

This is a guide based on average surgical recovery. Everyone should follow a similar pattern to what is described below, but your experience may be somewhat different depending on your individual circumstances. Surgical recovery happens on a continuum. It is OK to have better and worse days as long as you feel you are making progress.

PRIOR TO SURGERY

YOU SHOULD

- Prepare some light meals to have ready for your return home.
- Purchase paracetamol 500 mg (Panadol, Panamax or any generic brand) and ibuprofen 200mg (Nurofen, Advil or any generic brand).
- Plan for someone to be home with you for at least the first day and night.

AFTER SURGERY

Week 1

WHAT TO EXPECT

PAIN

- You will be tender over the surgical wounds as well as the abdomen and pelvis. Some people also experience shoulder pain for a day or two after a laparoscopy.

BLEEDING

- You will have some irregular menstrual type bleeding. This varies somewhat depending on the type of procedure and the stage you are in your menstrual cycle. As a guide, it can last for up to three weeks and should always be similar or less to a normal period.

CHANGES TO BOWEL AND URINARY FUNCTIONS

- It is normal for your bladder and bowel to slow down and take a while to return to the usual, pre-surgery, pattern.

WHAT YOU SHOULD DO

PHYSICAL EXERCISE

- You should not stay in bed. Make sure you move throughout the day. You can shower, change and do minor things around the house. Go for a gentle short walk at least once a day and build your way up to longer walks over time.
- You can go up and down stairs if you have them at home.

DIET

- Eat and drink normally as you tolerate. There are no restrictions towards what you can and can't eat. You would usually start with lighter meals and progress to your normal diet.

TAKE PAIN KILLERS

- You should take one or two tablets of paracetamol together with one or two tablets of ibuprofen every 6 hours, unless you have an allergy.

- You will be given stronger pain killers when you leave hospital. You should take these in addition to the above, if necessary, to control the pain.
- Be proactive about pain medication- take the medication before the pain becomes severe or in anticipation of being more active.

TAKE LAXATIVES

- Use an over the counter laxative to ensure that you do not become constipated. Some suggestions are: Movicol, Coloxy or Metamucil. If you do not have a bowel motion for more than 2 days, you can use a Fleet enema (Microlax).

WOUND CARE

- Your surgical wounds are sealed with skin glue. This should not require any care. You don't have to apply any dressings and there is no need to remove stitches. You can shower normally and you don't have to worry about getting them wet. The glue peels off after three or four weeks.

WHAT YOU SHOULD NOT DO

- Have sexual intercourse
- Use tampons
- Drive
- Heavy exercise, i.e., lifting more than 5 Kg
- Have a bath
- Swim

Week 2

WHAT TO EXPECT

PAIN

- Your pain should be a lot more manageable. Most people will start going off pain killers by now. It is normal if you still need ibuprofen and paracetamol.

BLEEDING

- The bleeding may still be present. It should be the same or less than week 1.

CHANGES TO BOWEL AND URINARY FUNCTIONS

- Both your bladder and bowel should be returning to normal. In some cases, it may take longer. Everything is fine, if it is not worse than week 1. Keep taking laxatives if necessary.

WHAT YOU SHOULD DO

PHYSICAL EXERCISE

- You can start to increase your physical activity. Most people will be able to start driving, have sexual intercourse and become more active by the end of week 2.

WHAT YOU SHOULD NOT DO

- There are no strong restrictions at this stage. Use your common sense and avoid activities that will make you too tired or in pain.

Weeks 3-6

Over this period, you will return to your pre-surgery status. You will be able to:

- Go back to work.
- Start driving.
- Go back to the gym.
- Resume sexual intercourse.

Take into account that:

- Your stamina still may not be quite the same as before surgery as you have not been doing as much.
- You may still be tender over the surgical wounds.
- Return to pre-surgery physical exercise levels should be gradual and increase over time.
- Use your common sense to judge what is appropriate.

WHEN TO SEEK MEDICAL ADVICE

YOU SHOULD CONTACT A DOCTOR IF:

- Your recovery is very different from what's described above.
- You develop a temperature more than 38 degrees.
- You experience unusual or extreme pain in your abdomen.
- Your wound(s) look infected (red, painful, pus discharge).
- You think something is not right and you feel you need to tell or check with someone.

YOU CAN CONTACT

- Dr Ades rooms at AGORA – 03 9347 7100 or 9421 2533
- Epworth Richmond Hospital – 03 9426 6666
- Frances Perry House – 03 9344 5200
- Your local GP

POST-OPERATIVE APPOINTMENT

Your post-operative review should have been booked when you booked your operation. If this is not the case, please call the rooms at your earliest convenience to do so.

THE APPOINTMENT IS IMPORTANT TO:

- Assess your recovery.
- Go through the surgical procedure details to make sure you understand everything that was done.
- Check the results of histopathology and any other tests done during or after the surgery.
- You will be able to see pictures taken during the laparoscopy if you want to.
- Make plans for further treatment. Depending on what you had, you might need further tests, follow up and/or ongoing care.