

## Patient Resource Center

### Post-Operation Information and Instructions

While a robotic gynecologic surgery is performed routinely, it is still major surgery that will take some time and effort to recover from. The following information will help you.

#### Leaving the Hospital

- Patients can generally be discharged from the hospital within 24 hours after surgery, many patients desire discharge the same day as their surgery.
- Some patients will be discharged from the hospital with a urinary catheter in place. This catheter is known as a Foley catheter and is held in place by a balloon inside the bladder. It allows continuous drainage of the bladder into a small external collection bag which is emptied as needed. If you requires a catheter after surgery it can usually be removed by you the day after surgery. Simply a cut the sideport tube with scissors, allow the water to drain out (about a tablespoon) and the catheter will slide out of your. Throw the catheter away.
- Since you will not be cleared to drive yourself, you will need someone to drive you home.

#### Activity

- Please refrain from driving until you are no longer taking oral narcotic pain medications (usually three to seven days after your surgery). After one week, you can resume most activities; however, if your uterus was removed (you had a hysterectomy), refrain from *vigorous activity* (running, golf, exercising, **horseback riding, motorcycles, bicycling**) and lifting more than ten pounds for *four to six weeks* after surgery to give yourself time to heal.
- You should attempt to walk and climb stairs as much as you can tolerate to help in your rehabilitation.
- Showering is fine 48 hours after surgery. If your uterus was removed (hysterectomy) stay out of bathtubs, hot tubs, swimming pools, lakes or rivers until you are seen back in the office.
- When you may return to work depends on your occupation and how fast you recover. For most work you may return to in 2-3 weeks. Use common sense.

#### Medication

- Most patients experience only minimal discomfort following robotic gynecologic surgery, and you will be prescribed a narcotic pain pills; however, you will very likely need very few of these and often Ibuprofen (Motrin) or Tylenol (acetaminophen) will be enough. Additionally, you will be prescribed a stool softener. This needs to be taken twice a day until the medicine is gone.
- You may resume any of the usual daily medications you may have been taking before surgery for other medical conditions, as soon as you are discharged.

#### Food

- To make it easier on you immediately following the hospital, you may initially want to stick to a mostly liquid diet of broth, juices, Jello etc... until you get your first bowel movement. Avoid carbonated beverages.
- Once you have had a bowel movement, you should move to a soft food diet of things like soups, scrambled eggs, toast, oatmeal etc... and then work your way back to your normal diet as you feel comfortable.
- Avoid gas-producing foods such as flour, beans, and broccoli.
- Try to spread out eating throughout the day with snacks and small meals, to avoid eating large meals at once for a few days after surgery.

#### Clothing

- Immediately after surgery, your abdomen will be slightly bloated so you may have trouble fitting into your normal clothes. For comfort, wear loose fitting clothing such as sweatpants or other pants with an elastic (not button) waist.

#### Wound Care

- **Two days** after surgery, remove the dressing and gauze covering your wound sites. You may now start showering. We encourage you to shower 1x a day. (For example, if your surgery was on Monday, you may remove the dressing and resume showering on Wednesday) After showering, gently pad the incision sites (do not rub or otherwise irritate them) with a towel.
- Sutures were utilized which will dissolve on their own, there is no need to have them removed. A small amount of redness at the edges of the incision sites, as well as a small amount of clear or bloody leakage from the wound, is acceptable.

#### Catheter Care

- As referenced above, you will be discharged from the hospital with a Foley catheter in place which continuously drains urine from your bladder. It must stay in place while your anastomosis heals. Do not attempt to remove this on your own. If it should accidentally fall out, you **MUST IMMEDIATELY notify** Dr. Chamberlain to have it replaced.
- You may use an antibiotic ointment to lubricate the outside catheter. This ointment will reduce inflammation to discomfort. Apply the ointment as needed.
- You will be provided with a strap around your thigh to hold the catheter tubing in place. Adjust this strap as necessary to prevent tension from being applied to the catheter.
- Alert Dr. Chamberlain if the catheter does not drain well, or if you have any other serious problems with it.
- This catheter will stay in place for 5-6 days while you heal, and can generally be removed by Dr. Chamberlain at the end of this time. Sometimes it may need to stay in place longer if you are not sufficiently healed, perhaps two weeks instead of one. You should have already scheduled a follow-up appointment for this purpose. Remember from above, that you will start taking your oral antibiotic on the morning of this day.

#### Situations You Might Encounter After Surgery

- **Abdominal Distention, Constipation or Bloating:** Make sure you are taking the prescribed stool softener as directed, and drinking prune juice or milk of magnesia.
- **Bloody drainage from the vagina:** Under stress, such as during physical activity or bowel movement, this is not uncommon immediately after surgery. This should improve if you cease activity and rest for a short while. If it does not, or you have bright red blood, contact the office at (423) 698-2050 to inform Dr. Chamberlain.
- **Bruising around the port sites:** This is not uncommon, and should not worry you. They will go away as you heal.

**Questions?** If you have any questions about these instructions contact our office. Contact the office at (423) 698-2050. You should have received similar instructions verbally upon discharge from the hospital.

We recommend that you *print these instructions* and keep them handy for easy reference during the time following your surgery. These instructions are given in your best interest and should be followed as carefully and closely as possible.