

## **Discharge advice following diagnostic laparoscopy**

This advice is intended as a general guide, everyone is different. You may also receive additional information to aid your individual recovery. Please ask for any other advice or written information which you may feel will help.

Diagnostic laparoscopy is a procedure that has allowed the doctor to look directly at the contents of a patient's abdomen or pelvis, including the fallopian tubes, ovaries, uterus, small bowel, large bowel, appendix, liver, and gallbladder. The doctor may have also taken some biopsies from any suspicious areas. Results from your biopsies will take approximately seven days. An appointment will be arranged for you to return to clinic for your biopsy results and discuss and plan further management.

### **Before leaving the ward**

The nurse will make sure you have your follow up appointment and you have been given the opportunity to ask them any questions. You may be asked to sit in the dayroom before going home to allow new admissions for surgery that day to be allocated a bed.

If you are travelling a long distance home take a break in your journey, get out of the car and stretch your legs. It is important to maintain your fluid intake on the way home, we suggest that when you stop you have a glass of water or a hot drink to help keep you hydrated.

### **Pain**

You may have a sore throat if a breathing tube was used while you were under anaesthetic. You may have shoulder pain caused from gas that has built up under the diaphragm and a bloated feeling. Take regular simple analgesia such as Paracetamol. Peppermint may also help to disperse gas. Most symptoms usually improve within 24 to 48 hours after surgery.

### **Rest and exercise**

When you go home it is important that you allow yourself time to heal. We recommend that you do not do any hoovering or ironing and don't lift anything heavier than a kettle for a couple of days but then you can gradually build up to normal activity over the next few days. You can start swimming and exercising after about three weeks.

It is normal to feel tired after this operation so continue to rest when you need to. Do not sit for long periods as this can cause ankle and foot swelling and can increase your risk of deep vein thrombosis (clots in the veins of the legs).

### **Diet**

Try to eat a healthy balanced variety of foods with plenty of fresh fruit and vegetables. Introducing high fibre food including wholemeal bread, branflakes, beans and pulses along with plenty of fluids will help prevent constipation. You should drink at least eight glasses of water (or non sugary drinks) every day. Protein rich foods including fish, eggs, meat, hearty green vegetable and beans and pulses will help with the healing process.

Avoid fatty foods, excessive alcohol, cakes and sweets if you do not want to gain weight. Your operation won't make you put on weight but you must control your calorie intake whilst you are less active.

If you have a poor appetite consult your GP who can refer you to a dietician or prescribe supplements.

### **Constipation**

Pain killers, reduced activity, having an operation and changes in your appetite can all affect your bowel function. If you are constipated following discharge from hospital, it is important that you try to address it before it becomes a problem.

Try to increase your fluid intake and eat a well balanced diet with foods rich in fibre for example; wholemeal bread, branflakes, beans and pulses.

If you have not moved your bowels for three days, please contact your GP or district nurse who may give you some medication to help.

### **Driving**

Do not drive for four to five days even if you feel fit enough. If your abdominal muscles are sore it may be difficult for you to do an emergency stop.

### **Wound care/hygiene**

The stitches to your wounds on your tummy may dissolve or need to be removed. If you have dissolvable stitches these should dissolve within two weeks. Sutures that need removing should be removed at your GP practice five days after your surgery. You may notice some bruising around your wound sites which should subside within a week. Any redness or swelling should be reported to your GP.

Keep the wound clean with a daily bath or shower and dry well with a clean towel. Avoid using antiseptic or bubble bath until your wound has fully healed. After bathing or showering pat dry your wound with a clean dry towel. Do not apply any creams or ointments to the wound site.

If your wounds start to ooze clear fluid apply an absorbent pad and contact your GP or district nurse. If this occurs before you leave the ward your nurse may apply a wound drainage bag to collect the fluid. If you have any concerns contact ward 14A at the Queen Elizabeth Hospital on 0191 445 2013. If your wounds are closed and clean leave uncovered to aid healing and avoid tight fit clothing.

### **Sexuality and relationships**

You can return to sexual activity seven days after your surgery.

## **Medications**

Medications including pain medicine, laxatives and anti sickness medication are sometimes prescribed before you leave the hospital. Use the medication as directed.

If you are taking pain medicine such as morphine or sleeping pills, do not drink any alcohol, drink plenty of fluids to help prevent constipation and do not drive. Contact your GP with any adverse side effects.

## **Returning to work**

You should feel fit enough to return to work within a week, unless you have a heavy job and then you may need up to two weeks off work.

Most employers will be sympathetic to this and your doctor can sign you off from work if needed. It may be helpful to talk to your employer, occupational health or human resource staff for advice and support.

## **When to call your doctor**

Seek medical attention if any of the following occur:

- You have abdominal pain or swelling that gets worse
- Fever, shaking or chills or other signs of fever
- Offensive smelling vaginal discharge
- If your wounds begins to bleed or leak fluid
- If your wounds becomes red, swollen or if you feel you have a temperature
- Excess vaginal bleeding
- Persistent vomiting with the inability to tolerate food and fluids
- Constipation for more than three days
- Severe pain in either calf or leg or sudden onset shortness of breath or chest pain

## **Follow up**

Follow up will be arranged to discuss your results and discuss/plan further treatment/surgery. If you don't receive an appointment within a week of you going home please contact the office manager on 0191 445 6148.

## **Useful resources**

If you have any concerns or anxieties when you go home, contact ward 14a at the Queen Elizabeth Hospital on 0191 445 2013 or the nurse specialists Monday – Friday 08.30 – 17.00 on 0191 4452123 or 0191 4453404

## **Data Protection**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

Information Leaflet: NoIL336

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Title: Discharge advice following diagnostic laparoscopy

First Published: May 2011

Review Date: May 2013

Author: Maria Ridley/Fay Morrison/Alison Guest - Gynaecology

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