**PLANNING, PREPARATION, AND POSTOPERATIVE INSTRUCTIONS FOR PATIENT UNDERGOING**

**LAPAROSCOPY** *and/or* **HYSTERECTOMY**

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**Preoperative Preparation---start this stuff weeks or months in advance**

**Be very healthy, physically and mentally**. Exercise, eat right, reduce or eliminate smoking, minimize alcohol consumption, sleep the right amount, and manage stress in a healthy fashion. The healthier your mind and body are before any surgery, the smoother your recovery should be.

**Get your house and life in order**. Make sure you have an immaculately clean and organized house to recover in, make sure your bills are paid, make sure your kids and pets will be cared for properly. Your only jobs for two weeks postop should be exercising regularly, eating very healthy food, staying well-hydrated, and sleeping the right amount.

**Get your belly button extremely clean**, all the way down, with alcohol-soaked Q-tips. Most laparoscopy includes an incision through the belly button, so we don’t want any dirt or lint in there.

Everybody should purchase these things in advance:

1. **acetaminophen** 500 mg (at least 30)
2. **naproxen** 220 mg or **ibuprofen** 200 mg (at least 40)
3. a bottle of **Milk of Magnesia** to help with gas pains or constipation postop.
4. Get some **over-the counter docusate stool softener** (at least 30 100 mg pills), to take twice a day for 2 weeks after the surgery, to help prevent constipation.
5. Pick up narcotic pain pills (**hydrocodone, oxycodone, or tramadol**) and nausea pills (**Zofran or Phenergan**) before the surgery, so nobody has to go to the pharmacy on surgery day. I’ll print up these prescriptions at your preop appointment.

*The acetaminophen and naproxen/ibuprofen work well together to prevent pain in the first 2-3 days after surgery, and will decrease your need for opioids (tramadol or hydrocodone).*

If I recommend a Bowel Prep (see “Day before surgery” section below to see which line I checked), purchase these things in advance:

1. 238 grams (8.3 ounces) of **Miralax laxative powder**---if you get the Miralax in 17 gram packets, that would be 14 packets (for the bowel prep). You could get a few extra packets if you’d like, to address possible constipation postoperatively (that dose would only be one 17 gram packet!)
2. 64 ounces of **water, Gatorade, Crystal Light, RW Knudsen Recharge Thirst Quencher, or vegetable/chicken broth** (to dissolve the Miralax in, for the bowel prep)
3. 64 more ounces of **Gatorade, Crystal Light, or RW Knudsen Recharge Thirst Quencher** to drink, from the completion of the bowel prep until midnight.

**Most prescription medications can and should be continued uninterrupted up until surgery. Several medicines need to be stopped before surgery:**

* Stop taking all aspirin-containing drugs, all brands of ibuprofen, and all brands of naproxen 3 days before surgery.
* Stop taking all herbal remedies, nutritional supplements, weight-loss drugs, and amphetamines 7 days before surgery.
* Stop taking all potent blood-thinners (clot-preventers) 7 days before surgery (including Plavix, Pradaxa, Eliquis, Coumadin/warfarin). Consult the prescribing doctor to see whether you need “bridge anticoagulation” with daily Lovenox injections, and tell Dr. Farringer the “bridge plan.”
* Stop taking any nonselective MAO Inhibitors at least 14 days before surgery. MAO Inhibitors are sometimes used to treat severe depression that does not respond to standard antidepressants. Nonselective MAO Inhibitors include: Isocarboxazid, Marplan, Nardil, Parnate, Phenelzine, Tranylcypromine. Consult your Psychiatrist regarding a safe “substitute” to be used during these two weeks.

**Preoperative Appointment, several days before surgery**

I will examine you and make sure you know exactly what surgery is being done, and why. You will be asked to study and sign an “Informed Consent” document, and I need to make sure all your questions are answered. If you know some questions in advance, make sure you write them down.

I’ll print up prescriptions for pain pills and anti-nausea pills to take as-needed after going home from the hospital.

**Two Days Before Surgery**

Eat regular food, exercise, pack your bag, clean your house, stock your kitchen with healthy food that you love.

Remove all belly-button and labial jewelry.

Meticulously clean all the way down inside your belly button with alcohol-soaked Q-Tips.

**Day Before Surgery, “Bowel Prep Day!”**

**\_\_\_\_\_\_\_\_\_\_ Dr. Farringer DOES needs a Bowel Prep the day before this surgery** *(follow the instructions below)*

**\_\_\_\_\_\_\_\_\_\_ Dr. Farringer DOES NOT need a Bowel Prep the day before this surgery** *(you don’t need to follow the instructions below, but it’s OK if you do)*

Please clean out the entire length of your intestines before the surgery. This will make the surgery safer for you, and it will make recovery easier for you. Empty bowels make more room for me to operate, and it would make repair of an unlikely accidental intestinal injury cleaner and safer.

**Bowel Prep Instructions**:

* Eat no-fiber or low-fiber foods today. Examples: fish, dairy, eggs, meat, chicken. Foods rich in fiber (fruits, vegetables, grains, breads, nuts, legumes) are very healthy for you any other day, but they will make your bowel prep crampy and difficult.
* Start the bowel prep between 4 and 6 PM, unless you’re chronically constipated. In that case, start between noon and 2 PM. Once you start the bowel prep, don’t consume anything but clear liquids the rest of the day and evening.
* Dissolve all 238 grams Miralax powder in 64 ounces of your chosen clear liquid (water, Gatorade, Crystal Light, RW Knudsen Recharge Thirst Quencher, or vegetable/chicken broth) and drink 8 ounces every 15 minutes until it’s all gone.
* Within several hours, you should develop painless diarrhea that will ultimately become almost clear, then brown again. Do not worry about your rectal outflow becoming cloudy brown again.
* After you finish the bowel prep, continue drinking your favorite clear liquids until midnight. Do not eat or drink anything at all after midnight!

While waiting for your intestines to get clean, put the finishing touches on your house cleaning.

While waiting for your intestines to get clean, meticulously clean all the way down inside your belly button with alcohol-soaked Q-Tips, again.

**Day of surgery**

The morning of surgery, take only approved prescription medication with a tiny sip of water.

Wear no eye makeup. Wear glasses, not contacts. Glasses, dentures, and hearing aids can stay with you until the very last minute, right before you go to sleep.

Wear comfortable clothes for the ride home that won’t hurt your incisions, like a sweat suit or cozy PJs.

Show up at the Surgery Center 2 hours before the scheduled surgery. Once you have your gown on, your IV will be started. I’ve instructed the nurses to give you some pills with 10 ounces of Ensure Clear liquid. Taking these pills before the surgery will enhance your recovery, and reduce immediate postop pain.

* Gabapentin---calms nerves from conducting pain messages to the brain; reduces nausea, vomiting, and postop urinary retention
* Acetaminophen---reduces pain sensation in the brain as well
* Celecoxib---reduces inflammation and pain
* Pyridium---reduces bladder pain

You will be completely asleep throughout the surgery, and remember nothing about the surgery. There will be a catheter in your bladder during the surgery, likely removed before you wake up. I may put some fluid in your bladder before removing the catheter, so that we can find out sooner how well you can pee.

**After surgery, while still in hospital**

After the surgery you will wake up slowly, and will not have any sense of the amount of time that has passed since you closed your eyes. You may or may not have a catheter in your bladder. I will talk to your family to tell them how it went. After laparoscopy-only, you can go home within several hours. After a hysterectomy, you might be able to go home after 3 hours, but you might stay overnight. Rarely, somebody needs to stay 2 nights after hysterectomy.

You will probably go home without a catheter. Sometimes a combination of anesthetic medicines and the pelvic nerves response to surgery causes inability to pee, temporarily. In that event, you may go home with a catheter for 2-4 days, easily removed at home.

We will try to prevent pain at different points along the pain transmission pathway (with acetaminophen, celecoxib, and gabapentin), using opioids (IV hydromorphone, oral tramadol, or oral hydrocodone) for pain that “breaks through.” The nurses will be asking for your honest assessment of your pain from 1 to 10 (10 being the worst imaginable pain).

If laparoscopy was used, you may have pain in your upper back or shoulder blade areas for several days, because of some residual gas that remains after we deflate your belly. For this pain, stand up, walk, or change positions, and use pain pills as needed.

Sore throat may result from the breathing tube that was needed while you were asleep. Use your favorite kind of throat lozenges.

When the anesthesia wears off, you will be encouraged to walk, drink fluids, and pee. When you can walk steadily, keep fluids down without nausea, pee, and have good pain control you will be a candidate for discharge.

**After surgery, at home**

**Be very active** Do not be a couch potato (or a bed potato). Get dressed every day, and walk a lot in-between your naps. This is the most important part of a quick recovery. Go outdoors. Walk as much as you can tolerate, and stairs are OK---any number of steps, any number of floors. Limit lifting to 20 pounds for two weeks after hysterectomy---after 2 weeks, lift anything that does not cause severe pain. Floor exercises, stretching, and yoga can be resumed the day after surgery.

**Vaginal discharge/bleeding** It is completely normal to have some tan, brown, pink, or bloody vaginal discharge off and on for up to six weeks post-hysterectomy as the wound heals. Use a pad (no tampons) for this.

**Nothing in your vagina** After a hysterectomy, do not put anything in your vagina until I examine your upper vaginal incision six weeks postop, and determine that it has healed strongly. No penises, no dildos, no sex toys, no tampons, no douches. Most cases of vaginal vault dehiscence (the upper vaginal incision coming apart) are caused by premature return to penetrative sex.

It is OK to resume *non-penetrative* sexual activity, orgasms, oral sex, masturbation, or *completely external* sex toys immediately after hysterectomy. Since the uterus and cervix are not involved in orgasm, you should be able to have good orgasms after hysterectomy. Just make sure you resist the temptation for penetration, no matter how good you feel.

**Wound care** Remove any wound dressing or BandAids 24 hours after the surgery. If the wounds are dry, there’s no need to keep them covered---just leave them open to the air. If they ooze any watery or pink fluid, cover them with a clean washcloth, paper towel, or BandAid as needed to prevent soiling your clothes. If you notice any pus or foul odor, I need to hear from you immediately.

**Bruising around laparoscopy incisions** Bruising (initially black and blue, eventually evolving to green, brown, then yellow) around laparoscopy incisions is unavoidable. Usually these are around the wounds, but sometimes the blood dissects down to the upper legs or labia. Be patient---these will resolve within several weeks.

**Keep your bladder empty** Pee frequently, even before you feel completely full. If you go home with a catheter, I’ll instruct you on when to remove it, and send you home with the syringe needed to remove it.

**Don’t get constipated** Do whatever it takes to avoid constipation. Drink lots of fluids, eat your fruits and vegetables, walk a lot, minimize use of narcotic pain pills. A good laxative and stool softener is Milk Of Magnesia 2 tablespoons three times a day, as needed. I don’t want you to be straining to have bowel movements---that could put stress on your vaginal closure.

Amount of time needed to resume normal, full workloads including heavy lifting:

* Open abdominal hysterectomy: 6 weeks
* Laparoscopic or vaginal hysterectomy: 4 weeks
* Laparoscopy without hysterectomy: 1 week

*(These are rough guidelines. Everybody recovers from surgery a little differently, and every job has different physical demands and lifting requirements. )*