

## North Florida Surgeons: Post-Operative Information (Updated 1/16/19)

**Pain and Medication:** After surgery you can expect to have pain for the first two days or so, and then soreness for the first two weeks. The goal is to try to minimize the use of narcotics due to their side effects. We want you to have a pain level of maybe 2 out of 10 so the pain is bearable, but we don't want you over medicated so you just lay in bed and sleep, this is how you get complications such as pneumonia and blood clots.

You may use an ice pack every few hours for 24-36 hours to decrease swelling, bruising, and for comfort. To minimize the need for the narcotic, for the first 48 hours you should alternate every 3 hours between 2 or 3 Ibuprofen 200 mg tablets (or Advil or another non-steroidal anti-inflammatory drug or NSAID) and 2 extra strength acetaminophen (Tylenol 500 mg). By doing this you will have good baseline pain relief and minimize the side effects of these medications. For example, at 8AM take 400 mg ibuprofen, 11AM 1000mg Tylenol, 2PM 400mg ibuprofen, 5PM 1000mg Tylenol, 8PM 400mg ibuprofen. Side effects from NSAIDs and Tylenol such as upset stomach are usually not seen with short term use but let your doctor know if you have kidney, heart, or liver problems.

If you have pain in addition to the above, you can take one or two of the narcotic pills that were prescribed (eg. Oxycodone, Hydrocodone, or Tramadol). Usually the Advil and Tylenol provide good enough pain relief so that you shouldn't need to take much of the narcotic, and really shouldn't need it after the first two or three days. You can continue taking the Tylenol and Advil after the first two days but can take it on an as needed basis, as opposed to before when you were taking it on a schedule. If you are taking narcotic this may cause constipation and you should take a stool softener (e.g. Colace) twice daily unless you have diarrhea

You have been given a prescription for a narcotic. We encourage you to minimize and get off the narcotic as soon as possible due to side effects such as nausea, vomiting, constipation, itching, sleepiness, and difficulty urinating. \* **DO NOT DRIVE OR OPERATE MACHINERY AFTER TAKING THE NARCOTIC.** \*

**Diet:** Following any abdominal surgery, including gallbladder removal, start by drinking clear liquids when you are awake and then you can advance to solid foods as tolerated. Drink plenty of fluids, make sure to get a minimum of 1.5 liters or 6 to 8 cups of fluids a day. Avoid alcoholic beverages for two weeks.

A little **nausea** or an episode of vomiting sometimes occurs following abdominal surgery. To minimize this, try to eat small frequent meals for the first week or so after surgery. It is important to eat enough protein to allow your body to recover properly, the goal should be a minimum of 50 to 60 grams of protein per day. A protein supplement such as Boost or Ensure will help you meet this goal for the first few days.

If you are having **constipation** or gas pains, the best thing to do is to drink lots of fluids, stay out of bed, and walk if possible. The sooner you can get off narcotics, the sooner your bowels will return to normal function. If you are taking narcotics you should take a stool softener (e.g. Colace) twice daily unless you have diarrhea. Sometimes chewing gum will help your bowels to move sooner. Gas-X (simethicone) may help with gas pains. It is normal to have slow and irregular bowel function for a few days because of reduced food intake and narcotic medications. If you have not had a bowel movement by the second or third day after surgery, take a laxative (Milk of Magnesia, Dulcolax, or MiraLax powder with water). If you are having diarrhea then stop any Colace or laxative and stay hydrated. You can also try a fiber

supplement but if you have persistent diarrhea let your surgeon know. If you are having persistent nausea or vomiting, call the office.

**Wound Care:** Always wash your hands with soap and water before and after touching your incisions to reduce the chance of an infections.

Incision sites- **Glue:** Most small wounds are covered with a sterile “surgical glue” sealant. Incisions with sealant do not need a gauze dressing. Some incisions are covered with **gauze** and a clear plastic dressing. If a dressing is in place, remove after 2 to 3 days. You may have Steri-Strips under the dressing and these should stay in place until they start to fall off in two weeks or so. For longer incisions we may have a “vacuum” type dressing with a plastic seal. The battery usually runs out around 7 days after start, if this happens you can peel off the plastic dressing and there will be staples, you can leave the staples exposed and uncovered.

Showers – You can shower the day after surgery if your gauze dressing has a clear covering, or if you have surgical glue, or if there is a vacuum dressing. Let soapy water fall over the wound, but do not rub the wound. After showering, dry off and keep the wound clean and dry. Do not put anything on your wounds, such as Neosporin. Do not submerge the incision or take a bath until after you are seen in the office. You should not go swimming for several weeks.

For patients who had breast surgery, a bra may provide comfort and actually serve as a dressing. For male patients who had inguinal hernia repair, wearing underwear “briefs” may provide additional scrotal support.

A small amount of rose-colored fluid drainage from the wound is normal, and if this happens, you should cover the wound with clean, dry gauze. If the incision bleeds, change the dressing and apply continuous pressure for 15 minutes. If you have glue in place, cover this with a clean, dry gauze dressing and hold pressure as above. If further bleeding occurs, call the office. There may be some bruising or dark blue color that can turn yellow-brown over days to weeks – this is normal. If there is increasing wound redness, worsening pain, or thick, brownish, foul-smelling drainage, call the office.

**General Information:** After surgery you should stay out of bed and walk frequently. Walking early and often will help your bowel activity have a faster return to normal. Walking and doing leg exercises such as stretching your legs out straight and bending you ankles up and down will reduce the chance of blood clots. Continue to do deep breathing at home with at least 8- 10 deep breaths per hour while awake.

Depending on the type of surgery, you should not do any heavy lifting more than 20 to 30 pounds after hernia repair or abdominal surgery as this may cause discomfort at your incision sites. You may resume driving once you have stopped all narcotics and you have good mobility. We generally don’t recommend driving for at least two weeks following major surgery.

You should call your surgeon’s office at **904-398-0033** if your wound has increasing redness at the incision, severe pain, excessive thick foul-smelling drainage, or you have repeated fever above 101<sup>o</sup>, or if you have persistent nausea, vomiting, or severe abdominal pain.

**\*\* If you are having difficulty breathing or severe chest pain, call 911 for an ambulance to bring you to the Baptist Medical Center Emergency Room.**