

Preparing For Your Laparoscopy



**Boston
Children's
Hospital**

Division of Gynecology
Center for Young Women's Health

IN APPRECIATION

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Preparing for Your Laparoscopy

This booklet was created especially for you, so that you'll have a better understanding of laparoscopy and how to plan for GYN surgery at Boston Children's Hospital.

We hope that this booklet answers all of your questions and helps you to prepare for your upcoming procedure. If you don't understand any information in this booklet, please write down your questions/concerns on the "My Questions" page and talk with your doctor or the GYN nursing staff.

HOW TO USE THIS RESOURCE BOOKLET:

Finding information is easy. Check out the Table of Contents on the next page. Each section is listed along with a brief description of what's inside.

Learning about your upcoming procedure is a very important step in taking part in your treatment plan.

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Laparoscopy

What is laparoscopy?

Laparoscopy (*pronounced: lap-a-ros-co-pee*) is a (*minimally invasive*) type of endoscopy procedure. This procedure will allow your doctor to look inside your abdomen (*belly*) using a thin surgical telescope that has a small lens on the end of it.

Why is a laparoscopy done?

A laparoscopy is done to determine the cause of pelvic pain, so it can be treated. Because this is a surgical procedure, it's most often performed if other tests haven't been helpful in finding the reason for your pain. It can also be used to remove an ovarian or tubal cyst.

How is a laparoscopy done?

In an operating room at Boston Children's Hospital, an anesthesiologist will help you go to sleep with general anaesthesia. After you're asleep, your surgeon will make 2–4 very small "incisions" (*cuts in the skin*) about $\frac{1}{4}$ of an inch long in your abdomen. The first incision is placed just inside your belly button. Your surgeon will put carbon dioxide gas into your abdomen through this incision. The gas makes room inside your abdomen so your internal organs can be seen. Next, the surgical telescope will be placed into the first incision. A surgical telescope is a long instrument that looks like a thick straw. At the tip of the telescope is a lens. The lens projects an image of the inside of your abdomen through a fiber optic cable on a small screen (*like a television*). The other incisions (*1–3*) are made just above your pubic bone. Special laparoscopic instruments are placed into the lower incision(s).

What can my surgeon see?

Your surgeon will be able to see the outside of the organs in your pelvic area including your uterus, ovaries, fallopian tubes, bowel, bladder, appendix, and area behind the uterus called the cul-de-sac. He/she will also be able to see other problems such as appendicitis, or ovarian or tubal cysts, if you're extremely constipated, growths or tumors, and endometriosis. Any visible endometriosis can be removed or destroyed during the procedure, and ovarian or tubal cysts can be drained, removed, or destroyed.

How is the endometriosis destroyed?

Surgical treatment using different methods is aimed at removing and/or destroying any visible endometriosis lesions. Superficial lesions (*lesions that are just on the surface and don't go deep into the tissues*) are treated at the time of laparoscopy by surgical excision (*cutting them out*) or burning them off. Other medical terms that describe the destruction of endometriosis are “ablation, vaporization and fulguration” which are used with different kinds of energy sources. However, both excision (*surgical removal*) and destruction/ablation techniques are equally effective with improving pain symptoms for Stage I and II endometriosis.

- **Burn-off** is the treatment of choice for superficial endometriosis. This is done with high heat. Heat can be generated by a number of sources—electricity (*cautery*), ultrasound (*Harmonic scalpel*) or laser. All energy sources have been shown to be equally effective in destroying endometriosis lesions. Ablation/fulguration of ovarian tissue during laparoscopy isn't recommended.
- **Surgical excision** is the most common and effective treatment for endometriosis of the ovary (*endometrioma cyst*). Surgical removal at the time of laparoscopy has been shown to improve pain without damaging the ovaries. Deeply infiltrating disease (*Stage III and IV*) which is less common in adolescent is best excised.

What are the chances that I could have endometriosis?

If you have had chronic pelvic pain (*also called CPP—pain that persists longer than 2–3 months*) and it's not relieved with oral contraceptives and nonsteroidal anti-inflammatory medication, you may have endometriosis.

A research study done at Boston Children's Hospital found that endometriosis was the most common cause of chronic pelvic pain (*in adolescents*), affecting greater than 70% of girls that did not respond to medical treatment for dysmenorrhea (*painful periods*).

How long will the surgery take?

Day surgery procedures usually take less than one hour. However, when you wake up from the anesthesia, it will seem like you were asleep for just a couple of minutes.

What type of stitches will I have?

Your surgeon uses stitches that dissolve and get absorbed by your body, so you don't need to have any stitches removed. You may see stitches (*tiny pieces of thread*) coming out of the skin (*this is okay*); it doesn't mean they are coming undone. Most incisions look red or dark pink after the stitches dissolve, but fade over time.

What type of bandages will I have?

You'll have a small adhesive bandage on each incision. You can remove them two days after your surgery. However, it's helpful to keep a clean bandage on until the incisions heal (*so that your clothing won't rub against them*).

How will I feel after surgery?

While you're asleep, your surgeon will put numbing medicine in the area around your incisions to lessen any discomfort you may have when you wake up. Some young women may still experience soreness around the incisions. Even though most of the gas used to inflate your abdomen is removed, you may feel a little bloated. Gas often becomes trapped under the diaphragm, which may cause pain in your shoulder. Placing a heating pad against your shoulder usually helps. The GYN team will give you a prescription for pain medication to take if you need it, but in general, the only things that help the shoulder pain are getting up and walking around, applying heat to the area, and time.

Preparing for GYN Day Surgery at Boston Children's Hospital

Preparing for surgery can seem overwhelming or scary if you don't know what to expect. You may have some unanswered questions and worries that make you feel this way. Knowing what to expect before, during, and after your surgery will help you feel less nervous and more in control.

You're scheduled to have day surgery. **Day surgery** means that your surgery is on the same day you come to the hospital. It also means that you don't need to stay overnight at the hospital and will be able to go home a few hours after your operation.

HELPFUL TIPS ABOUT SCHOOL WORK YOU MIGHT MISS:

- ★ If your surgery is scheduled during school time, you can ask your teacher(s) about getting homework assignments ahead of time. Try to get as much of your school work done before your surgery without getting too stressed out. Teachers will usually understand your situation if you take the time to explain that you'll be having surgery and you will be home recovering for a few days.
- ★ Ask your health care provider or a nurse for a note to excuse your school absences for your surgery and recovery time at home.
- ★ If your surgery is on a Wednesday, you can return to school on Monday. Otherwise, your doctor will explain the amount of time you'll need to stay home.

THE DAY BEFORE SURGERY:

On the day before your surgery (*after 8:00 am*) a **Day Surgery Unit (DSU) nurse will contact you with important instructions**. If you won't be available by phone, please call the DSU at: 617-355-7921 between 8:00 am and 2:00 pm and ask to speak with the nurse covering "Pre-Op" calls.



The nurse will tell you what time you need to arrive at the hospital for your surgery. It's very important to **get to the hospital 2 hours before** your surgery, because you'll need to get checked in and ready for your procedure. **If you're late, your surgery will probably be cancelled and re-scheduled for another day.**



During your Pre-Op phone call, the nurse will ask you questions about your health history and give you important **Pre-Op instructions**. Due to privacy laws, if you're 18 or older, the nurse must speak with you directly (*or receive verbal permission from you to speak with a parent or legal guardian*).

FILL IN THE INFORMATION BELOW WHEN YOU TALK WITH THE PRE-OP NURSE:

I need to arrive at the hospital at _____ am or pm

My surgery is at _____ am or pm

I can't have anything to eat or drink after 11:30pm, or after _____ *am or pm

*Your nurse may give you further instructions. Write them down here:

Other special instructions given to me by the nurse:



If you take prescription medicines, **ask the Day Surgery nurse if you should take your medicine with a tiny sip of water the morning of surgery.**

OTHER THINGS TO REMEMBER THE DAY BEFORE YOUR PROCEDURE:

- **Take a shower with an antibacterial body wash with chlorhexidine the evening before your surgery. You can find this type of body wash (such as Hibiclens®) in the First Aid section of a pharmacy.**
- **You shouldn't have anything to eat or drink after 11:30pm (or other time specified by the Pre-Op nurse).** This includes mints, candy and chewing gum. An empty stomach lowers the risks of anesthesia. It's very important to follow this rule. You may brush your teeth in the morning, but don't swallow the water. Depending on the time of your surgery, these instructions may be changed slightly – the nurse will let you know if there are any changes during your Pre-Op call.
- **Remove any appliances in your mouth (such as a retainer or elastic bands from your braces) and leave them at home.** Please let your anesthesia care provider know if you have any loose teeth.



Remove all body piercings/jewelry and nail polish. If you come to the hospital with body piercings that you can't remove, your surgery will be cancelled. If you can't remove your piercing, then you need to go back to where you had it inserted to have it removed.

It's extremely important to let your nurse or health care provider know if you ate or drank anything on the morning of your surgery. If you're at home please call the Day Surgery Unit (DSU) at 617-355-7921 and speak to a nurse before leaving for the hospital, as your surgery may need to be rescheduled to another day.

THE DAY OF SURGERY:

When you arrive at the main entrance of Boston Children's Hospital, go through the revolving door and walk toward the right. The main elevators will be on the right. Take the elevator to the 3rd floor. You'll see the DSU Reception area when you get off of the elevator. After checking in with the reception staff, you'll be able to relax in the DSU Waiting Room. Sometimes you may be told to go directly into the DSU Pre-Op area.



DAY SURGERY UNIT (DSU) CHECK IN:

When you're called into the DSU Pre-Op area, your weight and vital signs (*blood pressure, pulse and temperature*) will be taken. You'll meet your DSU Pre-Op nurse who will review your health history with you. She will ask you some private questions about your habits and lifestyle, such as whether or not there's a chance you may be pregnant, or if you use drugs or alcohol. Your nurse will give you a

chance to answer these questions in private, away from your parent/guardian. You should answer these questions truthfully because your anesthesia and surgical team need to know about anything that could complicate your surgery.



A hospital ID band with your name, birth date and medical record number will be placed on your wrist. The staff will be checking your ID band many times while you're in the hospital (*such as before you're given any medications*). This is a safety check to make sure you get the right medicine, etc. You may be given another wrist band if you have an allergy to latex and/or certain medicines.

Clothing: Your nurse will show you to the bathroom where you'll be given a hospital gown (*also called a "johnnie"*) to put on. You'll need to take off your underwear and bra but you can keep your socks on if you like. Your clothes will be placed in a bag with your name on it and held until it's time to go home.



Urine Test: You'll need to give a urine (*pee*) sample shortly after you arrive to the DSU Pre-Op area, so **please DO NOT pee before you get to the hospital. If you've started your period or if you're 12 years of age or older a urine test will be done to test for pregnancy. This is routine and mandatory (*must be done*) for every patient even if you're not sexually active.** *If there's a chance you could be pregnant, it's VERY IMPORTANT to let us know.*

What if I have my period?

It's all right to have your period when you have surgery; however you won't be able to wear a tampon into the operating room. Let your day surgery nurse know that you have your period and she will give you a pad to wear.

What should I bring to the hospital?

Since you won't be staying overnight, you really don't need to bring very much with you. Most people wear the same clothes home that they wore to the hospital. Because your belly may be tender and bloated, sweat pants or loose fitting clothing will be more comfortable and easier to get on after your surgery, rather than tight jeans. Some people like to bring a book or music to listen to while they're waiting in the Pre-Op area. If you bring a cell phone, you may use it until you get to the Pre-Op area, and then you'll need to turn it off. You may wish to bring a lip moisturizer to the hospital with you because your lips may be dry before surgery. (*This is because you're not allowed to eat or drink anything.*)

Why can't I wear jewelry?

All jewelry must be removed before your surgery — this includes necklaces, earrings, bracelets, rings, nose, lip, tongue, nipple, genital and belly button rings or piercings. Leave your jewelry at home so it won't get lost. Please don't get any new piercings close to the time of your surgery, especially belly rings! A new piercing that is near a surgical site can increase the chance of a surgical site infection.

Any permanent piercings such as microdermal piercings, dermal anchor implants, or implants must be removed before your surgery. If you come to the hospital with the piercing in place, your surgery will be cancelled.

Why can't I wear nail polish or acrylic nails?

While you're in the operating room, a pulse oximeter monitor is placed on your finger. This important monitor reads information from your fingertip and shows the operating room team how well you're getting air into your lungs. Nail polish and acrylic nails can prevent the monitor from working properly. The color of your natural fingernail is also used to check your circulation. Please remove all nail polish before coming to the hospital. If you have acrylic nails, you'll need to remove one from each hand.

Why can't I wear makeup?

It's very important that you arrive at the hospital without wearing makeup. When you're asleep in the operating room, the anesthesia medicine you're given takes away your blink reflex. Small particles of makeup (*especially mascara*) can get into your eyes and because your blink reflex is "asleep" these particles don't get flushed out as they normally would. These tiny particles can cause damage to your eyes.



DO NOT use any hair products (*such as mousse, gel, hairspray, etc.*) the night before or the morning of your surgery.



MEETING YOUR OPERATING ROOM TEAM:

Once your Day Surgery nurse has completed your admission interview, you'll see your surgeon and the surgical nurses. You'll also meet your anesthesia and nursing team in the Day Surgery Pre-Op area. Your operating room nurse(s) and anesthesia care provider will introduce themselves to you and review your history. It's very important to let your

anesthesia care provider know if you or any family members have ever had problems with anesthesia in the past, such as a severe headache, nausea, or a very sleepy feeling that took a long time to wear off.

CONSENTS:

There are two consents that need to be signed before having surgery. The **surgical consent** is usually obtained by your doctor at your office visit and then sent to the Day Surgery Unit.

The **anesthesia consent** is obtained when you meet your anesthesia care providers. If you're 18 or over, you'll need to sign your consents (*before you're given an IV or intravenous sedation*). If you're 17 or younger, your parent or legal guardian will need to sign your consent; however, you may also sign it. Your operating room team will review your consents with you many times before your surgery. This is another safety check that is done throughout your day surgery stay.



Will I have an IV ("intravenous")?

An IV (*short for intravenous*) is usually started by the anesthesia team or IV nurse while you are in the DSU Pre-Op area. Your parent(s) or guardian may stay with you. Although the IV is started with a needle, once the IV is in place, the needle is removed — only a plastic tube stays in your vein while you're in the hospital. The plastic tube is secured to your arm or hand with tape. The IV delivers medication and fluid to your body during your surgery. Before going into the operating room (*OR*), you'll be given medicine through the IV that will help you relax and make you feel sleepy. It's important not to get up from your stretcher because the medicine can make you feel dizzy and unsteady on your feet.

What if I'm afraid of needles?

Some people are extremely fearful of needles. If the thought of having an IV is causing you a great deal of anxiety, please let your Day Surgery nurse know as soon as possible. You may be able to have a numbing cream placed on your hand which will numb your skin and lower the feeling of pain, so you'll have very little, if any discomfort with the IV. This medicine takes time to work, so it's important to ask for this medicine as soon as possible. When your anesthesia care provider comes to start your IV, try to stay as relaxed as possible. You can do this by taking slow deep breaths, concentrating on something pleasant or having your parent(s) or guardian distract you with conversation. It's easier to start your IV when you're well hydrated, so it can be helpful to drink healthy amounts of fluids the day(s) *before surgery*. You'll know you're drinking enough water if your urine is light yellow to almost clear in color.

Remember, once the IV is started, the needle comes out and all that remains is a tiny plastic tube. When your nurse sees that you're taking fluids well after your surgery (and you're ready to go home), the plastic tube will be removed.

What if I'm still nervous on the day of my surgery?

It's completely normal to feel a little bit nervous, especially if it's your first operation, but knowing what to expect will make you feel less afraid. Try not to worry too much. The doctors and nurses are there to answer any questions you have, and they'll take good care of you while you're in the hospital.

Surgery Preparation Checklist

BEFORE YOUR SURGERY

- Make sure all body piercings have been removed. If you can't remove them, your surgery will be cancelled.**
- If you take Metformin (*a medication to control blood sugar*), you must stop it 48 hours before your surgery
- If you have trouble with constipation, it's extremely important that your bowels are empty before your surgery. Make sure you follow your constipation plan, if you have one. If you don't have a plan and you tend to be constipated, talk to your primary care provider. You may take an over-the-counter laxative such as Miralax.
- Buy clear liquids and light foods such as ginger ale, ice pops, soup, and crackers to have on hand when you *get home from the hospital*
- Talk to your teachers or college professors at least a week or more before your surgery (*if you'll miss any school or classes*)
- Get your homework assignments ahead of time so you won't fall behind in your schoolwork
- Buy a lip moisturizer to take to the hospital
- Take a shower with an antibacterial body wash with chlorhexidine the evening before your surgery. You can find this type of body wash (*such as Hibiclens®*) in the First Aid section of a pharmacy. **It's ok to wash your hair, but don't use any products such as hair spray, mousse, gel, etc.**
- Remove all nail polish on each of your fingernails. Remove at least 1 acrylic or fake nail from each hand (*if you have them*)
- Make a copy of the **Medication and Allergy List** on pages 27–28, and fill it out

- Remember not to bring a lot of money or valuables to the hospital, **but do pack a small bag with the following items:**
 - ★ The completed "My Medication and Allergy" list
 - ★ Eye glasses (*if you wear them*)
 - ★ Lip moisturizer
 - ★ A bottle of water for the ride home (***you can't drink anything before your surgery***)
 - ★ An Ipod® and relaxing music (*optional*)
 - ★ A pillow and blanket for the ride home
 - ★ A book or magazine (*you may have some waiting time at the hospital*)
- Re-read this booklet

THE MORNING OF YOUR SURGERY

- Call the hospital at: 617-355-7921 if you have a fever of 101 or higher
- Brush your teeth, but don't swallow any water
- Don't eat or drink anything after 11:30 pm. *You may have CLEAR liquids (such as clear apple juice, water, Gatorade) up until 2 hours before your surgery.*
- If you have long hair, consider braiding it or putting it in a ponytail
- Don't put on makeup or use any hair products
- Remove your contact lenses and wear your eye glasses to the hospital (*if this applies to you*)
- Remove all jewelry, including any and ALL piercings** (*leave them at home*)
If you can't remove them, your surgery will be cancelled.
- Remove all dental appliances and any elastic bands from braces (*if this applies to you*)
- Put on loose fitting comfortable clothing
- Try not to pee at home, because you'll need to give a urine sample at the hospital

AT THE HOSPITAL

- Feel free to ask any questions you may have — there are no silly questions!
- Tell the nurse if you think you could be pregnant
- Tell the anesthesiologist or anesthesia team if you or any other close family members have ever had a bad experience with anesthesia (*such as vomiting or extreme sleepiness after any procedure*)

BEFORE YOU GO HOME

- Collect your belongings from the nurse
- Get your Post–Op instructions and any prescriptions
- Ask your doctor any questions you might have about what you can or can't do (*such as sport activities*)
- If your medicine has been called into the CVS pharmacy at Boston Children's Hospital, remember to have someone pick it up before you leave

The Operating Room

What happens in the Operating Room (OR)?

When your operating team is ready, you'll be wheeled into the OR while you're resting on your stretcher. The nurse will show your parent(s) or guardian(s) where the Family Waiting Room is so they can relax until you get to the Recovery Room (*where you'll rest after your surgery*).

Your parent(s) or guardian(s) must stay in the Family Waiting Room on the third floor, as your surgeon may need to speak with them during your operation.

This is because your surgeon may not be able to reach them by cell phone, since service may not be available in the elevator or other areas of the hospital. Once you're in the operating room, your surgical team will help you get from the stretcher to the operating table/bed. The team will ask you your name, date of birth, and what procedure you're having done that day. This may seem unnecessary, but it's part of a required safety check. The pulse oximeter will be placed on your finger, and 3 white EKG stickers will be placed on your chest. These round sticky pads are connected to a machine so your heart beat can be monitored on a screen that looks like a small TV.



Once you're settled on the OR bed and you've been hooked up to the monitors, the anesthesia team will give you more medicine through your IV that will make you feel very sleepy. You'll be covered with warm blankets because it usually feels cold in the OR. You may have a mask placed on your face to give you extra oxygen to breathe. Some people say that the inside of the oxygen mask smells like a new shower curtain. You can also ask to have a special scent (*such as bubble gum,*

strawberry, lemon, etc.) placed inside your mask.

Your operating room nurses, anesthesia care provider, and your surgeon will stay right beside you as you go off to sleep. You'll stay asleep during your surgery. When your procedure is over, the anesthesia team will give you medicine that will make you wake up. It will seem as if you were asleep for only a few minutes. The team will then help you get back onto the stretcher and bring you to the Recovery Room.



NOTE TO PARENTS/GUARDIANS:

DO NOT leave the 3rd floor Family Waiting Room during the operation. Your daughter's surgeon will meet with you to discuss the results of her surgery after the operation, but he/she may also need to talk to you during the operation to discuss unexplained findings.

The Recovery Room

What happens in the Recovery Room?

Because you'll be very sleepy when you arrive at the Recovery Room (*also called the Post Anesthesia Care Unit, or PACU*), the operating room team will give a report to your Recovery Room nurse and let her know how you're doing. Your Recovery Room nurse will have your parent(s) or guardian(s) come into the Recovery Room as soon as you get settled.



While you're in the Recovery Room your nurse will check on you often, take your blood pressure, pulse, and temperature, and look at your incisions. It's normal to feel cold after surgery — your nurse will have plenty of warm blankets for you.

When can I eat?

After surgery, it's important to start eating and drinking slowly. The Recovery Room has ginger ale, ice chips, water, apple juice, ice pops, and crackers. When you're ready, you can have something to drink, and then light food.

Will I be uncomfortable?

Because your anesthesia care providers work closely with your Recovery Room nurse to make sure you're as comfortable as possible, you probably won't be uncomfortable when you wake up from your surgery. If you're in pain, don't wait; ask your nurse for medication right away. The GYN team will give you a prescription for pain medication to use after you leave the hospital. Your Recovery Room nurse can fax the prescription to the CVS pharmacy in the Boston Children's Hospital lobby so the medication will be ready for your parent(s) or guardian(s) to pick up when you're all set to be discharged. If you prefer, you can bring the prescription to your local pharmacy.

What if I have questions before I go home?

Before you go home, your Recovery Room nurse will give you and your parent(s) or guardian(s) a *Home Care Instruction Guide*. This guide has information about the type of surgery you had and how to care for yourself after you're home.

Going Home

When can I go home?

Before you can go home, you'll need to be able to drink fluids. After you've had enough to drink, your nurse will take your IV out. Removing the IV doesn't hurt, but you'll likely feel a little discomfort when the tape is pulled off of your skin.

DISCHARGE PROCEDURE:

Once you're fully awake and comfortable, your nurse will help you get ready to go home. When you're all set, one parent or guardian can bring you to the lobby in a wheelchair while the other gets the car. If you only have one adult with you, he or she can get the car and about 10 minutes later a nurse or clinical assistant will bring you to the lobby in a wheelchair. Although you may prefer to walk, *everyone* is discharged in a wheelchair.



THE RIDE HOME:

If you're under 18, your parent or legal guardian must drive you home. If you're 18 or older, you must arrange a ride from a parent or another adult. It's a good idea to have a bottle of water and crackers available for your car ride home, because you'll probably be thirsty and hungry. Many pain medications can cause you to feel queasy or nauseous if taken on an empty stomach. Some people vomit after anesthesia. If you feel sick before you leave the hospital, tell your nurse. You may be given special medicine to relieve your nausea. Have a pillow and blanket in the car so you'll be comfortable on the ride home. Even though your belly may be tender, it's still very important for you to wear your seatbelt.

After My Laparoscopy

When will I need to see my doctor again?

You'll need to see your doctor about 2–6 weeks after your surgery to make sure you're healing well. It's important to keep this appointment even if you feel terrific. If you have endometriosis, a long term treatment plan will be made during this visit. *(If you won't be returning for your Post-Op appointment within 2 weeks, please call the GYN nurse to find out about any special medication instructions.)*

Will I need to have my stitches removed?

Your stitches don't need to be removed. They will dissolve on their own in about 2–6 weeks. Be sure to keep your stitches covered for the first 48 hours after your surgery. You may shower after that. Gently pat the stitches dry with a soft towel, and cover them with a small adhesive bandage. If you have any type of discharge, redness, swelling, or tenderness around the stitches, call the GYN nurse.

Will I have a scar?

Most incisions look red at first but fade over time so the scar is hardly noticeable. However, sometimes people develop a thicker type of scar that has extra fibrous tissue – this is called a "keloid scar".

What can I do to make sure my incision heals well?

It takes up to a year for the incision to totally heal. It's very important to keep your incision out of the sun, as this area will burn easily. Direct sunlight can also cause the incision to become darker. If you can't help being out in the sun, be sure to use a sunscreen with a high (30+) SPF (*sun protection factor*) on the healed incision to reduce sun exposure.

AFTER YOUR SURGERY

Once you're home recovering from your surgery, it's important to rest, eat healthy foods, and keep your incision(s) clean. Our bodies are amazing, but everyone needs time to recover from surgery. Ask your doctor when you can participate in sports or other activities you do. Before you leave the hospital, your nurse will go over the discharge orders or *Home Care Instructions* with you.

ACTIVITY:

- ★ DO NOT drive a car for 48 hours after your laparoscopy, because the anaesthesia causes drowsiness.
- ★ You don't need to stay in bed, but it's best to rest and take it easy for the remainder of the day.
- ★ After 24 hours, there is no limit on your physical activity as long as you're not taking narcotic medication.
- ★ **DO NOT drive, participate in sports, or use heavy equipment while you're taking narcotic pain medication.**
- ★ You may take a shower or bath 2 days after your surgery.
- ★ You may return to school or work when you feel ready (*usually about 2 days after your surgery*).
- ★ You may swim in the *ocean or in a swimming pool* **2 days** after your laparoscopy.
- ★ You may swim in a *lake or pond* **2 weeks** after your laparoscopy.
- ★ You should avoid getting into a *hot tub or jacuzzi* for **2 weeks** after your laparoscopy.

NUTRITION/HYDRATION

- ★ It's important to drink as much fluid as you did before the surgery.
- ★ On your first day at home, have light liquids and foods such as apple juice, ginger ale, ice pops, soup, crackers, and toast to help prevent stomach upset. Avoid citrus juices such as orange juice and tomato juice. You may gradually add foods.
- ★ By the second day after surgery, you should be able to return to your regular diet.

- ★ Since most prescription pain medications cause constipation, it's important to drink plenty of water, eat foods that contain fiber such as fruits and vegetables, and stay active. You may also take 1 capful of MiraLAX® (*over-the-counter*) in 8 ounces of fluid twice a day.

PAIN AND TREATMENT

- ★ You may have soreness in your abdomen (*belly*) area.
- ★ You may have shoulder pain. This is caused from trapped gas. The amount of discomfort can vary, but should go away within 48–72 hours. A heating pad should help.
- ★ Your doctor will prescribe medicine to help relieve your abdominal (*belly*) pain. Take the prescription pain medicine for the first 48 hours as prescribed. After that, you may change to acetaminophen. This comes as a tablet, caplet, and liquid, and is used to relieve mild to moderate pain and fever. It's very important to follow the directions on the package. Don't take more of it, or take it more frequently than prescribed. Ask your doctor, nurse, or pharmacist to explain anything you don't understand.
- ★ Some prescription medicine may cause *nausea (feeling like you want to throw up)* – if you experience this symptom, stop the medicine and switch to nonprescription acetaminophen.
- ★ DO NOT use prescription pain medication (narcotics) for shoulder discomfort. Take acetaminophen and/or apply a heating pad.
- ★ If you're constipated, you may take 1 capful of MiraLAX® (*over-the-counter*) in 8 ounces of fluid twice a day.
- ★ Call your primary care provider if you haven't had a bowel movement within 3 days after surgery or if the MiraLAX® doesn't work.

BANDAGE/DRESSING CARE

- ★ You'll have Band-Aids® over the small incisions. Remove the Band-Aids® 2 days after your surgery.
- ★ Replace the Band-Aid® so that your jeans or other clothing won't rub and irritate your stitches.
- ★ Navel piercings: Jewelry may be replaced 24–48 hours after surgery.
- ★ You may have black and blue areas around the incisions.
- ★ Your stitches don't need to be removed. They will dissolve within 2–6 weeks.
- ★ You may have a slight discharge or spotting from your vagina that may last for 2 to 5 days.

EMOTIONAL RECOVERY

- ★ After your laparoscopy you may be tired and irritable. Use this time for rest and quiet activities.
- ★ It will take time to heal, but you should feel better each day.

FOLLOW-UP

- ★ If you don't have a scheduled Post-Op appointment with your doctor, be sure to call the GYN office at 617-355-7648 as soon as possible. You need to be checked in 2-6 weeks to make sure that you're healing well, and to discuss your treatment plan. If you have endometriosis you will need medical treatment after the surgery since there is no surgical cure for the disease.

My Post-Op appointment is: _____

WHEN TO CALL YOUR DOCTOR OR NURSE

If you follow the instructions in this booklet about your: activity, nutrition, hydration, pain treatment and bandage/dressing care, you should heal fast and not have any complications after your surgery. However, once in a while, mild complications happen.

CALL THE GYN OFFICE IF YOU HAVE:

- ★ Heavy bleeding from your vagina or incision sites
- ★ Redness, swelling or pus at the incision sites
- ★ An upset stomach or vomiting after the first day
- ★ A fever higher than 101°F (*taken by mouth*)
- ★ Severe pain that doesn't get better with pain medicine

NUMBERS TO CALL IF YOU HAVE ANY OF THE SYMPTOMS ABOVE :

Division of Gynecology: 617-355-7648

- ★ *Weekdays before 4 p.m.:* Ask to speak with the GYN nurse.
- ★ *Weekdays after 4 p.m. and weekends and holidays:* Call the Boston Children's Hospital page operator, and ask for the gynecologist on call. The phone number for the page operator is 617-355-6369.

My Medication & Allergy List

Medication	_____		
Dosage	_____		
Prescribed By	_____		
Date Started	_____	Date Stopped	_____
Reason for Taking	_____		

Medication	_____		
Dosage	_____		
Prescribed By	_____		
Date Started	_____	Date Stopped	_____
Reason for Taking	_____		

Medication	_____		
Dosage	_____		
Prescribed By	_____		
Date Started	_____	Date Stopped	_____
Reason for Taking	_____		

Medication _____
Dosage _____
Prescribed By _____
Date Started _____ Date Stopped _____
Reason for Taking _____

Medication _____
Dosage _____
Prescribed By _____
Date Started _____ Date Stopped _____
Reason for Taking _____

MY ALLERGIES

Are you allergic to latex? Yes No

Are you allergic to any medication(s)? Yes No

If yes, list the medication(s) you're allergic to, and the allergic reaction(s) you've had.

Medication	Allergic Reaction
_____	_____
_____	_____
_____	_____

Are you allergic to any food(s)? Yes No

If yes, list the food(s) you're allergic to.

_____	_____
_____	_____
_____	_____

