

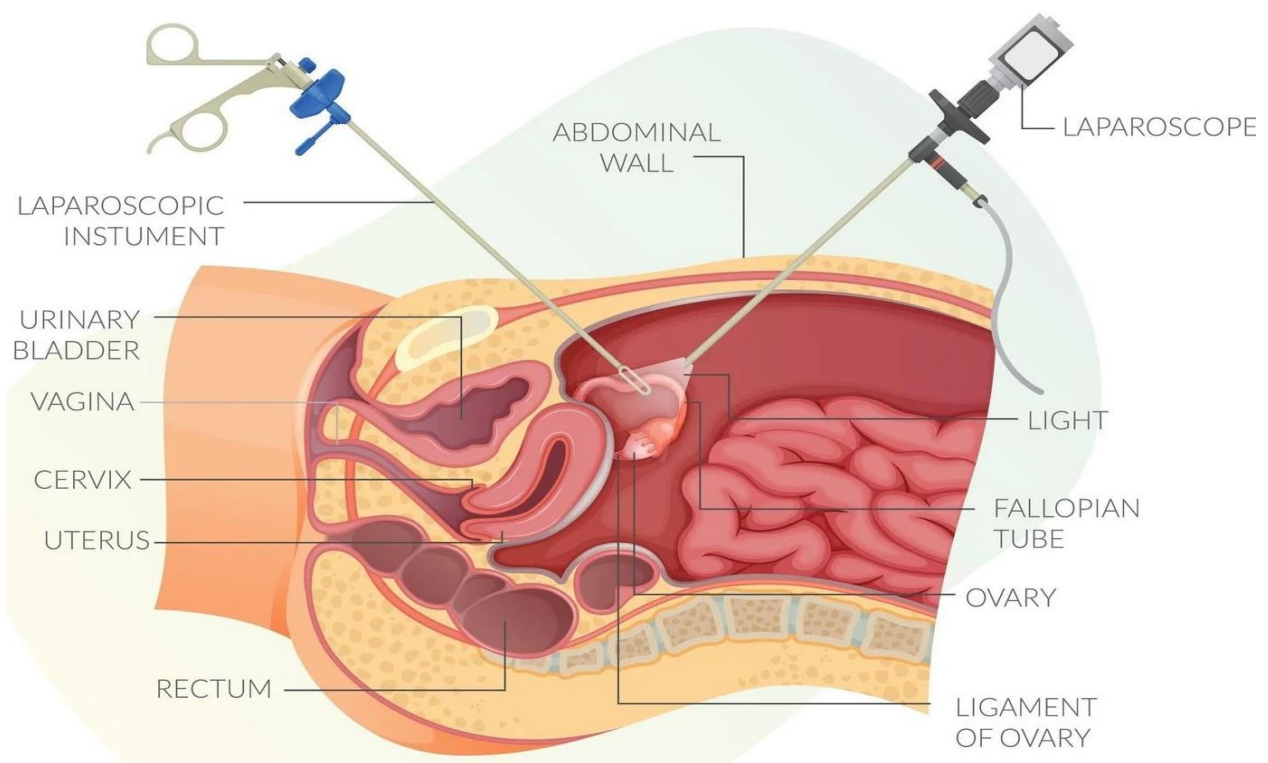


ISFAHAN MILAD HOSPITAL

Laparoscopy: Overview and Care Instructions

What is Laparoscopy?

Laparoscopy is a type of minimally invasive surgery. It uses a small camera called a laparoscope inserted through small cuts in the abdomen to see inside the body and perform procedures without making large incisions.



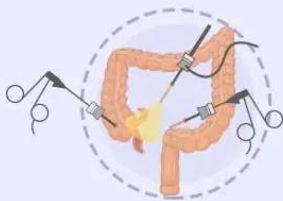
Benefits

Smaller scars
Less pain
Faster recovery
Shorter hospital stay

Common laparoscopic procedures

Gallbladder removal (cholecystectomy)
Appendectomy
Hernia repair
Removal of ovarian cysts
Hysterectomy (removal of uterus)
Endometriosis treatment
Diagnostic laparoscopy

What Are The Types Of Abdominal Surgery



Appendectomy



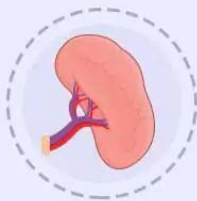
Cholecystectomy



Hernia Repair



Colectomy



Splenectomy



Pancreatectomy



Laparoscopy



Bariatric Surgery

Preoperative Instructions Before Laparoscopy

Do not eat or drink anything for at least 6–8 hours before surgery.

Stop certain medications if advised by your doctor — such as blood thinners (aspirin, warfarin), some herbal supplements, or diabetic medications.

If required, follow instructions for bowel cleansing (especially in abdominal or gynecological surgeries).

You may be asked to wear anti-embolism stockings (TED socks) before and after surgery to help prevent blood clots in your legs. Wear them as instructed until you're fully mobile again.

Inform your doctor about any allergies, previous surgeries, or chronic medical conditions.

Postoperative Care After Laparoscopy

Rest is important, but complete bed rest is not advised.

Start walking as soon as possible — even short walks help recovery.

Sleep with your head elevated (2 pillows) to reduce shoulder pain caused by the gas.

Take pain medications as prescribed.

Importance of Walking after Surgery

Prevents blood clots (DVT) in legs

Reduces abdominal bloating and gas pain

Helps resume bowel movements

Speeds up lung recovery (prevents pneumonia)

Improves circulation and healing

walk every 2–3 hours while awake, even for 5–10 minutes.

Incision Site Care

Keep bandages clean and dry.

Remove bandages after 24–48 hours (if instructed).

You may shower after 24–48 hours, but avoid soaking in tubs or pools until healed.

Watch for redness, swelling, pus, or bad smell (signs of infection).



Diet and Digestion

Start with clear liquids → then light foods (toast, rice, bananas).

Avoid greasy, heavy, or spicy foods.

Drink plenty of fluids.

Constipation is common — walking helps. Use stool softeners only if advised.

Activities to Avoid

No heavy lifting (>5–10 lbs or 2–4 kg) for 1–2 weeks.

Avoid intense exercise or sexual activity until cleared by your doctor.

Avoid driving while taking pain meds or if you have limited movement.

Follow-Up Appointment

Attend your follow-up visit (usually within 7–10 days).

Ask any questions or share concerns during your visit.

When to Seek Medical Help Immediately

Contact your doctor if you have any of the following:

Fever over 38°C (100.4°F)

Severe pain not relieved by medications

Nausea or vomiting with bloating or no bowel movement

Redness, pus, or foul smell at incision site

Chest pain or difficulty breathing

Leg swelling or pain (especially in one leg)

CONTACT INFORMATION:

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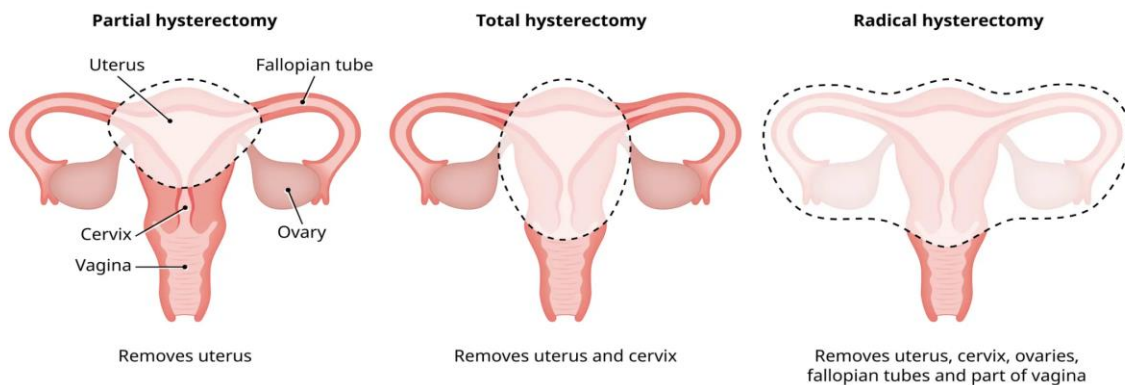
ISFAHAN MILAD HOSPITAL

Hysterectomy Surgery: Overview and Care Instruction

What is a Hysterectomy?

A hysterectomy is a surgical procedure in which the uterus is removed. It is one of the most common surgeries performed by gynecologists. The uterus may be removed completely (including the fundus, body, and cervix) or partially (leaving the cervix intact). In some cases, due to specific medical reasons such as ovarian cancer, the ovaries may also be removed. If this surgery is done before menopause, it can lead to early onset of menopause. When the fallopian tubes or ovaries are removed along with the uterus, the patient will enter menopause.

Hysterectomy



Hysterectomy may be performed for several medical conditions including:

Large uterine fibroids

Endometriosis

Chronic pelvic pain

Abnormal uterine bleeding unresponsive to treatment

Adenomyosis

Cancers of the uterus, cervix, or ovaries

This surgery is generally considered after all other treatment options have been exhausted. It can be performed using various techniques, with abdominal hysterectomy being the most common (about 70% of cases). This involves a 10–15 cm incision in the lower abdomen.

Postoperative Care After Hysterectomy

Take deep breaths to improve blood circulation and prevent lung infection.

Support your incision site with your hand or a small pillow when coughing.

Drains, gastric tubes, or urinary catheters will be removed according to your physician's instructions.

Pain medications and anti-nausea medications will be administered as needed.

Perform leg exercises and change your position in bed every hour.

Avoid prolonged standing.

You may be prescribed compression stockings; wear them as instructed. Do not wear overly tight stockings. Remove them at night, inspect your skin every 8 hours, then reapply.

Walk as soon as you are allowed to get out of bed

Avoid sitting or lying down for long periods.

Light vaginal spotting or bloody discharge after surgery is normal.

To avoid bloating, walk around and avoid gas-producing foods and drinks such as milk, juice, and raw fruits.

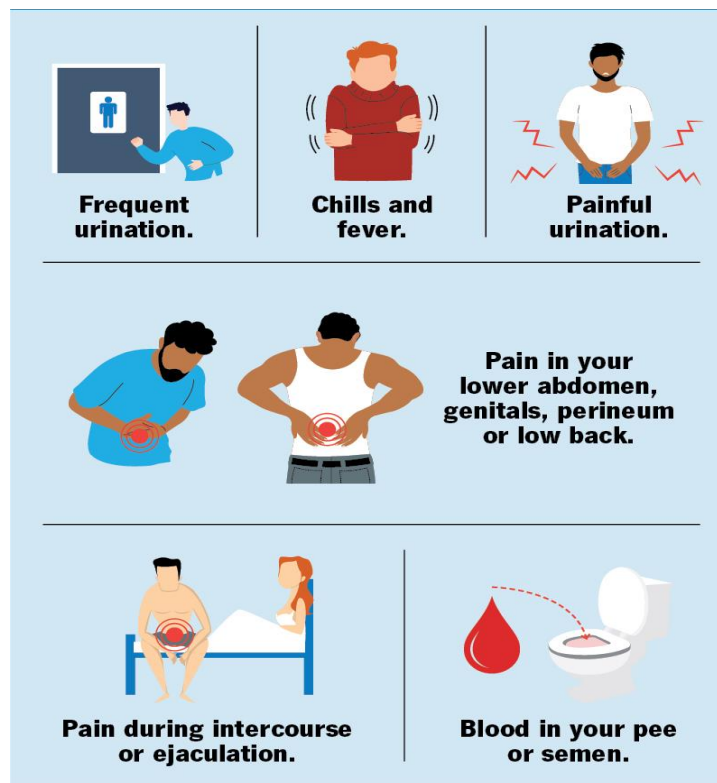


Prevent constipation by eating high-fiber foods (cooked fruits and vegetables), using olive oil, and drinking plenty of fluids (2–3 liters or 8–12 cups per day).

Light physical activity and walking are recommended, as advised by your doctor.

Drink plenty of fluids to prevent urinary issues after catheter removal.

Contact your physician if you experience symptoms of urinary tract infection: burning, frequent urination, bloody urine, fever, chills, poor appetite, or fatigue.



If discharged with a drain or wound dressing, nurses will provide instructions before leaving the hospital.

If you need to change your dressing at home, ask your nurse how to perform sterile dressing changes.

Return for suture removal on day 7–10 after surgery if non-absorbable sutures were used.

Follow your surgeon's advice regarding when you can shower.

For 6 months, avoid lifting heavy objects, crossing your legs, prolonged sitting, or long drives.

If prescribed, wear an abdominal binder for 4–6 weeks. Make sure it fits snugly—not too tight, not too loose.

Avoid sexual intercourse for 6 weeks.

Avoid fatigue and alternate activity with periods of rest.

Obtain pathology results within 10 days and present them to your doctor.

Attend your scheduled follow-up appointment.

When Should I Call My Doctor?

Notify your doctor immediately if you experience:

Swelling or redness at the surgical site

Fever over 38°C

Foul-smelling or purulent discharge

Vaginal bleeding

Abdominal pain

Changes in bowel habits

Difficulty urinating or passing stool

Redness, pain, or swelling in the legs (possible signs of blood clot)

Shortness of breath or palpitations

The surgical site should remain dry and free of discharge. Monitor the area for any redness, swelling, or oozing, and report these to your physician promptly.

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