

## **Patient Instructions after Surgery**

### Q: What do I need to know about post-operative care?

- Incision care after laparoscopy:
  - Your skin incisions will be closed with suture, which is concealed underneath the skin. The suture underneath the skin will hold the incision together until it heals. If the sutures are present, they will dissolve approximately 4 weeks after surgery. This suture is dissolvable and does not need to be removed. However, it might be felt for several weeks, which is normal.
  - The incisions will be covered by a sealant called Dermabond—it is a “surgical superglue” used to protect and seal the skin. It will fall off in a week or so after surgery and does not need to be removed.
  - Your doctor will check your incisions when you come in for a check up 2-3 weeks after surgery.
  - Gently wash incisions daily with soap and water when you shower. You may shower the day after surgery unless instructed otherwise.
  - You may take a tub bath \_\_\_\_ weeks postop.
  
- Intestinal function:
  - You may resume your normal diet: you may find liquids, crackers, and toast more tolerable at first. Avoid eating greasy, spicy or heavy foods for the first few days.
  - Take over-the-counter stool softener such as Colace (generic name is Docusate sodium), one tablet 2 to 3 times daily to keep you from being constipated. Drink 6-8 glasses of non-caffeinated beverages daily. Milk of Magnesia and high fiber diet are also helpful.
  
- Sexual activity and pelvic rest:
  - You may resume sexual activity \_\_\_\_ weeks after surgery. Please abstain from sexual intercourse until then.
  - Do not use tampons or douche for \_\_\_\_ weeks
  
- You may drive when you are not taking narcotic pain medication and when you feel comfortable enough
  
- Pain control:
  - You may have cramping and you may bleed and for 3-4 weeks. Heating pad on your lower back and abdomen may lessen the discomfort
  - Pain medications commonly used are NSAIDs (non-steroidal anti-inflammatory medications) such as Ibuprofen (Motrin, Advil) and Naproxen (Aleve), narcotic medication such as Percocet (combination of Tylenol and oxycodone) and Tylenol (Acetaminophen). Your doctor will go over instructions on what medicine you should be taking. In general, most patients should be taking Ibuprofen (600 mg tablet every 6 hours) around the clock immediately after surgery and Percocet (1-2 tablets every 4-6 hours) in addition to Ibuprofen as needed. Since those medications work

differently you cannot overdose by combining them together. Moreover, they work better in combination, allowing you to use less narcotic medication such as Percocet as it in some cases might result in sedation and constipation.

- Do not wait until the pain is too bad before taking the medicine. It may not work as well if you wait too long to take it. If it makes you drowsy, do not drive or do anything else that requires you to be alert.
  - Most patients find it easier to have enough pain medication in stock PRIOR to surgery to avoid having to go to the pharmacy immediately after. Please note that narcotic medication prescription expires in 30 days after it is written and cannot be faxed or called in; it must be picked up in person.
  - If you had laparoscopic or abdominal surgery, you might have pain in your neck or shoulder because of the gas that was put into your abdomen during surgery. Using heat pads and elevating your head and shoulders might help.
- Physical activity:
    - Do not lift more than 20 lbs for \_\_\_\_ weeks
    - It is desirable to be active as possible immediately after surgery it facilitates healing. Walking is great way to maintain your adequate activity level. Taking a walk 3 times a day (walking around your apartment or a house) is the minimal amount of activity recommended. The more you can walk the better. You may return to your usual exercise routine, sports or heavy housecleaning in \_\_\_\_\_ weeks.
  - You may return to work in \_\_\_\_ weeks. Please hand out on instructions prior to surgery on more details.

Q: What do I need to watch for? When do I need to contact a doctor?

- If you have an incision, look for redness on the skin, swelling, and pus or liquid coming out of it.
- If you are bleeding more than your regular period, causing you to change a sanitary pad every hour for 2 hours because it is soaked
- If you have an unusual foul-smelling green or yellow vaginal discharge
- If you are having pain in your abdomen that is not controlled with pain medication that was given to you or if the pain is increasing
- If you are vomiting or have nausea and cannot keep food or liquid down
- If you have difficulty urinating
- If you are heaving diarrhea often
- If you have trouble breathing all of a sudden
- If you are not passing gas or stool from the rectum
- If you are running a fever, more than 100.4 F or 38.0 C for more than 24 hours
- A nurse or a doctor will call you the morning after surgery to see how you are doing. During the workweek, a nurse in the office will go over your concerns and contact your doctor as needed. After hours and on the weekends, a doctor on call will be contacted when you call the office number.

Q: How do I contact a doctor?

- Please call **212-263-3049** to speak with the receptionist. If receptionist is on another call, you will be forwarded to a voicemail. When leaving a message on our voicemail systems, please leave your name and a phone number where we can best reach you and time at which is best to reach you, name of physician who is taking care of you and a reason for the call. Please make sure your phone line is set up in such a way that it accepts blocked numbers (check your caller ID to make sure our call is not filtered out). Messages left on our voicemail are checked several times a day. If you contact us by email, please allow at least 24 hours for response, as email messages are not checked on hourly basis.
- All calls received by the nurse before 5:00pm will be returned the following business day. **If you are experiencing an emergency do not leave a message.** Please choose the option to get on-call doctor paged, and covering physician will return your call right away.
- In the event that you have an emergency after 5:00pm, on a weekend or holiday, please call and choose the option to have the on-call doctor paged. For non-emergent matters such as medication refills please leave a message and your phone call will be returned the next business day.
- After hours “on-call” emergency coverage by our physicians takes place on rotating basis between physicians who are partners in our practice, so that if you are a patient of Dr. Smilen, Dardick, Lerner or Dunham, your phone call might be returned by any of the above doctors. Drs. Christina Kwon, Rachel Friedman and Adina Rozenzveig, NYU gynecologists, also participate in after hours’ coverage with us.

Q: What happens to pathology report after my surgery? How do I find out the results?

- It takes approximately 2weeks after your surgery to get final results on pathology. Your doctor will review those results with you when you come back for your 2-week post-operative visit.

Q: I have a form that needs to be filled for my job. How do I handle that?

- Please call the office and explain what the form is needed for and fax it or email it to us. Forms, letters or record releases might require up to 7-10 business day turn around time unless there is an emergent issue which will be handled on a case by case basis.