

Outpatient Surgery Post-Op Instructions

Hysteroscopy, D&C, Endometrial Ablation

Anesthesia

You will receive I.V. sedation (MAC – monitored anesthesia care) and local anesthetic injected into the cervix.

Activity

You should “take it easy” the day of surgery. In most cases you will feel pretty normal the day after surgery. If you have had an ablation, you may have cramping lasting for a few days post-operative. You may shower the day after surgery. Refrain from intercourse for two weeks after surgery.

Pain relief

Generally over the counter medicines, such as ibuprofen (3-4 tablets, 3-4 times per day) and acetaminophen (per package instructions) can help. If you have had an ablation, you may also be given a narcotic/acetaminophen combination prescription for pain relief. Your prescription will be labeled with the MG of acetaminophen contained in each tablet. If you have pain unrelieved by these measures, call the office.

Bleeding

You will probably have some vaginal bleeding but it should be less than a period. Following ablation, you can expect some discharge and varying consistency lasting until your post-op exam or up to 4 weeks.

Questions

Please call our nurse at 314-432-3669 for any questions or concerns. That is also the number to call to reach the doctor on-call for after hour emergencies.

Post-Op appointment

You will normally be seen in 2 weeks. You will often be made aware of this appointment date and time prior to your surgery. We will also mail it to you. If for some reason you have not received this by one week following surgery, call the office at 314-432-3669 to clarify.

Laparoscopy

Discharge from hospital

Normally go home the same day as surgery

Incisions

The number and size of incisions depends on the procedure and may range from 1-4. They will be small and closed with either absorbable sutures (do not need removed), Dermabond (an adhesive like “super glue”) or both. If your incision has a bandage on it, you may remove it the day following surgery unless specifically instructed otherwise.

Shower/bath

Ordinarily you may do either, though “soaking” incisions is less advisable for the first week after surgery. It is important to gently clean the umbilicus (belly button) and make sure it is gently and completely dried.

Pain

You can expect to have varying degrees of discomfort from your incisions, your pelvis and from your shoulder(s). The incisions and pelvis because these are the sites where incisions and tissue manipulation actually took place. The shoulder pain is due to small amounts of gas (CO₂) used to create space during the operation left in the abdomen. This will usually disappear the first or second day. It is felt in the shoulder area because the gas “floats” up irritating the diaphragm which shares the nerve supply from the same area of the spinal cord as the shoulder.

Pain relief

You may ice the incisions. If you experience shoulder pain when upright, lying down will usually relieve it. Over the counter medicines, such as ibuprofen (3-4 tableted, 3-4 times per day) and acetaminophen (per package instructions) can help. You will also be given a narcotic/acetaminophen combination prescription for pain relief. Your prescription will be labeled with the MG of acetaminophen contained in each tablet. If you have pain unrelieved by these measures, call the office.

Bleeding

Depending on your procedure you may have a small amount of vaginal bleeding. If it is greater than a period, call the office,

Post-op appointment

You will normally be seen in 2 weeks. You will often be made aware of this appointment date and time prior to your surgery. We will also mail it to you. If for some reason you have not received this by one week following surgery, call the office at 314-432-3669 to clarify.