



## **Instructions for Laparotomy**

### **Preoperative:**

- Stop aspirin, ibuprofen (Advil, Motrin), or naprosyn (Aleve) 1 week prior to surgery, as these increase the risk of bleeding. Tylenol is fine to use during this time.
- Do not eat or drink anything after midnight the night prior to your surgery, unless instructed by the hospital (for example, patients who have surgeries scheduled later in the afternoon are often allowed to drink clear liquids up to 6 hours before their scheduled surgery)
  - o Clear liquids include apple juice, soda, coffee or tea without milk or creamer
- Inform your physician if you take glucophage, plavix, Coumadin, or any medicine that increases bleeding
- Stop all herbal and vitamin supplements 1 week prior to surgery
- Prescribed medications can usually be taken the morning of surgery with a small sip of water. It is important to take blood pressure medications on the day of surgery with a small sip of water. Most other prescription medications do not need to be taken on the day of surgery.
- Inform your physician if you have had a problem with anesthesia in the past, other than nausea or prolonged time to wake up
- Inform your physician if you have had a blood clot in the leg in the past, for which you had to take blood thinner medications, or if you have a bleeding disorder, or a cardiac murmur for which you take antibiotics every time you have a procedure done or go to the dentist

### **Postoperative:**

- Take ibuprofen (Advil or Motrin) 600mg every 6 hours over the counter for pain, or Aleve, 2 pills every 12 hours.
- If you are still in pain, take Percocet or Vicodin in addition to ibuprofen or Aleve. Do not take Tylenol if you are taking Percocet or vicodin, as they both contain Tylenol.
- You can also take ibuprofen or Aleve, and Extra-Strength Tylenol (1000mg every 6 hours) instead of taking Percocet or Vicodin

- Constipation is common after laparoscopy due to the narcotics received. To prevent this, use Miralax (an over the counter laxative), 1 capful 2 times per day until you have normal bowel movements. It is very important not to get constipated after surgery as this can significantly increase pain. You can also use colace (a stool softener over the counter) 100mg twice a day, or Milk of Magnesia if needed (follow directions on bottle).
- Incisions are closed with surgical glue. Do not pick at the glue or apply anything else to the incisions. The glue will fall off in 1-2 weeks. It is fine to get your incision wet, just make sure they are dried off very well after the shower.
- No bathing or swimming for 6 weeks after surgery (showers are fine starting the day after surgery)
- It is normal to have spotting or light bleeding for several days, up to 6 weeks.
- No tampons, douching, or sexual intercourse for 6 weeks after laparoscopy
- Do not lift anything heavier than 10 pounds, or perform strenuous exercise for 6 weeks. Brisk walking is fine. Listen to your body—if you are in pain, then you need to slow down and rest. If you overdo it, you can break a stitch in the incision, and cause a hernia, or break an internal blood vessel causing a complication.
- Rules for driving: Do not drive if you are taking a narcotic (Percocet or Vicodin). When you are in the car in your driveway, slam on the brake. If you feel pain, you should not be driving. Most people can drive 10-14 days after laparoscopy. It is fine to go on errands starting 2-3 days after surgery as long as someone else is driving.
- It is fine to go up and down stairs starting the day of surgery.
- There is an increased risk of developing a blood clot in the leg after surgery. The best way to prevent this is to walk around

#### Concerning symptoms:

Please call the office right away if you have:

Fever > 100.4

Persistent vomiting

Worsening pain

Heavy vaginal bleeding (saturating a pad an hour for more than 2 hours)

Redness around 1 incision, or pus coming from the incision

#### Risks of surgery:

All surgery has a small risk of complications. These include but are not limited to bleeding which may require a blood transfusion, infection, injury to other structures (bowel, bladder, blood vessels, ureters), problems with anesthesia, blood clot in the leg, or nerve injury. The risk of any of these things happening is approximately 1%. We take every possible precaution to prevent surgical complications. Your health is my priority. Please ask me if you have any questions regarding the benefits of laparoscopy, the risks, or any alternative options.

