

Laparoscopic Hysterectomy

Not many years ago, hysterectomy meant a lengthy stay in the hospital and long recovery time at home. Modern laparoscopic techniques today allow for a much shorter time in the hospital, with many patients going home the same day as their surgery. These guidelines are intended to help you achieve that goal and to return to your normal activities as soon as possible.

Before your surgery:

- No aspirin, ibuprofen (Advil, Motrin, etc) or naproxen (Aleve, etc) for five days prior to surgery. You may use acetaminophen (Tylenol, etc) as needed for pain or cramps.
- No fish oil for five days prior to your surgery.
- If you have been given instructions for a bowel prep, please follow these directions carefully.
- Shower with antibacterial soap the night before and the morning of your surgery.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE EVENING BEFORE SURGERY**
- If you usually take medicines in the morning, please check with your doctor.

The day of your surgery:

- Please have someone with you at the hospital. This should be your-care giver for when you go home.
- Plan on arriving 1½ to 2 hours before the scheduled start time, unless instructed otherwise.
- Wear loose fitting, comfortable clothes such as sweats with an elastic waist.
- You will meet with your surgeon and anesthesiologist prior to surgery.

After surgery:

- You will be in the Post Anesthesia Care Unit for 1-2 hours. After this time you may go to the GYN floor for further observation and care. Your care-giver may join you there.
- You may be given pain and/or anti-nausea medicine through the IV.
- You will be asked to get up and empty your bladder. Initially, your urine may be blue or green.
- You will be given liquids to drink. If you are taking liquids well, your IV will be removed.
- If you are doing well and your vital signs are stable, you may be discharged after 4-6 hours.

At home:

- Your first meal should be something simple which is easily digested, like soup. After that you may eat your regular diet. You should pass gas within 24 hours and have a BM in 2-3 days.
- Drink lots of non-carbonated liquids. Avoid alcohol for at least a week.
- Take ibuprofen or naproxen (according to label directions) around the clock for the first 5 days. As anti-inflammatory drugs, they will decrease the amount of pain medicine you will need.
- You may also take 1000 mg of acetaminophen (Tylenol Extra Strength) *or* your prescribed pain medicine (usually Vicodin) as needed.
- You may have 1-4 incisions. Change the dressing daily, putting a dab of Neosporin ointment on the wound before covering up. After 5 days, you may leave the incisions open and uncovered.
- Activity is encouraged! Go outside for a walk. You may use the stairs without restriction.
- Do not drive the care for 7 days, or until you have taken no prescription medicine for 24 hours.

Post Op Follow Up:

- Your first post-op visit should be 7-10 days after surgery. The last visit is 4 weeks after surgery.
- Depending upon the kind of surgery you had, you may have light vaginal bleeding or discharge for 4-6 weeks.
- Recovery times vary, as do personal circumstances. Usually, you can return to work 2-4 weeks after surgery.
- No intercourse or douching for at least 4 weeks or until all discharge has stopped completely.

We Need to Hear From You If:

- **You have heavy, bright red bleeding, greater than you might expect from a menstrual period.**
- **You have pain greater than can be relieved by the medications you have.**
- **You have fever of greater than 101°F**