

Postop Instructions after laparoscopic, robotic or open surgery

If you have questions not covered here please call or email through the website.

Urgent issues: What to call for immediately at 650 239-5303

a. bleeding greater than a maxipad per hour

b. fever greater than 100.9 degrees F

c. inability to pass gas 72 hours after surgery (this does not include constipation - see 5 above)

Nonemergent questions:

1. Please understand that you are undergoing surgery. It takes time to recover and you need to adjust your expectations accordingly.

2. You need a postop appointment with Dr Serrato. It should be scheduled at the time of your preop with your doctor. She should tell you when she wants to see you after surgery. You DO need to see your doctor for a postop check as instructed.

3. For patients needing a hospital stay, most insurance companies dictate what they will pay for and only under certain circumstances we can keep a patient for medical reasons. We cannot keep patients that are medically cleared to go home.

4. Bathing: You may take a bath or shower unless otherwise told not to take a bath. It is fine to get the incisions wet. Bandages should be removed 24 hours after surgery. Steristrips should be removed 7 days after surgery.

5. Staples and sutures: Staples are removed during one of your postop visits if they have not been removed in the hospital. Sutures are absorbable and do not need to be taken out. Some incisions are closed with surgical glue which peels off on its own.

6. Constipation: Surgery, anesthesia and narcotics cause constipation. Over the counter remedies for this includes Colace 100-200 mg twice daily, Metamucil, Milk of Magnesia 2 teaspoons every 4 hours as needed, or Dulcolax suppositories. Stool softeners and laxatives may be necessary for quite some time so use them as long as needed. Keep well hydrated as this also helps to reduce constipation. Dried fruit such as prunes are also an effective natural remedy for constipation. Chewing gum also stimulates bowel activity. Avoid fried food, bananas, cheese and rice until normal bowel function resumes.

7. Catheters: If you go home with a catheter, the nurse in the hospital should demonstrate how to care for and empty the bags and how to change between the large and small bags. You may bathe or shower with a catheter. Please ask for instructions on when to remove the catheter.

8. Vaginal discharge: It's common for anyone undergoing vaginal surgery to have vaginal discharge. This may be white, yellow, greenish, bloody or a combination. It may last for many weeks. If bleeding is greater than a maxipad saturated in 2 hours, call the office immediately.

9. Vaginal rest : Avoid sex or placing anything in the vagina until approved by your doctor.

10. Driving: Resume driving when you are no longer taking narcotics and your reflexes and stamina make you a safe driver. If you have an abdominal incision, please do not drive until you feel you can stomp on the brake without hesitation from pain.

11. Exercise: Exercise like walking is encouraged during your recovery, however, you will not be able to resume strenuous exercise until cleared by your doctor. Avoid high impact sports such as aerobics, running, tennis and heavy weight lifting until your first postop appointment (no more than 5 pounds). Gradually build your strength back by walking and non- impact sports.

12. Pain: Pain is expected after surgery. Do take the pain meds you were prescribed as needed. If you have certain sensitivities to narcotics, let us know because some narcotics require a special form to be handed to the patient rather than called in.

IF you have any other questions please call the office at 650 239-5303 during office hours or email me from the website