

*Center For Special Minimally Invasive and Robotic Surgery
Camran Nezhat, MD, FACOG, FACS
And Associates*

Recovering at home & Discharge instructions

First and foremost, our staff is always here for you. No question or concern is too small. Our physicians and staff are always reachable both during and after hours. If you have an emergency please call **911** or go to your nearest emergency room. You may contact the office during normal business hours and speak with **Zakia** at **(650) 327-8778**. After hours and weekends you may call **(650) 723-6661** and enter the **pager ID** of the assistant surgeon.

For **Dr. Louise King** the pager ID is **14043**.
For **Dr. Mona Gomaa** the pager ID is **14030**.

Discharge Medications



Please take your medications as directed.

**** Make sure you DO NOT take the prescribed narcotics without something in your stomach at least 30 minutes prior to taking it.**

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 (Ibuprofen) alone or alternate with Tylenol.
Discuss pain relief options with your surgeon.

Incentive Breathing (post operatively)

It is important to continue with your incentive breathing and using your spirometer. Deep breathing facilitates lung aeration, helps to prevent pneumonia, decreases stasis of gas in the intestines and stimulates the respiratory function.

Bowel Movements

Most patients will typically see a bowel movement within 5-7 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 surgery the bowels slow down. AFTER you begin consuming solid foods you should see a bowel movement with 2-3 days.

Bleeding

It is normal to experience light bleeding after surgery. 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. *If you have undergone a hysterectomy and bleeding is persistent (beyond 2 weeks) **and/or** is increasing in flow rather than slowing down, please contact us to review your symptoms.*

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. Deep breathing also helps. Over the counter Gas X may help with stubborn gas or 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 for 2-3 days, you may begin a normal diet.

If you are **NOT** passing any gas....you **MUST** remain on a liquid diet until you do so. A liquid diet consists of any food that in its original form is liquid (ice cream, smoothies, jello, etc.)

Exercise and Sexual Activity

**** No overuse of the abdominal muscles for 2 weeks (i.e. lifting, straining, etc)**

However, we **DO** want you up and moving around. Do not become a “couch potato”. This will prolong your recovery. Simple things at first like fixing your own bite to eat, getting a drink, taking small walks around your home...etc. This will help you heal faster and also force the gas in your system to begin breaking up and moving through your system.

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

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 steri-strips over each incision *should be removed in approximately 7-10 days. If the strips begin to peel and come off sooner, that is fine. We suggest removing them in the shower when they are wet. When the strips are wet, they easily peel from the skin without pulling the skin around the incision.*

Because the umbilicus is much like a “cup” and retains some of the water and moisture after you shower, the *umbilical incision* site is slightly more prone to infection for the first few days. We ask that you *use a blow dryer for the first 7-10 days* to dry the area and to absorb the extra moisture. If this care is not done your belly button is at risk for infection. **DO NOT** apply liquid or ointment medications or any other product to your wound while your incisions are healing. **DO NOT** use Q tips for cleaning the umbilicus during this period.

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 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. Typically, patients can return at approximately 2 weeks but this is case dependant. By law you may take up to 6 weeks disability when recovering from surgery. **PLEASE CONTACT PEARL YIP (650-327-8778) REGARDING DISABILITY PAPERWORK.**

Driving

Patients are asked to refrain from driving for a minimum of 7 days. 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 dependent 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. Nezhat **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. Nezhat **BEFORE** attempting pregnancy on your own or through medical intervention, as each case varies. Often there are specific instructions in these cases.

Symptoms of Concern

Please notify us of:

- 1 You develop a temperature of 100.4° or greater*
- 2 Using the guidelines for bleeding, you are experiencing heavy vaginal bleeding*
- 3 Undue pain that is not manageable by your pain medications*
- 4 Severe nausea and vomiting*
- 5 Please note that it is NORMAL to have some clear to slightly bloody discharge during healing. Signs of infection are a thick, yellow/greenish discharge, inflammation at the site, warm to the touch, fever.*

Follow up appointments – Your post operative appointment will be between 5-6 weeks with subsequent visits at 6, 8 and 12 months. It is important that you remain proactive and responsible for scheduling these appointments at 6, 8 and 12 months. Please call to schedule.

