

Dr Gareth Weston

M.B.B.S. M.P.H. Ph.D. FRANZCOG CREI

Gynaecology, Infertility, Obstetrics

Provider: 218497TF ABN: 41068410773

17 Erin Street
Richmond VIC 3121

Tel: 03 9429 9915
Fax: 03 9427 8295

Recovery from Laparoscopic Surgery

Written by Dr Donald Angstetra- Obstetrician / Gynaecologist/ Advanced Endoscopic Surgeon

Recovering from laparoscopic surgery is different for everyone. Each of us heals differently. Patient expectation, extent of surgery, length of surgery, the surgeon and the facility all play a role in how someone recovers after laparoscopic surgery.

Laparoscopy is usually done under general anaesthesia. It is a "key-hole" with a small incision made near the belly button and the abdomen is filled with CO2 gas. This lifts the abdomen and gives the gynaecologist a better view into pelvic organs. The following information will help answer frequently asked questions and will help you understand some of the common experiences that may occur after your surgery.

Length of stay

Laparoscopy is usually performed as a day stay basis, but an overnight stay may be required if the surgery is complex or lengthy. If a bowel resection or partial bowel resection is performed, your hospital stay may be extended by several days. Some may take only a few days to recover from a laparoscopy, but others may take several weeks to heal completely.

Activity after surgery

There are no standard rules in regards to activity after laparoscopic procedures. In some cases, your doctor may restrict driving for two weeks. Only begin driving when you feel strong enough to be able to stop the vehicle in an emergency, otherwise have someone drive you. Swimming and bathing will also be restricted. You can use the stairs if you feel you are able. Use common sense when starting routine exercise after surgery and gradually advance your activity.

Every woman is different, hence differing degrees of recovery. You will probably be very tired and need lots of naps. You should NOT be bedridden. You will recover more quickly if you move about.

Sexual activity

Intercourse should be avoided for two to four weeks, depending on your surgery. If you had a hysterectomy or surgery in the vagina, you should avoid intercourse for a minimum of six weeks to allow the top of the vagina to fully heal.

Shower

You may take a shower the day after surgery.

Wound care

Keep your wound dry and clean. No special creams or ointments are needed. Your incisions are closed with a suture underneath the skin, which will dissolve on its own. It is then covered with "derma-bond", a surgical-glue. This protects the incision and will stay in place for two weeks or longer. The glue can be removed by using soap and water and gentle scrubbing. A small amount of bleeding at the incision sites is not uncommon. Some patients will develop bruises at the incision sites. This is due to "the trocars", a plastic sleeve, which can cut tiny vessels just beneath the skin. It will resolve by itself. Pain around the incision sites is not uncommon and will resolve over several days. You

Dr Gareth Weston

M.B.B.S. M.P.H. Ph.D. FRANZCOG CREI

Gynaecology, Infertility, Obstetrics

Provider: 218497TF ABN: 41068410773

17 Erin Street
Richmond VIC 3121

Tel: 03 9429 9915
Fax: 03 9427 8295

may feel "pins and needles" at the incision site due to the nerves being cut. These nerves will heal.

Vaginal bleeding

Vaginal spotting may last for several weeks and should resolve. However, heavy bleeding, increasing bleeding or foul smelly discharges is not normal and you should seek medical advice.

Sore throat

Some patients will have a sore throat from the tube that is placed during anaesthesia. Throat lozenges or warm tea will help soothe the discomfort, and this will resolve within a few days.

Pain following surgery.

When you come out of the anaesthesia in the recovery room, you may be in some pain. Be sure to speak up so your pain can be properly managed. Coming out from anaesthesia will also make you feel cold. Ask for more warm blankets if you're chilly. In most cases, you will be given a prescription for pain medication to take at home. If possible, have this prescription filled prior to your discharge.

Rule of thumb

"Pain should resolve over time and will get better every day".

The first several days following surgery, take some regular paracetamol and ibuprofen at home. Prescription drugs should be used sparingly as they can cause constipation. Narcotic analgesia can sometimes help with sleep at night. Using a heat pack on the lower abdomen is safe. Coughing can be uncomfortable. Placing a pillow on the abdomen to support your abdomen while coughing can be helpful.

Shoulder pain

The carbon dioxide gas used to inflate the abdomen during the laparoscopy can irritate the phrenic nerve. This is caused by carbon dioxide gas trapped against the diaphragm (breathing muscle). This irritation is felt as pain in the lower chest and up into the shoulder area which known as "referred pain". The pain can occur during deep breaths. This type of pain can be quite uncomfortable and may last several days. It will eventually resolve on its own but can be aided by walking and moving around. Massage, cold/heat pack and simple analgesia (such as ibuprofen or paracetamol) often bring the quickest relief.

If the pain does not resolve or becomes worse, it is important to rule out other causes of chest pain, such as heart or lung issues.

Abdominal discomfort / bloating

Some degree of abdominal distension (swelling) is to be expected after surgery. This is due to distension of the intestines and resolves over time. Intraperitoneal gas pains are caused by gas trapped outside of the intestines, but inside the abdominal cavity. Manipulation of bowels during laparoscopic surgery can leave the bowels 'stunned'. General anaesthesia can slow down the bowels, preventing the passage of gas and stool. Walking encourages the peristaltic movement of the bowels, relieving gas and constipation. A heat pack may also provide relief. If you are allowed to drink, hot peppermint tea is a great remedy to help gastrointestinal motility and relieve painful gas pains.

Post-op blues

Dr Gareth Weston

M.B.B.S. M.P.H. Ph.D. FRANZCOG CREI

Gynaecology, Infertility, Obstetrics

Provider: 218497TF ABN: 41068410773

17 Erin Street
Richmond VIC 3121

Tel: 03 9429 9915
Fax: 03 9427 8295

You may experience a period of emotional ups and downs following surgery such as crying easily, or feeling anxious, agitated, frightened or suspicious. It can remain for several weeks and it is not unusual. All of this will pass in time and you will begin to feel in control again.

Nausea

Nausea after laparoscopy is very common. Anaesthesia drugs are the main cause for nausea immediately after surgery. After the first 24 hours, nausea is likely related to pain medication or antibiotics. Many medications exist to help. Some can be taken before surgery, during or after surgery. Talk to your gynaecologist and/ or anaesthetist about the ways to minimise nausea. Ginger tea may help.

Loose clothing following surgery

Wear loose-fitting, comfortable clothes during the first few weeks after laparoscopy. The incision site will be tender and the abdomen swollen so try not to aggravate it with tight clothing.

Things to watch following surgery

- Fever higher than 38 degrees
- Shortness of breath
- Dizziness
- Heavy vaginal bleeding
- Severe pain not relieved with pain medication
- Persistent nausea or vomiting
- Increased pain, redness, or swelling at the incision
- Severe diarrhoea, bloody diarrhoea, or diarrhoea is accompanied by fever or worsening pain
- Inability to pass urine

Always go to your nearest hospital if an emergency visit is necessary post-operatively.