

Wound Care and Sutures

Laparoscopic "key hole" surgery requires small incisions to be made in your abdomen. The incision sites on the abdomen will be closed with sutures which dissolve on their own. The abdominal sutures will be covered in a waterproof dressing initially and may be supported by a steri-strip. You can take this dressing down 1-2 days post discharge and inspect the site. The wounds should be kept clean and gently patted dry after showering. If you are concerned your wound has signs of infection please see your GP or contact us for further management.

When to Seek Help

You should seek advice from your GP or WA Gynae & Surgery if you experience any of the following:

- ❖ Persistent vaginal bleeding
- ❖ Passing large clots or tissue
- ❖ Offensive smelling vaginal discharge
- ❖ An elevated temperature over 38°C, or chills
- ❖ Persistent and worsening nausea or vomiting
- ❖ Increasing abdominal or back pain not relieved by analgesia
- ❖ Pain, burning or frequency when passing urine
- ❖ Increasing difficulty in emptying your bladder
- ❖ A wound with persistent redness, pain, ooze or increasing swelling around the incision or an enlarging bruise around the incision site

Please find your post operative appointment details on the Admission page. Should you have any difficulties attending this appointment please call the rooms so we can reschedule.

If you have a concern post your procedure:

During Business Hours:

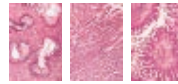
Contact WA Gynae & Surgery - **9388 3495**

After Hours: Nurse manager at SJOG Subiaco - **9382 6111**

Emergency requiring urgent assistance:

KEMH or your nearest emergency department

If you are happy to see your GP, then please do so.



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HOW TO GET WELL

**OPERATIVE
LAPAROSCOPY**

Admission

Please come to the admission desk of _____
hospital on ___/___/___ at _____ am

A pre-admission nurse will be in contact with you to discuss pre-operative instructions, the following points give you an idea of what to expect during this discussion. Depending on your medical history the anaesthetist may also phone you prior to surgery. The anaesthetist will always see you on the morning of surgery and sometimes will require a consultation a few days prior.

The anaesthetist for your surgery will be

Dr _____

AM list — No food or milk products after midnight (this includes lollies and chewing gum). You may drink water up until 6am the morning of your surgery.

PM list — You may have a light (non fatty) breakfast before 7am the day of your surgery. Thereafter you must fast from all food and milk products (this includes lollies and chewing gum). You may continue to drink water freely until 11am.

- ❖ If you are on medication you should continue taking it UNLESS you have been otherwise instructed.
- ❖ Shower on the morning of your operation in a Chlorhexidine Pre-Op Body Wash 4%. Do not use talcum powder. Do not apply make-up, body creams or perfume.
- ❖ Remove all nail polish and jewellery, if possible.
- ❖ Expect a 1-2 night stay in hospital. Please arrange an escort to pick you up at time of discharge.
- ❖ If you are at all concerned about you procedure, or have any queries please do not hesitate to call our rooms.

Routine follow up appointment

_____ @ _____ am / pm

T : (08) 9388-3495

- reception@wagynaesurgery.com.au**
- secretary@wagynaesurgery.com.au**



Your Recovery

Your surgeon and their team will have provided you with information prior to your operation about the procedure itself and answered any questions you may have had. Now that you have had your procedure you probably have new questions. The aim of this "Recovery" sheet is to answer those questions.

Rest

Rest is imperative for a good recovery. You should rest when you get home, and continue to rest for the next few weeks. Take frequent breaks during the day and rest with your feet up. Laying in later in the morning and retiring earlier to bed are ways to maximize rest time. Following laparoscopic surgery expected recovery time is 1-2 weeks. Everyone is different and these times will vary for individuals.

Pain Bloating

Cramping and abdominal discomfort, similar to that of period pain are common symptoms post-surgery. You may have been given strong pain medication to continue taking at home. As pain is individual for each patient you can decide if you need to continue with these strong medications or to take regular pain relief such as paracetamol and/or NSAIDs to cover your pain requirements. A hot pack and resting may help also. Laparoscopic procedures require for your abdomen to be filled with gas. You may have a distended (bloating) abdomen for a few weeks as well as some referred pain most commonly across your shoulders. Pain relief and gentle walking can help to dissipate the excess gas.

Exercise / Heavy Lifting

If you are planning to resume exercise, make sure you are balancing your activities with adequate rest. High impact sports and weightlifting should be avoided but low impact exercise such as walking can be introduced slowly. This is important as you don't want to put undue stress on healing tissues. If at any time exercise causes pain, stop immediately. Everybody is different in their recovery, stay within your own limits and remember if it hurts don't do it. If your surgery involved any vaginal wall incisions or a larger abdominal wall incision this will impact on your return to activity and recovery timeline. Please discuss this with the nurse or surgeon.

Vaginal Bleeding

Unless you have previously had a hysterectomy, light vaginal bleeding is to be expected post-procedure. A light bleed may last a few days and may appear red, pink or brown. Use sanitary pads and shower as per usual. If you are concerned about the amount of bleeding, please call our rooms. You may notice heavier bleeding and more discomfort than usual for the first menstrual cycle. Subsequent cycles should be more "normal" and show an improvement in pain.

Swimming

We recommend that you do not swim, soak in a bath or spa for 2 weeks to minimise the risk of infection.

Resuming Intimacy

We advised to wait 2 weeks post laparoscopy before resuming intercourse. For most minor procedures resuming intercourse is fine as long as there is no discomfort. If you experience severe discomfort or bleeding stop and discuss this with your surgeon. If your surgery involved any vaginal wall incisions, please abstain from intercourse until your post-operative review.

Bladder and Bowel Care

Your surgery may have an initial impact on your bladder and bowel function. Your bowels may be sluggish (this usually takes 2-4 days to return to normal) and you may have an indwelling catheter (IDC) draining your urine. The IDC will be removed prior to discharge. Following IDC removal contact our rooms should you have any pain, burning or difficulty when passing urine. To prevent constipation and straining, an over-the-counter stool softener such as 'Movicol' is recommended to maintain regular soft bowel habits. Avoid all stool softener products containing SENNA! It is also important to drink good amounts of water to keep well hydrated. Eating low residue foods (white rice, pasta, fruits, and vegetables) will also support a healthy bowel. Your surgeon may refer you to a Womans Health Physiotherapist to assess and provide advice to improve your pelvic floor health. Please ensure that you are performing your pelvic floor exercises everyday once you have recovered from surgery.

Driving

Resuming driving will depend on both your recovery and your car insurance coverage. For laparoscopic surgery the recommended time off driving is 1-2 weeks.