

ACTIVITY

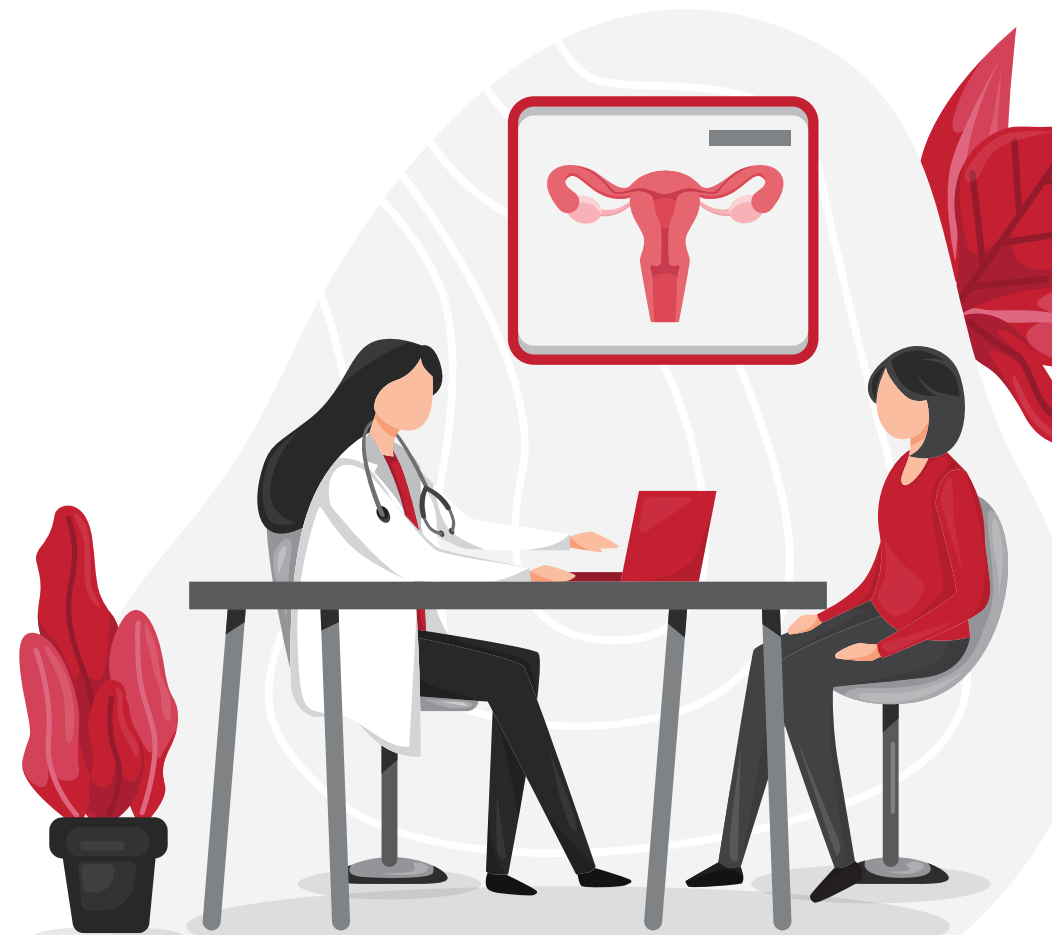
- No heavy lifting/pushing/pulling for 8 weeks. Do not lift anything more than 10 lbs (such as laundry, groceries, children, pets), vacuum, push heavy doors or grocery carts, etc. for 8 weeks.
- You may climb stairs as tolerated.
- Do not put anything in the vagina for at least 8 weeks after surgery unless otherwise instructed by your doctor (including tampons, douching, sexual intercourse, etc)
- No driving for 1 week after surgery and not while taking narcotic pain medication.
- Avoid sitting or lying in bed for more than 2 hours at a time while you are awake to reduce your risk of blood clots.

WOUND CARE

- If you had a laparoscopic or robotic hysterectomy, you will have small incisions on your abdomen. There will be dissolvable stitches under your skin that do not need to be removed. If you have Band-Aids® or Tegaderm™ on your incisions, these may be removed in about 1-2 weeks. It is OK to remove them if they are falling off. If skin glue is present, leave in place for at least 2 weeks.
- Shower daily after surgery. Clean your incision with mild antibacterial soap and water. Pat your incision dry with a clean towel. No tub baths or swimming pools for 8 weeks or until wound is completely healed.
- No ointments or antibacterial creams are required for incisions. Do NOT use cleansing agents like alcohol or hydrogen peroxide.



MINIMALLY INVASIVE HYSTERECTOMY POSTOPERATIVE INSTRUCTIONS



WHAT TO EXPECT AT HOME

- Recovery from surgery is generally 4-6 weeks, but sometimes longer for more strenuous activity. It is normal to be very tired during this time.
- It is normal to have some drainage or a small amount of vaginal bleeding after surgery that would require the use of a light panty liner. This discharge may last up to 8 weeks. The bleeding and discharge should be light and should have no odor.
- You may experience gas pain, abdominal swelling, or shoulder pain for 24-72 hours after surgery. This is from the carbon dioxide gas put into your abdomen to better visualize your organs. A warm shower, heating pad, and/or walking may help.

PAIN MANAGEMENT

- Take your oral pain medication as needed.
 - Alternate Tylenol and ibuprofen/Motrin (if you are eligible) for pain control. Each of these medications can be taken every six hours and may be started after surgery. Try to stagger them so that you are taking something for pain every three hours (ex. take Motrin at 12:00, Tylenol at 3:00, Motrin at 6:00, etc) to maximize pain relief.
 - Dosages:
 - Tylenol - 500-600 mg every 6 hours as needed
 - Ibuprofen/Motrin - 600 mg every 6 hours as needed
- The maximum dose of Tylenol is 3000 mg in 24 hours, the maximum dose of ibuprofen/Motrin is 2400mg in 24 hours.**
- Some pain medications can cause constipation. We recommend a stool softener (i.e. Colace) while you take these medications. You may also take milk of magnesia or Miralax for constipation as direction on the bottle.

WHEN TO CALL YOUR DOCTOR

- Fever (>100.4°F or 38.0°C) or chills.
 - Incision problems such as redness, warmth, swelling, or foul-smelling drainage.
 - Severe nausea or persistent vomiting.
 - Bright red vaginal bleeding (soaking > 1 pad/hour) or foul-smelling vaginal discharge.
- It is normal to have a minimal amount of vaginal spotting or vaginal discharge for several weeks.**
- Severe pain not relieved with pain medication.
 - Pain and swelling in your legs, especially if it is only on one side.

WILMINGTON HEALTH OB/GYN OFFICE CONTACT INFORMATION:

Main Office:
910-343-1031
8:00 am - 5:00 pm

After-Hours Answering Service:

Call the main office number at
910-343-1031 and choose option 0

CALL 911 OR GO TO THE EMERGENCY DEPARTMENT IF YOU HAVE:

**Any shortness of breath, difficulty
breathing or chest pain.**