



## **Follow-Up Contacts**

If you have questions about your condition at any time, please call (972) 566-7860. The phone is answered by office staff between 8:30 AM and 5:30 PM. Outside of regular office hours, you will be connected to the answering service and then directly to the surgeon on call. If you are calling after hours, you may be connected with one of your surgeon's associates. You may leave messages for the medical assistant for non-emergencies, and calls will be returned in a timely fashion.

Specifically, call for any of the following:

- Pain becomes much worse than when you left the hospital.
- The area around your incisions becomes very red, increasingly tender, or begins to drain pus. Small amounts of blood-tinged fluid and mild redness are common and are no cause for concern.
- Your temperature goes above 100.0° F (38° C).
- Persistent vomiting, diarrhea, or constipation develop.
- You feel as if you are getting sicker instead of getting better.
- Any thoughts that you should contact your other doctors or should report to an emergency room for something related to the operation. Call us instead.

If you do feel the need to present to the emergency room, we strongly encourage you to return to Medical City Dallas where your surgery was completed. Please notify your surgeon so that your care in the emergency department may be expedited.

Please call (972) 566-7860 to make a follow-up appointment within 10-14 days, or unless otherwise directed by your surgeon. If no one answers, leave a message, and your call will be returned within one business day.

## **Diet**

You may eat any kind of food you like, but a healthy well-balanced diet is recommended. Please ensure to maintain the appropriate nutrition for any underlying medical problems you may have (e.g. low-carbohydrate diet for diabetics, low protein diet for dialysis patients, low fat low cholesterol diet for cardiac patients). It is suggested that you start with soft and bland foods, and advance your diet slowly as you tolerate it. As long as you are eating a balanced diet, there are no specific foods that will speed up or slow your recovery. You will typically require no changes in your diet as a result of your operation. Your digestion will be as good as ever.

It is very common to have a decreased appetite (anorexia) and to eat smaller amounts (early satiety) for a period of time after your operation.

## **Pain Control and Other Medications**

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# Surgical Consultants of Dallas, L.L.C

Pain is common after surgery. Most patients typically have pain at their incisions. It is also common to have vague aches and pains at the site of surgery, which is frequently away from the incision, especially with laparoscopic or minimally invasive surgery. If you have had a laparoscopic procedure, it is common to have pain in your shoulder for 24-36 hours. This is due to the gas pumped into the abdomen during the procedure leading to stretching and irritation of the diaphragm, which then refers the pain to your shoulder.

When you leave the hospital, you will typically have a medication for medicine to help with the pain from your incisions. You should have given your pharmacy information to the registration agent at the hospital for the physician to e-prescribe your medication (electronically send the prescription directly to the pharmacy). You may resume any medications you have been taking for your other medical conditions unrelated to your surgical procedure unless otherwise specified in your discharge paperwork.

Typically, narcotic medication is a combination of an opiate (e.g. Codeine, Hydrocodone, Oxycodone, Hydromorphone) and acetaminophen (Tylenol). You may take acetaminophen alone instead of your narcotic medication. You may take anti-inflammatory medications (Advil, Aleve, Motrin, ibuprofen, naproxen) in addition to a narcotic or acetaminophen. Do not take your prescription pain medication with acetaminophen alone, as that could lead to an overdose of acetaminophen. Ask your surgeon if you can take anti-inflammatory medications if you are already taking Aspirin.

Examples of over-the-counter pain medication:

- Acetaminophen (Tylenol) 500-1000 mg by mouth every 4-6 hours as needed for pain
  - Do not take more than 3000-4000 mg of Acetaminophen per day.
- Ibuprofen (Advil, Motrin) 400-800 mg by mouth every 4-6 hours as needed for pain
  - Do not take more than 3200 mg of Ibuprofen per day
- Naproxen (Aleve, Naprosyn) 250-500 mg by mouth every 8-12 hours as needed for pain
  - Do not take more than 1500 mg of Naproxen per day
- Aspirin is typically not recommended as a pain reliever. Use Ibuprofen or Naproxen instead.

A refill of your narcotic pain medication requires a return visit to the clinic. By state law, narcotic pain medications must be filled at a pharmacy using a written prescription. Narcotic pain medications cannot be called into the pharmacy. Most patients should not require a refill of their pain medications after surgery.

You may apply ice and heat to tender areas for 15-20 minutes at a time 3-4 times per day. Topical pain medications such as capsaicin may be used on areas of intact skin (not on an incision).



If you have had abdominal surgery (especially a hernia repair), you may wear an abdominal binder to help reduce the pressure on your abdominal incisions. Splinting your stomach by placing a pillow over your abdomen with firm pressure before coughing or movement can help reduce the pain.

### **Bowel Movements**

Bowel movements may be irregular for several weeks. You may have intermittent constipation and diarrhea. If you have had surgery on your small intestine (bowel) or colon, it is not uncommon to pass small amounts of blood in your stool for 1-2 weeks. Large amounts of blood in the stool or passing blood without a bowel movement is reason to contact your surgeon immediately.

Narcotic pain medications will make you constipated. As the need for pain medicine decreases, so will the constipation. Be sure to drink plenty of fluids; dehydration will worsen constipation. You may try eating prunes or drinking prune juice as well.

- It is recommended that you take a stool softener such as Colace (Docusate) or Dulcolax (Bisacodyl) while you are taking narcotic pain medication to prevent constipation.
- If a stool softener alone does not work, you may try a gentle laxative such as Senna (sennosides) or Milk of Magnesia.
- If you have not had a bowel movement for more than 24 hours once you go home, you may try a stronger over-the-counter laxative such as Miralax or Magnesium citrate.
- Suppositories (Dulcolax) or enemas may be appropriate if you have not had surgery on your colon.
- Please contact your surgeon if your constipation persists.

All of these medications can be purchased over-the-counter at your local pharmacy.

- Docusate (Colace) 100-200 mg by mouth twice daily
- Bisacodyl (Dulcolax) 1-3 tabs by mouth once daily
- Senna 2-4 tabs by mouth 1-2 times daily
- Milk of Magnesia 30-60 ml by mouth once daily
- Miralax 17 gm (1 spoonful) by mouth 1-2 times daily
- Magnesium Citrate 150-300 ml by mouth once daily
- Bisacodyl (Dulcolax) suppository 1 per rectum once daily

### **The Incision**

Your incision may be closed with surgical staples, surgical glue, or sutures (stitches). You may take a shower or bath immediately after surgery. Allow soap and water to wash over the incision.

- If you have staples, they will be removed at your follow-up appointment. It is normal to have a small amount of redness around each of the staples.

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- If you have surgical glue, your incision is closed with absorbable sutures that are placed underneath the skin. The glue is then used to seal the wound. No sutures need to be removed. The glue peels off in about 14 days.
- If you have sutures, they will be removed at your follow-up appointment.

Do not get in a pool, hot tub, lake, or ocean until your wounds are completely healed due to the risk of contamination with bacteria or other micro-organisms.

## Activity

It is common in the first few days at home to feel a little more tired than expected. Your illness and your surgery are a large physiologic stress on the body, and it takes time to recover. Your activity level should increase as you move around your home. Fatigue is not a problem, and you should not limit your activity because of it. Compensate by getting extra rest after your activity is completed. You may feel fatigued for up to 8-12 weeks after surgery.

- You may return to full activity (including exercise or sexual intercourse) when you feel up to it, which is usually after your follow-up appointment. Check with your surgeon if you have specific questions.
- You may perform normal daily activities when as you feel able. This includes getting in and out of bed, walking up and down stairs, walking outside the house, traveling as a passenger in a car or a plane, etc.
- You should not drive while you are taking narcotic pain medications.

## Questions

If you have any other questions regarding your care, no matter how big or how small, please do not hesitate to contact the office at (972) 566-7860. We are here to help you!