

## Patient Information Leaflet

### Going Home after Laparoscopic Surgery

For most patients receiving laparoscopic “Key Hole” surgery means that you will be able to go home the same day. For most this will be between 2-6 hours post op dependant on nursing factors such as pain, passing urine, tolerating water and your observations. When you are allowed home make sure that you have someone who can pick you up and stay with you overnight.

#### After Effects of General Anaesthesia

It is normal to feel drowsy and maybe slightly nauseous for the first 24 hours. It is not recommended to drink alcohol during this time or be responsible for any big decisions. Once you are awake if the procedure has gone to plan you should be allowed something light to eat and drink.

#### Pain Relief

Ask the nurse looking after you what painkillers you have had during and after your operation so that you are aware what you make take for additional pain relief when you return home.

It is normal for you to have some lower abdominal discomfort post-surgery and this can take a week to ten days to settle progressively getting better not worse each day. Shoulder tip and back pain is very common caused by the gas that we use to inflate your tummy. Mints and peppermint cordial are very effective at shifting the gas as well as gentle mobilisation early after your procedure. Over the counter pain relief should be adequate. **If you are experiencing severe pain then it is advised to call for medical advice.** You may call your G.P or C1- Emergency Gynaecology Unit is open 24/7 based at the UHW hospital on **02921843857**

#### Wound Care

Most patients have between two to four wound sites. These are normally closed with dissolvable stitches. These can take two weeks sometimes more to dissolve, if after two weeks they have not fallen out then please speak to your local practice nurse who should be happy to remove them for you.

You will go home with little dressings on your wound sites, we recommend taking these off after 48 hours. If they look dry then they can be left to air. If they are still oozing or are becoming sore rubbing on clothing then replace them with clean dressings which you can buy from most local supermarkets or pharmacies. The umbilical wound can ooze and appear more bloodstained than the others. This is normal but observe any changes such as redness,

bad odour or green discharge. **This may indicate an infection and you should seek medical advice.**

It is fine to shower 24 hours after surgery. Do not be afraid to get the wounds wet just ensure they are dried thoroughly afterwards.

### **Vaginal Bleeding**

Most patients will experience some mild period type bleeding. Again, this should not be very heavy and should ease off over a few days. Brown, non-offensive discharge is common but if you experience offensive, green discharge or bleeding that is not settling please call for advice. **If you were to saturate through pads or pass large clots then please seek medical advice immediately.**

### **Bladder Function**

During the procedure your bladder is emptied with a small catheter. You may even wake up with one in place for a short time. You should ensure that you drink plenty post operatively and are able to pass urine at a good volume. Sometimes the first urine may sting. However, if this persists or you have any other signs of a water infection (increased frequency, burning, temperatures, back pain) then please see your G.P for advice as you may have a urine infection. Ladies can sometimes experience post op retention of urine therefore if you feel that your bladder function is not as it was then please see your G.P. **In an emergency where you are unable to pass urine at all please seek medical advice immediately.**

### **Bowel Function**

Constipation and infrequent bowel movements can be common post-surgery. This may be because of dietary changes, surgery close to the bowel and the use of strong painkillers such as codeine. Your bowels should settle with improvements to your diet (adding in extra fruit and fibre) or some gentle laxatives from your pharmacist. **As there is a risk of bowel damage during surgery if you develop severe constipation, diarrhoea associated with vomiting and/or fever then seek advice immediately.**

### **Blood Clots**

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion or 30 seconds
  - bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily heparin injections (a blood- thinning agent) you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate to wear while in hospital.

### **Starting HRT (hormone replacement therapy)**

If your ovaries have been removed during your operation, you may be offered hormone replacement therapy (HRT). This will be discussed with you by your Gynaecologist and together you can decide the best HRT for you.

### **Tiredness**

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. For many women this is the last symptom to improve.

### **Travelling after laparoscopy.**

If you are thinking about travelling overseas consider contacting your insurance company to check what health care provisions are in place, some insurance companies may not cover you close after having an operation. Consider the location you are going and would there be close access to emergency care if needed. Travelling locally? Think about the length of the journey (long journeys where you are sat for more than four hours increase your risk of DVT). Will you be comfortable wearing a seatbelt? If you are unsure if to travel contact your G.P for advice.

### **Returning to work**

Most women are able to return to work one to three weeks post laparoscopy. It is worth doing a risk assessment with your manager to look at the type of activity you do to help you decide when it is best for you to return. If your job can mean you can sit down and do light activities then you will be able to return to work sooner than if you have a physically demanding job. For a simple procedure then you can expect around one week off, if you have had more invasive treatment (removal of a cyst etc.) then 2-3 weeks may be expected. Your doctor or specialist nurse will be able to advise you correctly after your procedure depending on what you have had done. You are able to self-certify for one week post-surgery from work after this you will need to obtain a fit to work certificate from your G.P. You can also ask the unit where you are having your operation preformed if they are happy to provide this.

## **Driving**

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again so it is important to check with your policy provider. Before you drive you should be alert, non-drowsy, able to wear your seatbelt comfortably, make an emergency stop, and able to look over your shoulder to reverse. In general this takes around 2-4 weeks. Maybe try sitting in the car and pretending to drive before starting out on a journey to make sure you feel safe to drive.

## **Helping yourself recover**

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Try to complete your routine and rest later if you need to.

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables (Think at least five a day), wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water.

Continue with light exercise if you are used to doing this as part of your daily routine. If not why not think about it now. Start slow and build up even a ten minute walk a day helps your body and mind!

## **Stop smoking**

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. It is illegal to smoke in or on hospital grounds. If you would like information regarding stopping smoking take a look at **Help Me Quit 0800 085 2219** | [www.helpmequit.wales](http://www.helpmequit.wales)

It can take longer to recover from a laparoscopy if you have other health problems such as diabetes, if you are overweight or smoke. Also consider if there were any complications during your operation i.e. blood loss. Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

## References

[www.helpmequit.wales](http://www.helpmequit.wales)

E. Johnson *Laparoscopy: before and after tips* endometriosis.org

How it's performed - Laparoscopy (keyhole surgery) nhs.co.uk

*RECOVERING WELL* Information for you after a Laparoscopy RCOG 2015

Your laparoscopy endometriosis.uk *laparoscopic surgery for endometriosis.*