ABDOMINAL HYSTERECTOMY POST-OP INSTRUCTIONS

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1) DISCHARGE MEDICATIONS: _____

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2) ACTIVITY INSTRUCTIONS:
   a) NO LIFTING GREATER THAN 10 #'S (GALLON OF MILK)
   b) NO PUSHING, PULLING, OR TUGGING
   c) NO DRIVING FOR 2 FULL WEEKS AFTER DISCHARGE
   d) PELVIC REST (NO SEX, TAMPONS OR DOUCHING)
   e) NO EXERCISING OTHER THAN NORMAL PACE WALKING
   f) SWIMMING (POOL) AND BATHING IS OKAY

3) WARNING SIGNS:
   a) BLEEDING LIKE A PERIOD
   b) FEVER GREATER THAN 100.4 DEGREES
   c) WOUND BECOMING RED AND HOT
   d) WOUND DRAINING AND/OR SEPARATING
   e) GREEN OR YELLOW VAGINAL DISCHARGE
   f) VAGINAL DISCHARGE WITH FOUL ODOR
   g) NAUSEA AND VOMITING OR INCREASED ABDOMINAL PAIN

   IF ANY OF THE ABOVE OCCUR CALL (318) 212-7840 ANYTIME

4) EXPECTATIONS:
   a) SPOTTING FOR 7 –10 DAYS POST-OP
   b) MAY PASS SUTURE THROUGH VAGINA 1-2 WEEKS POST-OP
   c) CLEAR TO WHITE DISCHARGE FOR 4-6 WEEKS AFTER SPOTTING
   d) CONSTIPATION OR CHANGE IN BOWEL HABITS
   e) MAY USE STOOL SOFTENER (COLACE 100 MG) TWICE A DAY
   f) MAY USE MILK OF MAGNESIA (2 TBSP'S) FOR ACUTE CONSTIPATION
   g) NUMBNESS AROUND INCISION
   h) SHARP PAINS AT SITE OF ABDOMINAL CLOSURE
   i) BRUISING AT AND AROUND INCISION
   j) PATHOLOGY BACK IN 3-4 WORKING DAYS
   k) IF HORMONES TAKEN, YOU MAY INITIALLY EXPERIENCE HOT FLASHES, NIGHT SWEATS, OR IRRITATION @ SITE OF PATCH

5) FOLLOW UP VISIT:
   a) APPOINTMENT FOR STAPLE REMOVAL:_____
   b) POST-OP VISIT APPOINTMENT:_____

6) DIRECT ANY ROUTINE QUESTIONS TO MY OFFICE MONDAY THRU FRIDAY 8 A.M. TO 5 P.M. (318) 212-7840

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