

After Your Abdominal Surgery

Self-care and follow-up

You recently had abdominal surgery. This handout explains what to expect during your recovery. Please read these instructions now and refer to them at home after your procedure. We hope that your recovery is quick and easy.

Activity Precautions

- For 8 weeks after surgery, do **not**:
 - Do sit-ups or other abdominal exercises.
 - Lift anything that weighs more than 10 pounds. (A gallon of water weighs about 8 pounds.)
- Do **not** take a bath for 2 weeks.
- Do **not** sit in a hot tub or go swimming for 4 weeks.
- Do **not** drive while you are taking prescription pain medicine.
- You can shower after surgery. Gently pat your incisions dry – do not rub them with a washcloth or towel.
- Slowly increase your activity as you are able. This can include walking, yoga, or riding a stationary bike.
- Avoid vigorous activity such as running, golf, horseback riding, or motorcycle riding for 6 weeks after surgery.
- You may get tired more easily after your surgery and anesthesia, and from the medicines you are taking. Each person recovers after surgery at a different rate.
- Your doctor will talk with you about how long your recovery will take. This will depend on the type of surgery you had. You may find that you feel well enough to do some work at home after 1 to 2 weeks.

Your doctor may advise different activity restrictions, depending on your surgery.



Walking at an easy pace can help your recovery.

Sexual Activity

At your follow-up visit, your surgeon will examine you and tell you when it is OK to resume sexual activity.

- **If your cervix was removed:** Do not have sexual intercourse or put anything in your vagina for at least 6 weeks.
- **If your cervix was not removed:** Most women are told to wait 4 to 6 weeks after surgery before they have sexual intercourse.

Managing Your Pain

Remember, you had major surgery and you will have pain. The goal is to lower the amount of pain to a level that you can handle rather than to remove all pain.

Your doctor will prescribe a type of pain medicine called an *opioid*. You likely will need to take this for 1 to 2 weeks, and you will “taper” your dose (slowly lower the amount you take). Your doctor will tell you how to taper your dose.

Pain control after surgery usually includes:

- Taking 600 to 800 mg ibuprofen (Advil or Motrin) every 8 hours, alternating with 500 mg acetaminophen (Tylenol) during the day.

For example:

- Take ibuprofen at 8 a.m.
- Take acetaminophen at 12 noon.
- Take ibuprofen again at 4 p.m.
- Take acetaminophen again at 8 p.m.

After you go to bed at night, you do not need to get up every 4 hours to take pain medicines.

- If you have bad *breakthrough* pain (pain that comes on suddenly that ibuprofen and acetaminophen are not controlling): Take 1 or 2 tablets of your prescription pain medicine if the pain is higher than 4 or 5 on a pain scale of 1 to 10. (One is no pain, and 10 is the worst pain you can imagine.)
- Do **not** drive while you are taking opioid pain medicine.

Other Medicines

- You may resume any of the usual daily medicines you were taking before surgery for other medical conditions as soon as you are discharged from the hospital.
- **Do not take any medicines you are allergic to or that your doctor has told you to avoid.**

Eating and Drinking

- Eat **small** amounts of food instead of large meals. Spread out your eating during the day for the first 2 weeks. Try non-creamy soups and other soft foods such as toast and oatmeal.
- Gas pains after surgery can be very painful! Avoid food and drinks that cause bloating or gas. Some of these are dairy products, carbonated drinks, and spicy or greasy foods.
- Avoid alcoholic drinks if you are taking pain medicines.
- Avoid drinking too much fluid after 7 p.m. so that you do not have to get up during the night to urinate.

Bowel and Bladder

- The surgery, anesthesia, and prescription pain medicines may slow down your bowels. You should be passing gas regularly, but you may not have a bowel movement for a couple of days after surgery.
- Because a full bladder or bowel makes abdominal or pelvic pain worse:
 - Keep your bladder as empty as you can during the first week after your surgery. Try to urinate every 2 hours when you are awake.
 - Take a stool softener if you are taking opioid pain medicine. This medicine can slow down bowel function and cause constipation. You can buy stool softeners at a drugstore without a prescription. Do **not** take laxatives such as Ex-Lax or Correctol. Ask your pharmacist if you have any questions about the stool softener you want to buy.

Incision Care

- After 2 days at home, remove any dressing (bandage) that may be covering your incisions.
- Do not take a bath, sit in a hot tub, or go swimming for 2 weeks after surgery. Wait longer if your incisions still have a scab or are still healing. This will help reduce your risk of infection.
- It is OK to shower. Gently pat your incisions dry.
- Do not apply any ointments to your incisions.
- The greatest risk of infection is in the first 2 to 3 weeks after surgery. Some signs and symptoms of infection include:
 - Redness at the edges of your incision
 - Drainage from your incision
 - Increased pain in your incision
 - Increased drainage from your vagina

See “When to Call” on page 5 of this handout.

- Your incision is closed with stitches (sutures), staples, and/or surgical glue. If you have:
 - Stitches, they will dissolve on their own over time.
 - Staples, they are usually removed 5 to 7 days after surgery.
 - Surgical glue (used to seal the skin edges), the incisions might look “dirty” because of the color of the glue. Do **not** scrub the glue off or pick at it, since the incision could open.
- If you also have Steri-Strips (thin strips of tape) and a clear plastic film over your incision:
 - Leave this film on for the first 48 hours and then remove it carefully.
 - The Steri-Strips will start to peel off at the edges. If they have not fallen off after 1 to 2 weeks, remove them while you are in the shower. It is easiest to remove them when they are wet.

Other Tips

- Right after surgery, your abdomen will be bloated. This can make it hard to fit into your normal clothes. For comfort, wear loose clothing such as sweatpants, pants or skirts with an elastic waist, or a loose dress.
- If you have a swollen abdomen, constipation, or bloating:
 - Make sure you are taking the prescribed stool softener as directed.
 - Try drinking prune juice or milk of magnesia.
 - Avoid stimulant laxatives, large meals, foods that cause gas, and carbonated drinks.
- You may feel some burning the first few times you urinate after surgery. This is from a *catheter* (thin, flexible tube) that was inserted into your bladder to drain urine during the procedure. If these symptoms do not go away or if they get worse over time, call the clinic.
- You may have bloody drainage from your vagina when you strain, such as during physical activity or when you have a bowel movement. This happens for many women right after surgery. It should improve if you stop doing the activity and rest for a short time. Spotting is also normal.
- Do **not** use tampons during your recovery. Use only sanitary pads.
- You will have 1 or more incisions on your abdomen. They may be red and ooze fluid in the first 1 to 2 days.
- It is also common to have bruising around your incision. This should go away as you heal.
- It is common to have some swelling from the *intravenous* (IV) fluids you received during surgery. **If one of your legs or arms swells more on one side than the other, call the clinic right away.**

- A *scopolamine patch* may have been placed on your neck just before your surgery to help control nausea after surgery. Remove this small patch before you leave the hospital or right after you get home. Leaving it on can cause some problems with urinating. **Wash your hands right after you handle the patch.**

Findings and Pathology

- Right after your surgery, your surgeon will talk with a family member about what was found during surgery. Your doctor will talk with you about these findings when you are awake the next day.
- Your doctor will tell you when your *pathology report* will be ready. This report is an analysis of tissue samples taken during surgery. It provides important information that is used to help diagnose diseases. The pathology report is usually ready about 7 to 10 days after surgery.

Follow-up Visit

You will have a follow-up visit about 6 to 8 weeks after your surgery. This visit is scheduled at the time of surgery or when you leave the hospital.

When to Call

Call your doctor if you have any of these symptoms:

- Fever higher than 100.4°F (38°C). Take your temperature several times a day if you feel warm, have chills, or just do not feel well.
- Increasing redness around your incisions or more drainage from your incision.
- Pus, discharge, or increasing watery fluid from your vagina.
- Vaginal bleeding that is like a period. Vaginal spotting is normal.
- Ongoing bloating with nausea and vomiting.
- Increasing pain that your medicines are not helping. You should have less pain each day.
- You cannot empty your bladder or bowel.
- Uncontrolled leakage of fluid that looks like urine from your vagina.
- Leg or arm swelling and pain, especially if only on one side.

If you have any of these symptoms:

- **During clinic hours:** Call the UW Roosevelt Women's Health Care Center at 206-598-5500 (press 4 when the greeting starts).
- **After hours and on holidays and weekends:** Call 206-598-6190 and ask for the OB/GYN doctor on call to be paged.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Women's Health Care Center: 206-598-5500 (press 4 when the greeting starts)