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## BEFORE AND AFTER ROBOTIC / LAPAROSCOPIC SURGERY

### **Admission form**

Your Surgery Admission Booklet can be either completed online or filled in and handed to the hospital Admission Office.

### **Surgical Fees**

You will be given a quote of an estimated surgical fee with a breakdown of the amount that Medicare and your private health fund will rebate you, and your out-of-pocket cost. Anaesthetist fees can be obtained directly from your anaesthetist and our staff will provide you with his / her contact details. You should contact your health fund about your cover eligibility and your excess fee. Additional pathology costs may be involved.

### **Preoperative tests and preparation**

You may require preoperative blood tests and some patients may also require a preoperative chest X-ray and ECG. Bowel preparation may be required, in which case a separate information sheet on "Bowel Preparation" will be provided to you.

### **What to do with my regular medications?**

Most of your regular medications can be continued except medications that can thin your blood, which could increase the chance of bleeding during and after surgery. Some of these medications need to be stopped up to a week before surgery, including Aspirin, Warfarin, Xarelto, Eliquis and Pradaxa just to name a few. It is recommended that you speak to the doctor who prescribed the medication to determine whether it is safe for you to stop the medication prior to surgery. Occasionally, an alternative medication needs to be taken prior to surgery and switched back after surgery.

### **On the day of surgery**

You would already have been informed of your fasting time and when to present to hospital for your admission, usually a couple of hours before your scheduled surgery. When you arrive at the hospital, the hospital's clerical staff will complete all necessary paperwork and the nursing staff will admit you and perform appropriate preoperative checks. Dr Chou will see you before your surgery and go through the planned operation and answer any remaining questions you may have. Your anaesthetist will also see you before you are sedated.

### **What to expect after surgery**

After your operation, you will wake up in the Recovery Ward. You will feel drowsy from the anaesthesia, and may experience some mild pain. Nursing staff in the Recovery Ward can provide you with painkillers if necessary.

You will have an intravenous (IV) drip in your arm for fluid and medications and most likely a urinary catheter to drain your bladder. Both the IV drip and urinary catheter will be removed the morning after surgery. Nursing staff will provide you with adequate painkillers to keep you comfortable. Pain management is a crucial part of recovery and it is encouraged that you ask the nursing staff for analgesia as required. The aim is to keep a pain score of around "5/10" and under. Pain medication can be in the form of an oral tablet, suppository or by either intramuscular or intravenous injections. It is very important to remember what was given to you at the hospital to control your pain so that you can take the same medications once you are discharged. Over the next few days your pain level will gradually decrease and so should the amount of pain medication taken. Regular use of painkillers as required is encouraged, not only to reduce discomfort, but also to facilitate early mobilisation. Physical activity plays an important role in minimising postoperative complications including the formation of blood clots in your legs and chest infections. Recovery will also be faster with early resumption of physical activity.

Pain is commonly experienced around the pelvis, over the skin incision sites, around the ribcage and also over the right shoulder tip. This shoulder tip pain is due to residual carbon dioxide gas that was inflated into your abdomen during the operation. This pain will subside as your body absorbs the gas over the next 72 hours.

An oral diet can be started as soon as you desire. Following surgery, the bowels often slow down for a brief period of time due to the pain medications and the decrease in physical activity. You are encouraged to maintain a high fiber diet with adequate hydration in order to avoid constipation. The use of mild aperients may be required.

You will be wearing a compression stocking called TED stockings to minimise the risk of blood clots forming. As mentioned earlier, early mobilisation after the removal of the intravenous drip and urinary catheter is recommended in order to promote faster recovery. You can stop wearing the TED stocking after a few days when you are sufficiently mobile.

Dr Chou will see you after your surgery and the day after to check on you and explain about your surgery. He will go through postoperative care including when to book your postoperative checkup. Patients are usually discharged after 1 night in hospital but can go home earlier if they wish and if all is well.

The dressings over your small keyhole incisions are water resistant therefore you can shower with them the day after your operation. These dressings can be taken down 3-4 days after surgery and no further coverings are required. The skin

sutures are placed under the skin and are absorbable therefore after removal of these dressings, there will be no visible sutures.

### **Discharge from hospital**

By the time you are discharged, you will have recovered from your anaesthesia and your pain should be adequately managed on oral medication. You will be provided with a few days' supply of painkillers or given a script for such.

If you have any postoperative issues, please contact our office. Outside of business hours, you can contact your hospital ward for handy advice.

You will be asked to make a postoperative checkup appointment in 4-6 weeks following your surgery to discuss your operation, pathology results and any other questions you may have.

The recovery period following a robotic / laparoscopic endometriosis surgery or ovarian surgery varies for each individual however is typically around 1-2 weeks.

As your body expends a lot of energy whilst healing internal wounds, it is very common to feel lethargic and easily fatigued during this period. You will fully regain your energy and stamina over the next few weeks.

You may experience some vaginal bleeding after surgery which will settle after a few days. If you had your Fallopian tubes tested, you may have some blue tinged vaginal discharge for a few days due to the blue-coloured dye used in the procedure. Tampon use should be avoided following surgery to minimise the risk of infection. The timing of your period may or may not be affected.

Strenuous physical activities, heavy lifting, and sexual intercourse should be avoided for 2 weeks following surgery. Driving should be avoided for a week, and you also should not drive whilst under the sedative influence of stronger painkillers.

Abdominal bloating is common following laparoscopic surgery due to swelling and inflammation in the abdominal wall, and this may take up to a few weeks to resolve.

In most cases, you will be able to return to office work within 1-2 weeks. For more physical work, 3-4 weeks may be required.