



- Your Procedure:**
- Robotic Laparoscopic Open Abdominal
- Hysterectomy Unilateral Salpingo-Oophorectomy Bilateral Salpingo-Oophorectomy
- Omentectomy Pelvic ± ParaAortic Lymph Node Sampling Cytoreductive Surgery
- Other: _____

Your Follow Up Appointment(s) Please call the clinic to schedule: (480) 792-6006

Date/Time: _____

- Clinic Location: Mesa (Arbor): 611 East Arbor Ave, Mesa AZ 85206
- Gilbert: 3686 South Rome St, Gilbert AZ 85297
- Chandler: 695 South Dobson Rd, Chandler AZ 85224

Other Referral(s): Primary Care PT/OT Other: _____

Your Discharge Medications

- Pain Medication: Norco 5/325, 1-2 tablets, every 4-6 hours, as needed for pain
- Other: _____
- Your pain medication contains Tylenol/acetaminophen.
 Please limit total Tylenol/acetaminophen use to 3000mg/day
- Colace: Stool Softener 50mg tablet, 2 times a day. Hold for diarrhea.
- Injection blood thinner: One syringe, once a day in thigh/back of the arm. Alternate location each day.
- 14 days 28 days

Prevent blood clots: Pelvic surgery, cancer, and general anesthesia put you at risk for developing blood clots. Many of our patients are discharged with daily blood thinner medication (such as Lovenox, Fragmin, or Arixtra). This type of medication is only administered as an injection. Its purpose is to prevent blood clots from forming in your legs or pelvis after surgery. These clots can move to different places in your body, such as your lungs, and can be very dangerous to you. It is very important to understand that these injections are blood thinners. The injections are usually taken for 14 to 28 days.

- Compazine: 10 mg tablet, every 8 hours, as needed for nausea/vomiting
- Other: _____
- You may resume all your home medications, EXCEPT: _____

When to call your doctor

Call the on-call doctor right away if you have any of the following:

- Fever above **100.4°F (38°C)**
- Chills
- Bright red vaginal bleeding or vaginal bleeding that soaks more than 1 pad per hour
- A smelly discharge from the vagina
- Trouble urinating or burning when you urinate
- Severe pain or bloating in your abdomen
- Redness, swelling, or opening at your incision site
- Drainage coming from the incision that soaks a gauze pad over 2 hours
- You have swelling and/or pain in your calves or lower legs



More reasons to call your doctor

- Shortness of breath or chest pain
- You have diarrhea (5 or more bowel movements per day, for 3 days or more)
- You have bruising that is rapidly expanding
- Persistent nausea and vomiting uncontrolled with Compazine
- Other: _____

Home care

These are suggestions for what to do once you are home:

- Don't drive until your doctor says it's OK. Don't drive while you are still taking opioid pain medications.
- Ask others to help with chores and errands while you recover.
- Don't lift anything heavier than 8-10 pounds (about a gallon of milk) for: 4 weeks 6 weeks.
- Don't do strenuous activities until the doctor says it's OK.
- Walk as often as you feel able. Strive to be up and about 3-4 times per day. Increase activity slowly.
- When you must climb stairs, go slowly and pause after every few steps.
- Continue the coughing and deep breathing exercises that you learned in the hospital.
- Avoid constipation:
 - Eat fruits, vegetables, and whole grains.
 - Drink 6 to 8 glasses of water a day, unless directed otherwise.
 - Use a laxative or a mild stool softener if your doctor says it's OK. (See below).
- Dietary restrictions: Avoid alcoholic beverages until cleared by your physician
 - Other: _____
- If you have not moved your bowels 1 week after surgery, you can take a mild laxative, such as Miralax (polyethylene glycol) twice a day for 2 days to help stimulate your bowels. You can purchase Miralax over the counter. If after having taken Miralax for 2 days, you still have not had a bowel movement, please call us. If you have had bowel surgery, it is best to check with us before you use any other type of laxatives or bowel stimulants.
- Shower as usual. You can finish the soap you received at the hospital or the remaining soap you purchased prior to your surgery. Once you run out of this soap, you can use any mild soap. Let soap and water run over your incision. Do not scrub the incision to clean it. Pat it dry. Staples will be removed at your post-operative appointment. Skin glue will dissolve in the course of normal bathing at around the 2 week mark. Sutures will dissolve on their own over the course of your recovery.
- Don't use oils, powders, or lotions on your incision(s).
- Don't put anything in your vagina until your doctor says it's safe to do so. Don't use tampons or douches. Don't have sex. Typically, this restriction is for 6 weeks. After surgery, you will have stitches (sutures) at the top of your vagina. These sutures will dissolve and often will fall out as they dissolve. Do not be alarmed if you see small pieces of black or blue string in your vaginal discharge and/or if your vaginal discharge increases as you become more physically active after surgery. Expect slight spotting for up to 2-4 weeks after surgery that only requires a panty liner or mini-pad. This may be pink, red, or brownish. There should be no offensive odor.
- If you had both ovaries removed, report hot flashes, mood swings, and irritability to your doctor. There may be medications that can help you.

Follow-up

- Ask your doctor when you can return to work. This will depend upon your recovery and the type of work that you do. Anticipate:
 - 1-2 weeks for a laparoscopic salping-oophorectomy
 - 2-4 weeks for a robotic or laparoscopic hysterectomy
 - 4-6 weeks for an open abdominal procedure of any kind