Dr Santanu Baruah
Oasis Gynaecology & Fertility
10/26 Dugdale Street
Warwick WA 6024
T: 1300 609 589 F: 6182 4477
E: admin@oasisgynaecology.com.au
Healthlink EDI: oasisgyn

Frequently Asked Questions after Surgery

What can I expect in the first 24 hours after my day procedure*?*

When you are discharged from the ward after a day procedure you should be able to manage your pain at home. If there is doubt about this, you may be kept in the ward overnight to be discharged home the next morning. Feel free to let your nurse know if you feel that you will not be able to cope at home.
Ensure that you have someone pick you up from the hospital and drive you home after your surgery.
Take your pain medication regularly and do not try and "tough it out". Get enough rest and return to your normal diet as soon as you feel like it.
Please phone the office the next day to make a follow up appointment within 2-6 weeks. Your doctor will usually let you know the timeframe this is needed.
Your operative findings will be discussed at your follow up visit so do not be concerned if you have not seen Dr Baruah after your surgery. If there is any concern, he will come and see you before your discharge.
If the details of your surgery are discussed at this stage, you may not be able to recall the information due to the anaesthetic medications. You can call us for clarification if needed.
Please let the nurse know if you have any immediate concerns. If you need a sick note, also called a "medical certificate" or a carers certificate – please contact my rooms and they will arrange this for you.
You will have a prescription in your file if Dr Baruah feels that you may need something stronger than over-the-counter medications to deal with pain.
Expect a call from our practice nurse in about a week to 10 days. This is to check up on you. Please feel free to mention any questions or concerns that you may have at that time.
Read the rest of this information carefully and take care of yourself.

What do I need to know about wound care after gynaecologic surgery?
Laparoscopic or open abdominal surgery:

Women who have an abdominal incision(s) may be sent home with staples, stitches (sutures), or tape strips (Steri-strips).

- Dr Baruah will usually inform you of the type of suture he will be using to close your laparoscopic incisions. Commonly the skin sutures are removed by day 7-10 and arrangements can be made with your GP to have this done.
- Sutures under the skin or inside the vagina do not need to be removed.
- If there is a bandage dressing on the incision, you can take it off 24 to 48 hours after surgery and after cleaning the incision consider covering this with a breathable dressing like PRIMAPORE (available at pharmacies).
- Tape strips may be removed gently at home (if they have not fallen off) approximately one week after surgery. Soaking the strips with a warm, wet cloth or taking a shower may make the strips easier to remove.

Abdominal incisions should be kept clean by showering. It is not necessary to put soap on the incision; plain tap water is adequate. **Avoid scrubbing the area.*
The way your scar looks will change over time and may not reach its final appearance for up to a year. The area may feel either numb or sensitive to touch, which is normal.
Unless directed by Dr Baruah, do not apply creams, ointments, or other substances to the incision. If the incision appears red, drains more than a drop or two of blood or fluid, drains pus, or begins to open, you should call our rooms.
Vaginal surgery — Women who have vaginal surgery often have stitches inside the vagina. These do not need to be removed because the sutures will dissolve, usually within six weeks. It is normal to have some light vaginal bleeding or pink to brown coloured vaginal discharge as the sutures dissolve. As the sutures dissolve, you may see pieces of suture thread on your underwear or toilet tissue.

How to manage pain after my gynaecologic surgery?

Will I have pain?

Many gynaecologic procedures are followed by some pain or discomfort. Pain or discomfort should improve over time and can be managed with pain medications, if needed. The location and severity of pain depends on the type of procedure. For example, women who have procedures that involve a skin incision (e.g., abdominal hysterectomy, laparoscopy) will have pain in the area of the incision, while other procedures that are performed inside the uterus (e.g., hysteroscopy, endometrial ablation) may be followed by a crampy sensation (similar to menstrual cramps).

Gas pain

It is common to develop occasional crampy pain and bloating in the abdomen after surgery. This is caused by gas building up in the intestines. The discomfort is usually temporary and will resolve after passing gas or having a bowel movement. If the pain and bloating are severe or do not resolve, you should call our rooms for guidance.

Shoulder pain

Women who have laparoscopic surgery may have shoulder pain as a result of the gas used to expand the abdomen during surgery. The shoulder pain can last up to one week and can be eased with heat packs- carefully applied to avoid burns.

What should I do about pain?

Some women find it helpful to avoid uncomfortable positions or activities, support their abdomen with a folded blanket or pillow, or to hold a hot water bottle over the painful area (close the bottle tightly and cover with a towel to avoid burns).

You can take pain medications as needed, or, if you have pain that is constant and moderate to severe (in the first few days after a major surgery), it is helpful take the medication on a schedule, as prescribed (usually every four to six hours). This will help to prevent severe pain from coming back between doses. It is not necessary to take pain medication if there is little or no pain. If you do need pain medication, take it as directed on the prescription bottle. Taking pain medications at higher doses or more often than prescribed can be dangerous.

Types of pain medication

Pain medication is available over-the-counter or by prescription. Dr Baruah will give you a prescription for pain medicine if he thinks you will need it. Usually after a day procedure you may only need over-the-counter pain medications like paracetamol (e.g. Panadol) or ibuprofen (e.g., Nurofen).

Sometimes stronger medications are prescribed including narcotics (e.g., oxycodone, hydrocodone), or combinations of paracetamol and codeine (e.g., Panadeine Forte).

If you are taking other medications, check with Dr Baruah or the nursing staff whether it is safe to take these and pain medications at the same time. **Do not drink alcoholic beverages, drive, or perform other activities that require concentration while taking narcotic pain medications.*

If pain becomes severe and is not relieved by the recommended dose of pain medications, call our rooms or your GP

What about vaginal bleeding after gynaecologic surgery?

Some light vaginal spotting or bleeding is expected and may continue for several weeks after gynaecologic surgery. Occasionally (especially in the first week after surgery), you may have an episode of heavy bleeding when you stand up or after urinating.

Call our rooms if bleeding is heavy (more than a menstrual period OR completely soaks a large pad in one hour).A pad may be used, but tampons should not be used until your doctor tells you it is safe.

Urinary system after gynaecologic surgery

Is it normal if it hurts when I urinate?

If you have had vaginal surgery, you may feel a pulling sensation during urination or you may feel sore if the urine falls on vaginal stitches. It can be normal to urinate frequently after surgery. Call our rooms if you have any of the following:

- Burning with urination
- Needing to urinate frequently or urgently and then urinating only a few drops

- A temperature greater than 38ºC (measure with a thermometer)
- Pain on one side of your upper back that continues for more than one hour or keeps coming back
- Blood in your urine (you can check to see if this is just vaginal blood falling into the toilet by holding toilet tissue over

your vagina)

What should I do if it is difficult to urinate?

Most women urinate at least every four to six hours, and sometimes more frequently. If you have not urinated for six or more hours (while you are awake) or if you feel the need to urinate and it will not come out, you should call our rooms.

Activity after gynaecologic surgery

Should I limit my activity?

It is normal to feel tired for a day or two after surgery, especially if general anaesthesia was used. If you have a major surgery, you may feel tired for longer. Taking a few short naps during the day or resting when you are tired may help. While rest is important, it is also important to walk around several times per day, starting on the day of surgery. This helps to prevent complications, such as blood clots, pneumonia, and gas pains. You can resume your normal daily activities as soon as you are comfortable doing them. Walking and stair climbing are fine. Gradually increase your activity level as you are able. Other activities (exercise, housework, sports) can be resumed gradually, as you are able and depending upon the type of surgery.

Can I take a shower or bath?

Showers are permitted, but tub/spa baths and swimming should be avoided for around 2 weeks after your surgery.

Are there limits on what I can lift?

Lifting heavy objects can increase stress on the healing tissues. Most patients are asked to avoid lifting heavy objects (>6kg) from the floor; if the object cannot be lifted with one hand, you should ask for help. **Restrictions on lifting are generally recommended for six weeks after a major abdominal or vaginal surgery (e.g., open abdominal hysterectomy), and for one or two weeks after smaller procedures (e.g., laparoscopy).* Women who do not have an incision (e.g., hysteroscopy, D&C) do not need to limit lifting.

Can I drive or travel?

You should not drive a car until you can move easily and no longer require narcotic pain medications. You may ride in a car; as always, wear a seat belt when riding in or driving a car. If in doubt call your car insurance company and determine if there are any restrictions on your insurance coverage. You should be well enough to be able to react effectively in an emergency situation if needed.

Long trips by car, train, or airplane during the first two weeks after major gynaecologic surgery (e.g., hysterectomy). Check with Dr Baruah if you have any questions about this.

Can I have sex? Can I use tampons?

After most types of gynaecologic surgery, you should not put anything in your vagina until the tissues are completely healed. Otherwise, you may develop an infection or interfere with healing. This includes tampons, douches, fingers, and all types of sexual activity that involve the vagina. These activities should be avoided for two to six weeks after surgery. Ask Dr Baruah or our nurse when you can resume these activities.

When can I return to work?

You may return to work when pain is minimal, and you are able to perform your job. After minor procedures, you may be able to work within a day or two, while for major procedures (e.g., hysterectomy), you may require four to six weeks to recover. Time out of work also depends upon your daily activities at work; a person who sits at work may be able to return to work sooner than someone whose job requires them to stand, walk, or lift.

Digestive system after gynaecologic surgery

What can I eat?

You may eat and drink normally after gynaecologic surgery once you have been reviewed by the nurses on the ward. You may have a decreased appetite for the first few days after surgery; eating small, frequent meals or bland, soft foods may help. However, if you are not able to eat or drink anything or if vomiting develops, call our rooms. A high fibre diet may help to prevent constipation, although other treatments for constipation are also available. Also be sure to drink enough water to stay well hydrated and to prevent constipation.

How do I treat constipation?

Constipation is common after surgery and usually resolves with time and/or treatment. Constipation means that you do not have a bowel movement regularly or that stools are hard or difficult to pass. Constipation can be made worse by narcotic pain medications e.g. Panadeine. If you are having vomiting in addition to constipation, please call our nurse before using medications to treat constipation. A common approach to constipation after surgery is to take a laxative or fibre supplement (e.g., psyllium [Metamucil]). This can be taken with a stool softener (e.g., Coloxyl).

If the initial treatment does not produce a bowel movement within 24 to 48 hours, the next step is to take a stimulant laxative that contains senna (e.g., Senokot) or Bisacodyl (Dulcolax). Read the directions and precautions on the package before using these treatments. If these treatments do not produce a bowel movement within 24 hours, please call our rooms for further advice. Once the bowels begin to move, you may want to continue using a stool softener (e.g., Docusate [Coloxyl]) on a daily basis to keep the stools soft. This treatment may be taken for as long as needed.

What if I have diarrhoea?
Some women have a few days of soft stools after surgery, especially after taking medication for constipation. If you have watery stools more than twice a day or have blood in your stool, you should call your healthcare provider.

Follow-up visit after gynaecologic surgery (Post op appointment)
Most women are asked to make a follow up appointment with the surgeon's office two to four after surgery. At this visit, Dr Baruah may examine your abdomen and pelvic area to be sure that the tissues are healing properly. You would hear about results if you had a biopsy or tissue removed, and you can ask questions about the procedure or your healing process. This appointment is a good opportunity to ask questions about the procedure you had, for example:

- Were there any abnormal findings?
- Was my cervix removed?
- Were my ovaries removed? Which ovary was operated on or removed?

You may want to keep a copy of this information, including a copy of the operative photos, in your personal records.

What follow-up do I need after surgery?
When you speak with Dr Baruah after surgery, be sure to ask what type of gynaecologic care you will need in the future. The answer will depend upon the type of surgery you had, any underlying medical problems, and your risk of certain conditions (e.g., cancer).

When should I call the rooms?
You should call our rooms if you experience any of the following:

- Abdominal pain or bloating that is severe, lasts for 3 hours or more, and is not relieved after taking the recommended dose of pain medication
- Shortness of breath or chest pain
- Vaginal bleeding that is heavy (heavier than a menstrual period or completely soaks a large sanitary pad) and continues for more than one hour
- Nausea or vomiting that continues for more than one day or that make it impossible to eat or drink
- Fever greater than 38ºC (measure your temperature with a thermometer)
- Skin incision changes — redness, drainage of fluid or pus, or opening of the incision
- Swelling in an extremity (leg or arm) that is much greater on one side than the other
- Foul-smelling, green, or dark yellow vaginal discharge
- Inability to empty the bladder or burning with urination
- Inability to move the bowels for three days
- Loose or watery stools two or more times a day OR bloody stools.

Please give us a call at the office at **1300 609 589** and speak to our Practice Nurse.
If you are unable to reach Oasis Gynaecology and have concerns, please contact your GP or attend your nearest hospital Emergency Department if you are unable to speak to someone.

IN A LIFE-THREATENING EMERGENCY PLEASE CALL 000