

David L. Weinstein, MD Jennifer H. Smith, MD Juliana C. Verticchio, MD Julia G. Hoffman, MD Kris Scalf, WHNP-BC, MC Savannah Hayes, WHNP-BC

Phone: 314-432-8181

Exchange: 314-388-6555

Fax: 314-432-0090

### **OUTPATIENT LAPAROSCOPIC SURGERY DISCHARGE INSTRUCTIONS**

## **Activity**

After your laparoscopic surgery, You should take it easy for the first 24 hours. You can expect to be somewhat groggy and tired from the general anesthesia and you will need extra rest. You can resume your normal daily activities the day after your surgery. These may include climbing stairs, showering, exercising, returning to work and driving an automobile. Some patients may take slightly longer to fully recuperate and your return to your normal activity level should be individualized as to how you feel and how you are recuperating. Do not drive if you are still using narcotics.

#### Diet

You may resume your usual diet over the course of the next 24 hours. Initially after anesthesia, due to the potential for some nausea, we suggest you start with liquids. If you tolerate these well, you may have a regular diet several hours later. Again, this should be individualized. Don't push yourself to eat if you are not feeling up to it within the first 12-24 hours.

### Medication

You may resume your normal preoperative medications as directed. In addition, you may take a prescription pain medication as directed if one was prescribed for you, or you may take over-the-counter pain medication such as Tylenol or ibuprofen as directed for pain.

## **Incisions**

The small incisions through which your laparoscopic surgery was performed may be closed with dissolvable sutures, surgical glue, or Steri-Strips. Glue or Steri-Strips may stay on for several days or several weeks. If you have Band-Aids, you may remove them the day after surgery and leave the incisions exposed to air. You may replace the Band-Aids if you prefer. You may shower the morning after surgery as well. Please observe the incisions for signs of redness, swelling, increased tenderness, drainage, or discharge. If any of these occur or if you develop a fever or worsening abdominal pain, please call us.



David L. Weinstein, MD Jennifer H. Smith, MD Juliana C. Verticchio, MD Julia G. Hoffman, MD Kris Scalf, WHNP-BC, MC Savannah Hayes, WHNP-BC

Phone: 314-432-8181

Exchange: 314-388-6555

Fax: 314-432-0090

### **OUTPATIENT LAPAROSCOPIC SURGERY DISCHARGE INSTRUCTIONS**

# **Shoulder or Upper Back Discomfort**

You may notice some shoulder or upper back discomfort for several days following the laparoscopy. During the procedure, the abdomen was distended with carbon dioxide (CO2) to allow visibility. At the end of the procedure as much of the CO2 as possible was removed but minor amounts remain. The remaining CO2 will eventually be absorbed and will be breathed out just as the carbon dioxide is normally removed from the body. If some of the bubbles of carbon dioxide rest under the diaphragm, you may feel it as upper back or shoulder discomfort. This will eventually resolve on its own in a few days. You may rapidly relieve the discomfort with change of position or gently clapping over the shoulder blades in an effort to break up the gas bubbles. Care should be taken in anyone with a pre-existing back, neck or shoulder problem. Pain pills may also be taken for the discomfort.

### Follow-up

A follow-up visit should be scheduled two to three weeks after your procedure to check your incisions as well as the healing process. In addition, your physician may review your surgery in greater detail as well as the operative findings and any management plans that may be necessary.

If you have any questions or concerns, please do not hesitate to call our office Monday through Friday, 8:30 a.m. - 4:00 p.m. at 314-432-8181, or after hours and on weekends through our exchange at 314-388-6555.