two.
- Some surgeons use purple 'tissue glue' to stick your incisions together. This slowly peels off over the month after your operation.
- If your surgeon used stitches: they will be dissolvable; there is no need to have them taken out.

What you should avoid

- Having penetrative sex or using tampons
- Lifting more than 2kg (eg. a full kettle)
- Driving
- Having a bath or swimming

Week 2

What to expect, and what to do about it

Pain

- By now, your pain should be a lot more manageable.
- You may still need paracetamol and ibuprofen, and the occasional stronger medicine.

Activity and exercise

- Use common sense: avoid activities that leave you too fatigued, or in too much pain.
- Slowly to increase your physical activity and exercise, guided by your tummy pain. If something hurts, slow down and back off for a day or two.
- It's OK to have a bath or go swimming.

Driving

- It's safe to drive if you can respond quickly and safely to something happening unexpectedly in front of you. Before you drive again, check that you can comfortably: do a head check; slam on the breaks; and turn the steering wheel suddenly.

Bleeding

- Your bleeding should be lighter than it was during week one.

Diet, bowel and bladder function

- Both your bowels and bladder should be returning to normal.
- You may still need to take an occasional laxative to maintain a soft consistency.

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Your wounds (or 'incisions')

- Your incisions will no longer need any dressings over the top.
- If your "steri-strips" they haven't fallen off by two weeks after your op: gently peel them off.
- If your surgeon used purple 'tissue glue', it may start to peel off.

What you should avoid

- Having penetrative sex or using tampon
- Lifting more than 5kg (eg. a watermelon)

Weeks 3 – 6

What to expect, and what to do about it

- Keep in mind that: you may fatigue easily; you will need to slowly and gradually increase your activity and exercise back to your usual levels. Use common sense to guide you.
- Your incisions and tummy will still be quite tender sometimes.
- If you work at a desk, you should be able to go back to work. If you do a lot of heavy lifting as part of your work, you may want to take a third week off work before returning.
- You'll probably be OK to drive.
- Unless you had a hysterectomy, it's safe to have penetrative sex again.

Your post-operative appointment

Maven Centre staff may already have booked in your post-op review appointment with your gynaecologist. If not, please call the rooms on 9958 5636 when you have a chance, to book this in. This appointment serves to:

- Talk through the operation in detail, to make sure you understand what was done and why
- Review any photos that were taking during your operation
- If relevant: review the histopathology report from the pathology doctors in the laboratory
- Review your recovery
- Make plans for future management
- Answer any questions you may have

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Frequently asked questions (FAQs)

When can I go back to work?

- If you work at a desk, you may feel up to going to work within 1 week of your laparoscopy.
- After a major laparoscopic operation (such as keyhole surgery to remove your uterus, fibroid(s) or severe endometriosis), you may need 2 weeks off work to recover.
- If you work a more physical job, that involves heavy lifting, you may need 3 weeks off.

When can I have sex again?

- If you have had a total hysterectomy (ie. the cervix removed), you now have a row of stitches at the top of the vagina. You should let the area heal for six weeks.
- If you've had simpler keyhole surgery, we'd recommend waiting two weeks before having sex.
- Of note, you may be able to fall pregnant during your recovery. So, unless you want to conceive, please use contraception when having penis-in-vagina sex.

When to seek medical advice

If your recovery is very different from what has been described above, or if you feel like something is not right and you'd like to check with someone, please contact:

- Maven Centre (during business hours): 9958 5636
- Your GP

Please contact Maven Centre if you notice any of the following:

- Persistent nausea and vomiting for over 24 hours
- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Severe abdominal pain
- A temperature at or above 38°C
- An abnormal or smelly discharge from any of your incisions
- Shortness of breath, or any trouble breathing

If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre gynaecologist, please attend your local Emergency Department.

This pamphlet is a general overview of post-operative care after laparoscopic surgery, and may not apply to everyone. If you have any further questions, please speak to your gynaecologist.