



Recovering at home... Discharge instructions

First and foremost, our staff is always here for you. No question or concern is too small.

Discharge Medications



To control your pain, constipation and possible nausea you will be sent home with:

- ①**Motrin** 800 mg – you will take Motrin around the clock for the first two days -
- ②**Vicodin** You may take 1-2 tablets every 4-6 hours as needed for pain (in conjunction with the Motrin)
- ③**Phenergan** 25mg You may take 1 tablet every 6 hours as needed for nausea/vomiting
- ④**Colace** 100 mg – Take 1 twice a day for constipation only as needed

Use your medication as directed for relief of pain. Take with meals. If you do not wish to use a prescription pain reliever you may use the Motrin alone.

Bowel Movements

Most patients will typically see a bowel movement with 7 days following surgery. Do not be alarmed. Remember, you were on a clear liquid diet before surgery, your bowels were emptied in preparation for surgery and during your surgery the bowels slow down. AFTER you begin consuming solid foods you should see a bowel movement with 5-7 days.

Bleeding

It is normal to experience light bleeding for several weeks. If you are concerned about the amount of bleeding you may use the following guideline to help you. “Am I needing to change my pad every hour? Is the pad saturated when I change it?” If you are using a maxi pad and the answer is “yes”, then you should contact the office. If the answer is “no” the bleeding is most likely normal and will eventually subside. If you are unsure do not hesitate to call us.

Your first and second periods following surgery **may** be irregular in timing (late/early), **may** be heavier than usual and **may** be more painful. Do not be alarmed. This is normal. If at any time the bleeding or pain concerns you, refer to the above guidelines. If you feel that you need medication for the pain and Tylenol or Motrin is not helpful, please contact the office.

****Please DO NOT use Tampons for the first 2-3 weeks after surgery.

Gas/Air Pain

Some patients experience shoulder/chest pain. During surgery your abdomen is filled with gas to distend the cavity for surgery. While most of this is released prior to closure, some remains. This can sometimes cause what is best described as a “nagging ache” in your shoulders or as “cramps” in your chest. One suggestion that has worked for many patients is hot tea with lemon. Generally, the best way to relieve the gas pains and help it work through your system is to walk and move around. This increases your bowel activity and moves the air and gas through. It also speeds your recovery.

Another suggestion is the use of an over the counter simethicone such as Gas-X which may help relieve the pressure and bloating.

Sore Throat

You may experience a sore throat after surgery. A simple solution of warm salt water and gargling will usually relieve the symptoms.

Diet and Exercise

Our goal is for a gradual return to a normal diet. Please start with small amounts of a bland diet (i.e. applesauce, mashed potatoes, rice, fish, etc.) If you tolerate this diet well you may begin a normal diet.

Exercise and Sexual Activity

In general patients should be able to return to light exercise and sexual activity in 2-4 weeks. However, return to these activities should be discussed with the office and physicians after surgery, as these guidelines can change dependant on your surgery.

*******Hysterectomy Patients**

For our hysterectomy patients, sexual and exercise activity should not be resumed until you have been seen for your first post operative visits in our office, at which time the physician may release you to return to such activity.

Incisions

Dermabond topical skin adhesive will be used to seal your surgical incisions. It is a sterile, liquid skin adhesive that holds wound edges together. The film will usually remain in place for 5-14 days, then naturally fall of your skin. DO NOT scratch or pick at the glue. This may result in reopening of your incisions.

Some swelling, redness and pain are common with all wounds and normally will go away as the wound heals. If swelling, redness or pain increases, or if the wound feels warm to the touch, call the office. If your wound edges re-open or separate, we need to be contacted.

The umbilical incision site is highly prone to infection, so we ask that you gently clean with soap and water every day in the shower. Afterwards, use a blow dryer to dry the area to absorb extra moisture in the belly button. If this care is not done your belly button will become infected.

DO NOT apply liquid or ointment medications or any other product to your wound while your Dermabond adhesive is in place. These may loosen the film before your wound is healed.

Hygiene

You may shower as often as you like after surgery. We ask that the patients refrain from sitting in a bathtub, hot tub or swimming for the first 3-4 weeks, allowing the incisions to heal. Make sure that your incisions are dry after water exposure.

The abdominal support band (girdle) you are sent home with is optional. If you find this band to be of benefit to you and provides you additional support wear it as you like. You do not have to wear the band.

Work

Patients should not feel rushed to return to work. Recovery is an important part of the process. Returning to work or activities too soon can extend your recovery. Again, recovery time will differ

from patient to patient dependant on the type and extent of surgery. Typically, patients can return at approximately 2 weeks. By law you may take up to 6 weeks disability when recovering from surgery. If you have questions please ask the nurse or physicians so we can help you determine a reasonable recovery time for your particular case.

Driving

Never drive while taking pain medications. If you do not feel that you could react with force (i.e. slamming on the brakes) if needed to avoid an accident, we ask that you not drive. PLEASE use good judgment before driving.

Travel

This is dependant on the type of surgery performed and the distance you plan to travel. Generally, it is safe to travel at about 2-3 weeks. However, myomectomy and hysterectomy patients may fall within the 3-6 week guidelines. It is best to see Dr. Zaritsky BEFORE traveling, especially if you are going out of the state or country.

Fibroid Removal (Myomectomy)

If you are a fertility patient and plan to attempt pregnancy following your recovery, please discuss your particular case with Dr. Zaritsky BEFORE attempting pregnancy on your own or through medical intervention. Often there are specific instructions in these cases.

Symptoms of Concern

Please notify us of:

- ✘ You develop a temperature of 100.4° or greater
- ✘ Using the guidelines for bleeding, you are experiencing heavy vaginal bleeding
- ✘ Undue pain that is not manageable by your pain medications
- ✘ Severe nausea and vomiting
- ✘ Excessive bloody drainage or colored discharge from wounds

We wish you a speedy recovery. Our office dedicated to the health and recovery of each and every patient. Do not hesitate to call us anytime you have questions or concerns.

Before Surgery Preparation

Bowel preparation

The day before surgery you may have liquids only. After midnight then you are not allowed to have any liquids except if you need to take medications with a small amount of water.

No NSAIDs before surgery

2-3 weeks prior to surgery do not take NSAIDs (ibuprofen, motrin, alleve, aspirin) for pain as this can thin your blood and make you more prone to bleeding during surgery. Also discontinue any herbal supplements. Tylenol and Vicodin are safe to take preoperatively for pain