

# Laparoscopy

A Laparoscopy is a procedure using a laparoscope, a slender tool with an attached camera, inserted into your belly button that enables a physician to view a woman's intra-abdominal reproductive organs. Laparoscopy can be used for diagnostic purposes or to perform surgical functions such as removing fibroids, adhesions, endometriosis, and ovarian cysts.

## Your Pre-Op Appointment

- During this visit, you will meet with your doctor to discuss the procedure. Your provider will discuss the risks, benefits, and alternatives to the procedure. You will have the opportunity to ask all of your questions. You will also be asked to sign a surgical consent indicating that you have a good understanding of the procedure and risks involved.
- Your doctor will also update your history and physical exam with possible ultrasound at the physician's discretion. This may also involve taking blood work as well as updating your medication history. Please be prepared to discuss any medications that you are currently taking including name, dose, and how often you take them.
- Please alert your doctor of any allergies to latex and/or medications, including pain medications.

## Advanced Planning

- Clear your calendar of any major engagements for the first 1-2 weeks following your laparoscopy; however be prepared for adequate recovery to take as long as 2-3 weeks depending on the extent of the surgery and you as an individual. Everybody recovers differently.
- Your doctor will determine what time in your menstrual cycle is appropriate for your surgery to be scheduled, depending on the specifics of your procedure.
- You may be asked to start birth control pills to facilitate the surgery scheduling and/or ensure that your uterine lining is appropriate for the procedure.
- You will be required to have a responsible adult who is able to drive you to and from the surgery center/hospital on the day of the surgery and spend the first 24 hours with you. You may not drive a car, operate any machinery, cook, drink alcoholic beverages or make important decision up to 24 hours after your surgery. The anesthesia and other medications in your system make it unsafe to perform these activities.
- Stock your kitchen with meals for at least 3 days so you will not have to cook. Bland, non-greasy meals are tolerated best after anesthesia. Foods such as dry toast, soup, crackers, and ginger ale are all good choices. General anesthesia may also leave you with a sore throat, so you may want to have some throat lozenges available. Buy pads and panty liners for after your surgery.
- Your doctor may ask you to do bowel prep (see separate handout)
- Drink double the amount of fluid the day before to be well hydrated on the day of the surgery.
- Go to bed early and get a good night sleep.

## Surgery Day

- Wake up early and take your time bathing and dressing so you don't feel rushed. Do not wear make-up, remove all nail polish, and please leave all jewelry and valuables at home. You may brush your teeth, but do not swallow any water.
- You may eat a light dinner and drink plenty of fluids the day before your surgery; however, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT PRIOR TO THE PROCEDURE**: this means no water, food, gum, breath mints, or candy after midnight unless you were instructed otherwise.
- You will not be able to wear contact lenses into the surgery. Please either remove them at home and wear glasses or bring a contact case and solution with you to remove your contacts.
- Choose a soft loose-fitting garment to wear to the procedure that is easy to put on and take off. Wear comfortable flat shoes that slip on.
- Bring a "surgery bag." Include: picture ID, your insurance card, reading material (in case you are waiting in pre-op for a while), a small pillow to hug against your body in the car, a case for your eyeglasses if you wear them, and anything else you'll need that day.
- Arrive at the hospital or surgery center when instructed. Typically 90 minutes before your scheduled surgery time depending on the procedure and where it is being done.
- In the pre-op area you will meet many new faces including the anesthesiologist. You will see your surgeon as well who can answer any final questions you may have. You will be asked to re-sign the surgical consent to verify that you are in clear understanding of the surgery that will be performed.
- Recovery in the surgery center varies from patient to patient and can take several hours. Most patients will go home the day of the surgery; however, if a big incision is necessary to perform your surgery you will need to spend the night in the hospital.

## Recovery At Home

### Notify your doctor if you develop the following symptoms

- Severe persistent pain not relieved by pain medication
- Fever 100.5 degrees Fahrenheit or greater
- Progressive or persistent pain with urination, inability to urinate, or persistent blood in your urine.
- Swelling/pain in the legs or calves
- Shortness of breath, chest pain.

## Care of the Incision Sites

- During your procedure, the doctor will make two to four small incisions (less than an inch). One will be through your navel, and the others will be on the lower abdomen near the pubic hairline. Through one incision, the doctor will insert a thin tube with a camera attached (called a laparoscope). Surgical tools are inserted in the other incisions.
- The lower abdominal incisions usually heal quickly, and they cause very little discomfort besides itching. Your naval area will be tender and swollen for a week or so; avoid clothing that may rub this area.
- Absorbable sutures are used to close the incision sites. These typically dissolve on their own 4-6 weeks after the surgery. The sutures are covered with steristrips and a 2x2 gauze sponge. A clear piece of tagaderm tape secures the dressing. Tagaderm is generally waterproof and it is okay to bathe, shower, and swim with the dressing in place. The dressing can be removed 5-7 day after your surgery. Occasionally, the edges of the tagaderm will come up earlier and water can seep under the

bandage. If this occurs, it is recommended to remove the entire bandage all together. Once the initial bandage is removed, you will care for your incision site like you would any other cut. Keep the site clean & dry, especially the navel incision if you have an “innie.”

- You should wash the incisions with warm water and mild soap. For your comfort, you may cover the site with a commercial bandage if you would like. When the bandage is removed, you may experience some bloody drainage at one or more of the incision sites. This is normal and should stop on its own. If the bleeding does not stop after 12 hours, please contact your doctor's office.

## Pain Management

- The amount of surgical pain you have depends greatly on how extensive your surgery was.
- You may also experience discomfort in your shoulder or chest for up to 48 hours. This is common and caused by the carbon dioxide (gas) used during the operation to inflate your abdomen. Intestinal and stomach gas may also be retained causing increased belching and flatulence for one to two weeks following the procedure.
- Your primary medications for pain management should be over the counter Tylenol 1000 mg every 8 hours as needed for pain and/or Ibuprofen 600-800 mg every 8 hours as needed for pain. Your doctor will also prescribe you an oral narcotic pain medication. Typically Oxycodone is prescribed and you may take 1-2 tabs every 4-6 hours as needed for pain. If you do not tolerate Oxycodone, please talk with your doctor about alternative pain medication options. To minimize the side effects associated with narcotic pain medications, we recommend that you start with the Tylenol and/or Ibuprofen and supplement with the narcotic pain medication when you are not achieving sufficient pain relief.
- In addition to pain medication, you may find additional comfort by using a heating pad.

## Constipation

- Constipation is common after anesthesia and is a side effect of narcotic pain medication. Ambulation is the most important preventative and treatment for constipation. In addition to ambulation, we recommend increasing your fluid intake, drinking prune juice, and you may take an over the counter stool softener (Colace 100 mg by mouth once daily for constipation). As long as you are “passing gas” it is okay if you are not having bowel movements, especially if you performed a pre-operative bowel prep.

## Diet

- Typically small portions of bland, non-greasy foods are tolerated best the day of surgery. If you feel nauseated, we recommend clear liquids until you feel better. Over the first 24 hours you can progress to your normal diet as tolerated.

## Activity

- Resume light activities around your home as soon as possible. Ambulation is the best prevention for postoperative constipation. Advance activity as tolerated. Listen to your body. If any particular activity hurts, stop for a few days before trying it again.
- Do not lift anything heavier than 20 pounds for 2 weeks.
- Nothing per vagina for 2 weeks. This includes no intercourse, tampons, etc.
- It is okay to shower, bathe, and swim following the surgery. Avoid soaking the incisions for more than 10 minutes for the first week. Make sure you completely dry the incisions- especially navel incision.

## **Returning to work**

- It is up to you and your doctor when to return to work. If you have a sedentary job and you're feeling well, you may be able to return to work after approximately 5 days. A more physically demanding job or more complicated surgery may require longer recovery time, up to 3 weeks for some laparoscopic surgeries.

## **Follow-up**

- You should have a follow up 2-4 weeks after your procedure to be sure everything is normal and to discuss the plan. If your doctor recommend that you take a longer recovery period; however, you wish to return to work sooner than this time, please make sure that you schedule your post-operative appointment prior to your desired return to work date so that we can determine if that is possible. If you are having any problems before the post-operative appointment, please call our office.