

## **LAPAROTOMY**

### **Post-Operative Information**

A laparotomy is a type of surgery that involves making a cut (incision) in the abdomen to access the pelvic organs. It may be recommended to treat or diagnose conditions such as large fibroids, ovarian cysts, cancer, severe endometriosis, or other complex gynaecological concerns. Depending on your condition, we may also remove the uterus (hysterectomy), ovaries, fallopian tubes, or other tissue during the procedure.

Your procedure may include:

- Abdominal Hysterectomy
- Ureteric Catheters:
- Open Myomectomy
- Cystoscopy

*Most patients stay in hospital for 2-5 days and recover fully within 6 weeks.*

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#### **Pain**

It is common to have some pain in your abdomen and at your incision site for the next few weeks. Please take pain medication as required.

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#### **Vaginal Discharge and Bleeding**

If you have had a hysterectomy, vaginal discharge for up to 8 weeks is normal. It may start pink or brown and become clear, white, or yellow. Around 3–4 weeks post-op, you may notice light bleeding as vaginal sutures dissolve, lasting only 1–3 days.

Contact the Rooms or your GP if bleeding becomes heavy or you pass clots larger than a 50-cent coin. If you are soaking more than a pad an hour or feel lightheaded or dizzy please present to your closest emergency department.

## **Exercise and Physical Activity**

You may gradually return to your usual level of activity as your energy allows. It is safe to resume normal daily tasks, including light housework, as tolerated. However, in the first 6 weeks, please avoid more strenuous activities such as sweeping, mopping, or vigorous exercise. Slowly walking up and down stairs in your house will not hinder your recovery. Stairs are safe to use. However, please stop if you feel pain.

As a general rule:

- If you can lift something (e.g. a full kettle) without thinking about it - it's safe
- If you need to brace yourself or hold your breath to lift it (e.g. a bag of potting mix) - avoid it for 6 weeks

When to resume specific activities:

- Gentle walking: Immediately
- High-impact exercise/aerobics and cycling: After 6 weeks
- Weight training and abdominal exercise: After 6 weeks

If any form of exercise causes you significant discomfort, you must stop it immediately.

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## **Time Off Work**

Time off work will depend on your job and the procedure performed:

- **Desk-based jobs:** Usually 2–3 weeks.
  - **Physically demanding roles:** Typically 4–6 weeks.
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## **Bathing and Swimming**

Avoid for 6 weeks.

## **Tampons**

If you have had a hysterectomy: for the first 6 weeks post op, use sanitary pads rather than tampons, and shower rather than taking baths. This will prevent infection.

If you have not had a hysterectomy: resume tampon use as soon as you feel comfortable.

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## **Driving**

Most patients can drive after 4 weeks if:

- No longer taking strong pain medications
- Can perform an emergency stop without hesitation or pain

**Please check your car insurance policy for specific post-surgical requirements. Always follow your insurer's advice if they require a longer recovery period before driving.**

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## **Intercourse**

May resume 8–10 weeks post-operatively once healing is complete and discomfort has resolved.

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## **Bowel Care**

Constipation is common after surgery. Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days. Constipation can lead to significant post op pain, so it is important to prevent and manage.

To avoid constipation:

- Drink plenty of fluids, mobilise and eat a healthy fibre rich diet as soon as possible post op
- Use over-the-counter options like **Movicol** (softens and bulks stool to naturally trigger a bowel movement) or **Coloxyl** (stool softener) before constipation becomes a problem.
- If you feel that your rectum is full but you are unable to evacuate it, **glycerine suppositories** may also help
- Sometimes a Microlax or fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

If constipation persists despite the above, please contact your GP.

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## **TED Stockings**

You do not need to wear compression stockings at home unless advised by your surgeon.

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## **Pain Relief**

You may be prescribed:

- **Paracetamol** and **anti-inflammatories** – take regularly as directed
  - **Stronger pain relief** (e.g. Tapentadol) - use if pain isn't controlled by the above. We recommend taking this if your pain level reaches 3–4/10, rather than waiting until pain becomes severe.
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## **Vaginal Medications**

You may restart vaginal oestrogen (e.g. Ovestin, Vagifem) 6 weeks post-op.  
Wait 1–2 more weeks if insertion is uncomfortable.

## **Follow-Up Appointment**

A follow-up appointment will be scheduled 1–6 weeks after surgery.

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## **Wounds**

Following your surgery, you will have a suture line with dissolvable stitches or staples. You may have dressings which can be removed after 5 days, and the wound gently cleaned with soap and water. There is no medical need to cover the wound after this time, but if you would prefer to use a dressing you may. Avoid leaving the wound covered for periods greater than 3 to 4 days at a time. It is a good idea to wash the skin periodically and to inspect the wound. Bruising is common.

If your wounds become infected, they may become painful, hot, red or swollen, or you may notice a discharge. Please seek medical advice promptly if this occurs.

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## **When to Seek Medical Advice**

**Please contact our Rooms or your GP if you experience any of the following:**

- Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
- Persistent or heavy vaginal bleeding or discharge, or passage of large clots
- Offensive smelling vaginal discharge
- An elevated temperature or fever
- Shortness of breath or chest pain
- Swelling of your abdomen
- Nausea or vomiting that is worsening
- Pain, burning or stinging, or difficulty when passing urine
- Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound

## Contact Details

### Dr Leake, Dr Pontré and Dr Fitzgerald

- **During business hours:** Call the Rooms at (08) 9389 5065
- **Non-urgent post-op questions:** Email: [nurse@leake.com.au](mailto:nurse@leake.com.au)

### Dr Karthigasu, Dr Robertson and Dr Julania

- **During business hours:** Call the Rooms at (08) 93898900
- **Non-urgent post-op questions:** Email: [reception@karthigasu.com](mailto:reception@karthigasu.com)  
[info@drpippa-robertson.com](mailto:info@drpippa-robertson.com)  
[reception@julania.com.au](mailto:reception@julania.com.au)

*Please note: emails are not monitored 24/7*

**Emergency requiring urgent care:** Attend **KEMH Emergency Department** or your closest hospital.

**In a medical emergency** (e.g. difficulty breathing, chest pain, or very heavy bleeding):  
Call **000** immediately.