

ART & SCIENCE of
OBSTETRICS and GYNECOLOGY PC
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Preoperative Instructions and Recovery Information
For Minimally Invasive Gynecologic Procedures

This document is intended to help you to be prepared for your surgery, to reduce any fear, counteract any misinformation, and to simply be helpful. **As you read this, please highlight and underline any areas of concern, and write your questions on the sides of the pages so that you can be sure to ask them during your surgery-planning visit. Bring this material with you to every pre-operative visit and to the hospital** so that you can read and refer to it after your surgery because it also contains your discharge orders. **Your spouse, partner or friend who will be your main caregiver should also read this entire document to be most helpful during and after your hospitalization.**

Choosing a date for your surgery – Recovery from a laparoscopic hysterectomy is about two weeks. For open laparotomy incision surgery of any type, the recovery is six weeks. We build our office and surgical schedules around our commitment to your surgery date. Choose your date to allow for your recovery and so that you will not have any reason to cancel your surgery at the last minute. Last minute cancellations waste time and resources because we cannot simply substitute another patient at the last minute. **So please, please check with your family and work before you choose your date, and try not to change it.**

All surgeries are performed at:

Sentara Virginia Beach General Hospital
1060 First Colonial Road
Virginia Beach, VA 23454.
757-395-8000

Remember that I have cross coverage with other Gynecologic Surgeons and if you phone outside office hours you may be managed by one of these Physicians at Sentara Leigh Hospital.

Insurance - Make sure that we have all your up-to-date insurance information so that we can obtain authorization for your surgery. We do this as a courtesy, so you will know your portion of the probable charges.

Contacts - Please make sure we have your local and your cell phone numbers so you can be contacted by the operating rooms if needed for any last-minute change in the surgery schedule.

Final Pre-operative Visit:

- **Final Explanation:** I will formally review with you your findings and will explain the risks, benefits, and alternatives of your specific surgical plan and answer all your questions.
- **Consent Form:** You will be asked to sign a consent form for your surgery. Remember that these consents are written to assure that you and I both have a clear understanding about your proposed procedure. They are not contracts, so you can always change your mind.
- **Questions:** Ask all your questions, and know that there is no pressure to sign anything without your complete understanding and agreement.
- **Take Paperwork to Hospital:** You will be given a copy of the consent forms, and your hospital admitting orders for blood work, EKG and Chest X-Ray, if required. Please remember to give all these documents to the nurses when you check in at the hospital.

Allergies and Current medications: Please make a list of **allergies to medications** and a list of **all of your current medications with doses (mg) and frequencies (daily, twice daily, etc.) Include herbal, naturopathic, and over-the-counter drugs.**

Read carefully:

1. Stop taking all Aspirin, Motrin, Nuprin, Advil, Aleve or Aspirin-like substances 3 days before surgery. Use only Tylenol or Vicodin (acetaminophen) if you need pain relief before your operation.
2. Stop all herbal remedies and nutritional supplements, Meridia, Fastin, Ionamin, Adipex and any amphetamines 7 days before your surgery.
3. If you are taking Plavix, Pradaxa and Coumadin Make a plan with your prescribing provider to stop taking them 7 days before your surgery and discuss “bridge anticoagulation with Lovenox or Heparin with the prescriber, and tell Dr. Lackore the “bridge plan”.
4. You must stop taking Mardil, Parnate, Eldepryl, Marplan, Clorgyline, Brofaromine, Moclobemide and Tolozatone at least 14 days before your surgery.

Take all your medications (except as above) exactly as prescribed, each night and day before your surgery. The morning of your surgery, take all your medications with just a sip of water.

Pre-Operative testing: If you have had any blood work in the last few months, let us know, so we can avoid unnecessary blood-draws. Sometimes it is still necessary to draw your blood to establish recent baseline values prior to surgery and to cross match for possible transfusion. All patients with heart or lung problems need a recent Chest X-Ray and EKG. These tests may be ordered ahead of time or we may ask you to have them done after your final pre-operative visit. Please remain flexible so that you can possibly stop by the hospital for these tests when requested.

Blood Transfusions – About 1% of women having laparoscopic surgery and 5% of women having open incisional surgery need some type of blood transfusion. The risk of receiving hepatitis or HIV from the transfusion of banked blood is about 1 in 300,000, rare. There is a significant charge to process each unit of self-donated blood. Thus, donating your own blood for laparoscopic surgery will not be worth your trouble. Also, if you receive blood during your hospitalization, please arrange for a few friends or family members to donate for you after your surgery to replace the precious gift of blood that you received.

Preparing and packing for your hospital stay – Wear comfortable clothes that you can wear over your incisions during the drive home. Sweat suits are a great choice. Do not wear or bring jewelry to the hospital. There is really no need for pajamas as the hospital provides covering for you. Bring your toothbrush and necessary cosmetics, a few light sanitary pads and any particular health aids. Do not wear any eye make-up, as it may enter your eye fluid during your anesthesia and cause severe irritation. Wear glasses, not contacts, and be reassured that you can wear glasses, partial teeth, and hearing aids until the very last minute, taking them off in the operating room just before you go to sleep, and find them with you in the recovery room ready to put back on/in as soon as you wake up. While you are welcome to shave your legs if you prefer, PLEASE DO NOT shave the surgical site for us. We will shave only what is essential for the incisions in the operating room. Shaving the surgical site before this time actually increases wound infection rates.

The Hospital Pre-Op Nurse is available to answer your questions about registration and Pre-surgery process: Sentara Virginia Beach General: **(757) 395-8169.**

Power of Attorney: If you are single, widowed, or in an unregistered domestic partnership, bring a copy of your durable medical power of attorney, or plan to sign one upon admission to the hospital. This will make certain that health decisions are made for you by the right person, if, for any reason, you cannot make your own decisions. If you are married your spouse is already legally your next-of-kin.

Bowel Preparation for Surgery – The entire length of your intestines must be emptied prior to surgery to make the surgery safer and the recovery easier. Empty bowels also make more room for me to operate. Please purchase the bowel prep below (No Prescription needed):

Take 4 Dulcolax oral laxative tablets at 2pm. Next Put 8.3 ounces of **Miralax** in 64 total ounces of Gatorade **or** Crystal Light **or** Vegetable/Chicken Broth **and** starting at 6pm drink one cup every 15 minutes until all taken.

Also Purchase:

- 1 roll of very soft toilet paper, or Huggies brand non-scented moist towelettes for wiping, or A&D Ointment (to schmear over your anus (or all three!)).
- Acetaminophen 650 and Aleve 220-mg gel caps, 30-tablets, for preventing pain after you go home. Even if this did not work for your arthritis...together they work well for surgical pain. Buy it.
- Optional: Milk of Magnesia to relieve any constipation after you go home. Tell me if you have chronic constipation or irritable bowel, as it will happen after your surgery as well.
- Optional: 6 containers of natural yogurt (Dannon, Yoplait, etc.) or Acidophilus in any form for regulating your bowel after you go home.
- One week of healthy, easy to prepare foods to come home to, as you won't be driving for a week.
- **Note:** if you receive any advice from anesthesiology about when to stop all water or clear liquids —follow their advice. Otherwise follow these instructions.

TWO DAYS BEFORE SURGERY: Eat regular food today. Pack your bag. Clean your house. You will be a new and healthier person when you come home!

ONE DAY BEFORE SURGERY, DAY OF BOWEL PREP:

1. For breakfast and lunch - Eat low or no-fiber food (plenty of meat, fish, dairy, eggs: no fibers such as fruits, grains, breads, nuts or legumes just for today. You won't be eating dinner. You will not be hungry during or after the bowel prep.
2. Start bowel prep, much earlier if you have chronic constipation. You will develop painless almost clear diarrhea, and then it will become brown again. This can happen quickly, or it could take several hours. Whenever your stool fluid becomes nearly perfectly clear, without any formed solid material, (tiny flecks fine) you may stop the bowel prep drinks, and go to step 3.
3. After you develop nearly clear rectal outflow, continue drinking **any clear fluid** of your choice such as tea, soft drink or even more Gatorade/Broth until your urine is pale, dilute, and nearly clear before going to bed. This hydration is very important preparation for your comfort the next morning. **Don't worry that your rectal outflow becomes cloudy brown again, because it will. That's fine.**
4. Call my office 757-481-3366 if you have any problems or questions about the bowel preparation or medications. Call if you cannot follow the above instructions, as I may need to modify them for you, or postpone your surgery.
5. Finish cleaning your home. This is a time for a real cleansing! Finish packing!
6. After bowel prep: Do not eat anything. Nothing by mouth at all after midnight. The anesthesiologist may tell you that you can have some clear liquid breakfast on the day of your surgery if your procedure is much later in the day. You may only have clear liquid, but carefully stop eating or drinking precisely according to the anesthesiologist's instructions. For your safety, your surgery will be cancelled for another day if you have not followed these instructions correctly.

THE DAY OF SURGERY:

1. Take a nice shower. Apply no makeup, no jewelry. Bring contact or glasses case, dental fixture cases and CPAP machine if you are on one. Pack overnight bag. No need for your jammies—we got ‘em.
2. **Meds: Take only your daily prescription medications with a sip of water.**
3. Diet: Do NOT eat or drink anything unless instructed specifically to do so. Do not chew gum or suck mints. No water, except sips with prescription meds.
4. Go to the hospital on time. Remain available by local phone or cell phone (make sure we have both of your numbers) in case your surgery time is changed.
5. Call Dr. Lackore 757-481-3366 if you feel severely weak from not eating. Arrangements might be made for you to go early to the preoperative area 757-395-8169 to get your intravenous fluids started. This will relieve your weakness.

Hospital Check-in – Bring your surgical folder containing your consents and orders with you and give the nurses all of these when you check in to the hospital at the admitting desk. Bring your written list of medications, exact dose and frequency that you take it, and give to the admitting nurse. At the admitting desk, you will be required to show your insurance card and you will be asked to pay for your portion of the cost of the hospital stay. Keep the receipts and all printed information that you will receive during the check-in and pre-op processes in your surgical folder.

Pre-operation Procedures – A nurse will review the forms that you completed at my office, and will ask you questions to complete new forms. Once the paperwork is complete, the nurse will give you your hospital gown. You may also receive antibiotics, preventive pain medications, and a blood-thinning shot to your abdominal wall skin, called Lovenox or Heparin. If you have any questions about what is happening to you, don’t hesitate to ask these nurses. They always want to relieve any anxiety that you might have by answering all of your questions.

The anesthesiologist – A Board-certified anesthesiologist will oversee your anesthesia during the entire case. She/he will meet you in the pre-operative area after you have checked in to discuss your anesthesia plan. Be sure to tell the anesthesiologist if you tend to easily get nauseous. On the day of surgery there are medications that can be added to your IV to significantly reduce the chance of nausea after surgery. The anesthesiologist will start your IV and will give you medication that will help you to relax (quite nicely!) prior to surgery. All of the abdominal cases, by laparoscope or by open incision, require “general” anesthesia; that is to say, you will sleep painlessly through the surgery and remember nothing.

Pre-operation waiting time – While all efforts are made to have you in pre-op for only a short period of time, an operation preceding yours, or an Emergency Room patient, could delay your start time—up to a couple of hours in some cases. A family member or friend is allowed to stay with you in the pre-op area. Bring a cribbage game or cards to pass the time. If you are alone, bring a good book or a magazine. If you find that you are simply too, too nervous, ask the nurse to request an anti-anxiety shot from the anesthesiologist.

Going to the operating room for Surgery – The person who accompanies you can stay with you right up until you are taken in to surgery. I will give her/him an idea of how long the surgery will last. It is a good idea for that person to get something to eat right after you go in, so that she/he will be in the waiting room when you are done. The person waiting for you should be told that it is not unusual for a surgery to run way past the estimated time period and not to panic if this occurs. The surgery might not have even started until hours after you were taken from the pre-operative area into the operating rooms. No one will notify her/him if surgery is running late, so even if two hours have passed, tell this person to try not to worry. Once you arrive in the OR, the anesthesiologist will give you the medications to fall asleep.

The assistant surgeons – There is almost always an assistant who helps me with the surgery, but I will perform your surgery. In addition, other fully trained medical doctors with other specialty expertise may be consulted to help in your care. You will receive a bill from any of these doctors who participate in your care. This is standard.

Observers and industry reps in the OR – I perform advanced laparoscopic procedures and use state-of-the-art equipment. On occasion, I request that registered equipment company representatives attend the case to provide me with a recently improved version of his usual equipment. There is no experimentation going on. (That would be unethical without your fully informed consent.) No one sees your face, your privates, or your name. This is strictly controlled by our OR Staff.

Post-operation —You will be taken to the Recovery Room after your surgery, and you will wake up slowly. You will not have any sense of the amount of time that has passed since you closed your eyes, so it can be a bit confusing. You will have a tube in your bladder to drain the urine so you won't have to get out of bed at first. You may feel an urge to urinate, but be assured that your bladder is being emptied for these first 24 hours through the tube. When you wake up, the nurse in the Recovery Room should ask you how bad your pain is on a scale of 1 to 10 with 10 being the worst pain imaginable. Be honest when asked, because that determines the pain medication that you will be given. This is when I dictate the operation and go out to tell your family about the findings. After this is a good opportunity for your family members to eat because it will be approximately ninety minutes before you will be taken to your hospital room where they can be re-united with you.

Once settled in your room, you will probably experience a little bewilderment that you got through it all! You will also probably be surprised that you are not having much pain. There will be an IV in your arm to keep you hydrated and for pain medication. You may have compression devices on your legs that will inflate periodically to prevent blood clots. There will be a fingertip sensor-clip that measures your oxygen levels. You might feel “trapped,” but you can sit up when you feel like it, get out of bed to sit in a chair or (with close assistance) walk around in the hallways. Hold a pillow to your stomach to help you get a good cough and clear your throat and lungs frequently. Stretch and move in bed. Walking helps you to be mentally alert and in charge of yourself. Ask the nurses to help you move around. More walking is better! Unlimited walking is best! It will help relieve gas pains and shoulder pains.

The recovery is entirely humane. Everyone experiences pain differently. Whatever your pain threshold, expect to experience some discomfort after your surgery, but not too much. Report to your nurse what the level of pain is from 1 to 10: 1 is very minimal pain, and 10 is unbearable pain. There is prevention and medication for each level of pain. For many women, just understanding the cause of the discomfort can help.

There are three different MAIN causes of pain, with different ways to be managed:

1. **Incision discomfort.** This is dull and constant and will actually subside significantly over the first 12 hours, becoming more of an ache. You will have two *intravenous* medications for incisional pain: one to prevent it and one to treat it, followed later by two *oral* medications that also prevent and treat the pain. Your incisional pain is prevented by an intravenous medication called Toradol (or Ibuprofen), and acetaminophen (Tylenol). The nursing staff gives the Ibuprofen/Toradol and acetaminophen (Tylenol) automatically every 6 hours until you begin eating and then you receive the Ibuprofen and Tylenol orally to continue to prevent the pain. When you go home you will continue to take Aleve (I prefer Aleve over Ibuprofen) and Tylenol to prevent the pain for the first three days. While still in the hospital - For any “breakthrough” pain that the Toradol does not prevent, you will receive a morphine-like substance called Dilaudid in your IV. You can use the Dilaudid until you are taking by mouth, when you will begin using the Vicodin. If you are not having significant incisional pain, try to minimize use of Dilaudid and Percocet as these drugs will slow the bowels from pumping and can delay and prolong the cramping phase. The incisional pain from laparoscopic surgery is minimal after a few hours, and many patients use none of their prescribed Percocet at home. If you have a vertical open laparotomy incision, you will wake up with a binder (like a girdle) compressing your abdomen. Keep this binder centered over your incision to keep comfortable pressure on it. Use the binder at home only if you still want to, but keep it on in the hospital. Your incision should cause less pain every day, and not require Vicodin after a few days.

2. **Intestinal cramps.** After surgery, your bowels quit pumping. About 12-36 hours after surgery, it is normal to go through a 2-4-hour cramping phase as the gut resumes pumping. Some people experience no cramps, and only a very few will have severe cramping. We will give you Simethicone (Gas-X), which can help ease the crampy pains, but the key to alleviating this pain is to walk in the hallways as soon as possible to stimulate your bowels to resume normal function rapidly. Nothing you eat or drink will affect the “crampy phase” and there is no cure for it other than a “tincture of time” and walking. Neither Dilaudid nor Vicodin should be used for this pain. You can try over-the-counter Gas-X at home as well, if the gas pains continue to bother.

3. **Shoulder pain** can result from the gas that was used to inflate your abdominal cavity if laparoscopic surgery was performed. This gas is deflated from the abdomen after the surgery, but a small amount still remains and may cause you to have a sense of pain in your right shoulder (and sometimes in your left shoulder). It is mild, constant and tolerable and usually starts the morning after the surgery. There is nothing wrong with your shoulder, however. This pain can take several hours to a few days to completely resolve. Moving around in bed into different positions and getting out of bed to walk can relieve this pain sooner, and Aleve can help.

Sore throat – You may notice that your throat is sore or that you are hoarse or have laryngitis after the surgery. This is because a tube was placed to help you breathe during the surgery and was removed before you woke up. If bothersome, ask for some throat spray for relief.

Your Lungs – Since the breathing tube in your lungs induces mucus secretion, you will have a cough when you wake up. Hold your pillow over your incision(s) for comfort while you cough. Use the breathing device (incent spirometer) frequently to help to re-expand and open your lungs to their normal volume; otherwise, a fever may develop. The nurses check your oxygen levels frequently and may ask you to wear a little tube near the outside of your nose to add some extra oxygen to your blood.

The day after surgery – The tubes come out and you move even more!!!! The intravenous line, the bladder catheter and any leg devices are removed. You may shower and pat your incisions dry. The injections of pain medicines are replaced by oral medications: Ibuprofen and Percocet. Percocet is for breakthrough pain. Once you are at home, take two Aleve (with food) every 8 hours for 4 days after surgery to prevent pain, maximize your mobility, and minimize the need for constipating Percocet. If your pain is greater than level 3 out of 10, take one Percocet at first, and see if you need the after 45 minutes.

Your Bowels –The most important factor in your bowels resuming normal function is walking. Get out of bed as soon as the nurses let you and walk in the room and later in the hallways to hasten the recovery of your intestinal function. You may experience a painful cramp every time you empty your bowels for about two to even **four** weeks after the surgery, especially if you already have some irritable bowel syndrome (IBS) or just crampy bowels in general. This will get completely back to normal once the normal post-operative inflammation from the surgery has resolved, by one month (really!). Try to remember this fact when you have cramping after meals two to four weeks after your surgery—it is normal! And temporary!

If you have had open incisional surgery, your intestines will take about 5 days to resume their normal function. You will go through a phase of belching and bloating (intestines not pumping much), then gas pains (intestines pump in an uncoordinated fashion) and finally passage of gas (intestines coordinated) when you will finally feel normal. This is sometimes the most trying part of recovery, but everyone resumes their normal function.

Your Abdomen – Some women worry about how the space occupied by their uterus will be filled. The intestines and the colon move about in the abdominal cavity sliding over each other every minute as they pump. Removal of a normal or enlarged uterus/ovaries simply makes more room for the intestines to slide around on each other and for you to have a slightly flatter stomach. The lower abdominal wall will be swollen or even severely bruised after your surgery, but this will mostly resolve within two weeks. You may notice that your upper body is swollen and puffy after the surgery. This is due in part to the surgery being done with your body in a head-down tilt, and in part to fluid shifts from the surgery. All of your upper body swelling will resolve within a few days. Some women get huge black and blue marks in their lower abdomen or upper legs after going home. This is because some blood can ooze deep beneath the skin after the surgery, and cause a large bruise. It will resolve.

Your incisions – Your incisions should stop hurting in a few days after your surgery. You may shower, swim, bathe or soak in a hot tub any time after your surgery, once all incisions are dry. If any of your incisions develop oozing after you go home, cover it to protect your clothes with non-sterile dressings such as paper towels or Band-Aids. It is fine to still shower with dressing on, then re-apply new dry dressing afterward. Many will notice bruising under the incisions after the surgery – these will completely resolve, but can look quite fierce in the meantime. If you have vertical open laparotomy incision, you may shower, swim, bathe or soak in a hot tub once the incision is dry and closed. Even long vertical midline incisions generally stop hurting in less than one week. If you have any wound packing or dressing, leave the dressing on while you shower (but no bath or hot tub) and then put on a new dry dressing after you get out. If you had clips or staples for your wound closure, relax: they don't hurt when they are removed!

Your Bladder – Once the catheter (the tube that drains the bladder) is painlessly removed when you are walking or the morning after your surgery, some women notice a feeling in their bladder as it empties in its new configuration. This “odd” feeling is normal and disappears usually within two weeks after the surgery. Some women have trouble sensing when their bladders are full at first, but this resolves also within the first two weeks. Try to empty your bladder every two to four hours to begin to familiarize yourself with your renewed bladder function.

Call the nursing staff if you find that you cannot empty your bladder within four hours after the catheter is removed. Some women need an extra day of bladder rest before their bladders work well again and may need to have the catheter re-inserted for a brief period of time 12-24 hours.

In general, you will spend one night in the hospital if you had a laparoscopic hysterectomy, about 2 days if you had an open horizontal incision, and about 4-8 nights in the hospital if you had an open vertical midline incision.

Discharge to Home – Walk, Eat, Pee, Gas. Plan to go home after you are eating, emptying your bladder, passing gas, and walking well. You should have no nausea.

1. **Diet:** Resume eating regular food and drink plenty of fluids. If your bowels are not yet regular, take some prune juice or Milk of Magnesia to facilitate normal function.

2. **Exert yourself.** Walk for 20 minutes three times daily outside your house to regain energy and relieve crampy GI pain. Increase your energy by walking whenever you can. Stairs are fine!!! Recovery occurs as you regain your energy over time. It is fine to push yourself and walk as much as you can to facilitate your recovery. Raise your energy level by stretching, floor exercises and walking frequently in the hospital and at home. There is no amount of walking or stairs that harms your incisions or your deeper surgery.

3. **To prevent incisional and surgical pain:** Take Acetaminophen 650mg and Aleve 440 mg (with food) every 6 hours for three days regardless of your pain level. This really works for surgical pain and reduces the need for the Percocet (which constipates and slows GI function and makes you listless). You will have a prescription for some Percocet pills in case you have any breakthrough pain. Do not Take Percocet for crampy GI gas pain—just go walking for that pain. If you do find that you need to take a Percocet, omit the next acetaminophen dose, as Percocet contains acetaminophen. Surgical pain is virtually absent within a few days after surgery and by four days you should not need any medication for pain. Call Dr. Lackore if you need pain medications after one week.

4. **If you suffer from constipation:** do not push at home!!! Take your usual stool softener. For gas pains or constipation: Take Milk of Magnesia as directed on the bottle.

5. If **your incision** becomes newly tender, swollen or oozes green or smelly fluid, cover it, and call our office so we can reassure you or ask you to come in for exam. Leave sealant glue on the incisions (but shower as usual, and pat incisions dry). You may peel the glue off your incision any time after 10 days.

Hormone therapy – If your ovaries were removed, or if you are already on hormone replacement, hormones can be started on the day after surgery, and you may go home on them. Make sure you have your prescription for home use of hormones. If you are already menopausal and not using hormones, it will not be necessary for you to start taking them, as you will likely only notice a difference for a short while. If you were started on hormones in the hospital, adjustments to the dose will be assessed at your post-operative meeting. If the dose of estrogen you are taking is too much, you may develop tender breasts. Too low a dose of estrogen can result in insomnia, hot flashes and depression. Call if you have these symptoms before your visit. About 10% of women require changes of dose, route or type of hormone a few times until it is just right for you.

Return to sexuality - The surgery in your abdomen does not involve removal of *any* of the organs of sexual activity or enjoyment. The female orgasm takes place in the muscles surrounding the vaginal opening, not any deeper, even though the orgasm feels deep within (It's not!). The uterus and cervix are not any part of your orgasm and their removal does not impact on the ease of achieving orgasm, quantity of contractions, or quality of your orgasm. Good research has been done on women comparing their sexual function before, and at 3, 6, 9, and 12 months after hysterectomy, revealing a slight *improvement* in sexual function for most women, but overall, no detriment. Some women will notice differences if their hormones are not kept tuned afterwards. Dr. Lackore is adept at finding the right hormone replacement regimen, as needed, to keep you feeling your normal best. Sexual enjoyment should be exactly the same. Let us know if it is not.. You may return *immediately* to sexual activity on the outside of your vagina in any / every way that pleases you. This is a great time to be creative with your sexuality and add to your repertoire of techniques for pleasure and orgasm. **PLEASE DO NOT RESUME VAGINAL PENETRATION UNTIL 10 WEEKS HAVE PASSED FROM SURGERY. When you resume penetration BE CAREFUL / BE GENTLE for another month.**

Return to exercise – Just do it. APPLIES TO EVERYONE. Surgery causes more exhaustion than pain after the first day or so. The challenge is to get back to your usual exercising self as soon as possible. You will nap plenty in your early recovery, and nap less as your energy returns to normal. Once you get out of bed, you are encouraged to begin walking vigorously as much and as often as tolerated immediately, both in the hospital, and definitely after your discharge. You may go up or down **any number of steps, any number of floors**, and are encouraged to do so frequently in your recovery. You may lift any weight you feel comfortable lifting when you go home. You may resume all of your floor stretches, exercises and Yoga immediately. Do not begin or resume power weight lifting (as with dumbbells and barbells) until one week after laparoscopic surgery and two weeks after standard open abdominal laparotomy. Vigorous recovery and activity are encouraged, and you can nap in between.

Vaginal Bleeding - You might experience a two-day period of bright red bleeding around the 14-28th day after your surgery. The stitches at the top of the vagina dissolve at this time, allowing the end of the vagina to “settle” into its new position. The bleeding can be quite red, but not bigger than a period, and typically resolves without treatment. (Imagine taking off your bra after a long day, your breasts simply settle into their natural position!) In 6 women the bleeding has required an emergency trip back to the office or hospital for cauterization or suture, because it was profuse. If you think the bleeding is heavier than a period, call my answering service so we can be on alert, and possibly plan to meet you for a treatment. If the bleeding is dramatic (rare but possible), you must go to your nearest hospital emergency room and have them call my answering service at (757) 455-3584

Vaginal discharge –The inner end of the vagina from which the cervix and uterus above were removed has been sewn shut. Even though the outside skin incisions heal promptly and rather perfectly, the inner vaginal incision does not. It really takes about 6 weeks for the upper vagina to close. It is normal to have some tan to brown to frankly bloody vaginal discharge for the entire first six weeks. This discharge will resolve completely once the upper end of the vagina has completely healed. The upper end of the vagina will nearly always have some excessive growth of scar tissue called “granulation tissue.” This is treated with a Silver Nitrate medicated Q-tip at your 6-week post-op visit. The granulation tissue may take a few monthly treatments with medicated Q-tips before the upper end seals completely and you have your normal minimal opalescent white vaginal fluid.

Disability Leave after Surgery – The general rule is that an FULL OPEN SURGERY with a large incision entails a 6-week period to resume normal, full workloads, including heavy lifting. **A laparoscopic hysterectomy, with the 3 or 4 tiny incisions, entails a 2-week disability leave.** Laparoscopic removal of ovaries entails a 1-week disability. Dr. Lackore cannot ethically extend the disability unless you have a clear-cut reason or complication from the surgery.

About complications - Your consent form mentioned that there could be unexpected effects of the surgery. While 96% of surgeries go perfectly well, many factors can affect the experience. Some of these factors are a result of unforeseen situations from your anatomy or the condition being treated. No two people are built the same. The reasons for your surgery, (pain, bleeding, endometriosis, adhesions, ovarian cysts) have a countless physical presentations. Unexpected findings can require a change in approach, or *even result in a second surgery*. Nearby organs can be involved in dense scar tissue and severe distortion of the anatomy and can be injured on purpose or incidental to your primary procedure. Excess bleeding or internal bleeding after the surgery occurs in about 2% of women. Injury to the bladder, ureter or bowel occurs in 2.5%. Overall about 4% of patients need some additional operation to get their complete recovery.

While Dr. Lackore takes every effort to prevent and avoid these complications, overall, they occur in about 4% of women. Unfortunately, when a complication happens to you, it is easy to forget that you are part of a small 4%, as it definitely is **100% of you!** Even if you have to have another operation, you will get back to your normal health and life. Rest assured that with surgical experience since 1980, Dr. Lackore has seen and managed many types of clinical presentation and surgical outcomes. Your surgical and medical care will be consistently managed and expertly provided by Dr. Lackore and his associates (other experienced on-call Physicians) every day of your hospitalization and recovery.

IF YOU THINK YOU ARE HAVING A COMPLICATION, FIRST REVIEW THIS HANDOUT OUT TO SEE IF YOU ARE HAVING AN EXPECTED EXPERIENCE THAT IS NOT LIFE THREATENING.

CALL OUR OFFICE (757) 481-3366 or ANSWERING SERVICE: (757) 455-3584

IF YOU EXPERIENCE:

Feeling much worse than how you felt in the hospital,
Increasing or unexplained new pain
Fever over 101.0, or any shaking chills
Burning upon urination, cloudy or smelly urine
Think you need more pain pills than you were given (Office Hours Only).

Remember that Dr. Lackore has cross coverage with other Gynecologic Surgeons and if you phone outside office hours you may be managed by one of these Physicians at Sentara Leigh Hospital.

Do not drive until two weeks after laparoscopic procedures and three weeks after open incision procedures. This is not because you can't physically accomplish the task of driving, because most can. But what you cannot do is reliably jam on the brakes in an emergency without hurting yourself or another person in the early phase of healing after surgery.

Your post-operative care – We will call you to check your recovery and make sure that you are healing well and that your organs are resuming their normal function. You will receive the results of microscopic analysis of all tissues removed. We will fax a note with all the surgical documents to your local referring doctor and to any other local treatment doctors required for your further care once home. Even if you are from afar, call us for any complications.

Your informed consent - Overall, the benefits of the surgery have to outweigh the 4% risks of surgery. But when your body has a problem that is highly likely to be correctable by surgery, then a small amount of risk is very reasonable to undertake. The alternative is to not operate, or to try medical or other therapies, and accept responsibility for the results. When you sign up for surgery, you are also accepting the surgical results, a very high likelihood of correcting the problem and a very low likelihood of complication. It is this understanding that constitutes your informed consent to surgery.

And.... if you appreciated your surgical experience and the care you received from PLEASE go online and leave us feedback at Healthgrades.com

A PERSONAL NOTE: I have performed operative laparoscopic procedures since the mid 1980's and Laparoscopic Hysterectomy since around 2006. For the cases I accept, I offer what I believe to be the very highest quality of care. I will not operate on a problem that is not likely to be correctible. I do not do certain procedures that I believe are irresponsible or not indicated. I will refer you to any surgeon whom your situation would be better managed by. My commitment to your health is absolute. I urge you to partner with me in that endeavor by reading all my information, asking all your questions, living a healthy lifestyle, and following through on our care plans. I will give you my best. Please visit my website www.vbGYN.com for more useful information.