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# Raymond Wayne Whitted MD, MPH

*...dedicated to healthy lifestyles and safe, state-of-the-art, innovative surgery for women of all ages  
...because quality is an experience!*

## R. Wayne Whitted MD, MPH

Diplomate, ABOG  
Certified in Advanced Laparoscopy  
Certified in Advanced Hysteroscopy  
Certified Menopause Clinician  
Certified Bone Densitometrist  
Certified Researcher  
Certified Wartime Surgery

### COMPREHENSIVE GYNECOLOGY & MINIMALLY INVASIVE SURGERY

Abnormal Pap Smears  
Advanced Colposcopy  
Abnormal Periods  
Bladder Prolapse  
Chronic Pelvic Pain  
Endometriosis  
Ectopic Pregnancy  
Family Planning  
Fibroids  
Genital Warts  
Immunizations  
Loss Of Urine  
Menopause  
• Risk Assessment  
• Support Series  
Ovarian Cysts  
Rectocele  
Surgical Gynecology  
• Hysteroscopy  
• Laparoscopy  
• Vaginal Surgery  
• Surgical Support Series  
Uterine Prolapse  
Vaginal Prolapse  
Vaginal Infections  
Vulvodynia/Vestibulitis  
Well-Woman

### AESTHETIC GYNECOLOGY

Botox  
Vaginal Rejuvenation  
Permanent Hair Removal

### OFFICE PROCEDURES

Hysteroscopy  
LEEP cone biopsy  
Cryosurgery  
Dilation and Curettage  
Ultrasound  
Urodynamics/Bladder Studies  
Heel Density Scan

### COMPREHENSIVE RESEARCH

Laparoscopy  
Hysteroscopy  
Menopause  
Women's Health

### EDUCATORS

Community Programs  
CME Programs  
Surgical Preceptor

### MEMBERSHIPS

Obstetrics and Gynecology  
Gynecologic Laparoscopy  
Bone Densitometry  
Colposcopy and abnormal paps  
Physician Executives  
Honor Medical Society  
Best Doctors

## LAPAROSCOPY

### POSTOPERATIVE INSTRUCTIONS

Depending on your operation you may be discharged from the hospital several hours after your surgery is over, or in 1 or 2 days. To be discharged you must meet the following criteria:

1. Have adequate control of your pain with oral pain medicine
2. Tolerate any type of diet (liquids, soft, etc.)
3. Able to urinate on your own (in most instances)
4. Vital signs are stable (Blood pressure, temperature, pulse, respiration)
5. Feel as if you are capable of going home.

**\*\*\*YOU WILL NOT BE DISCHARGED UNLESS YOU MEET THESE CRITERIA**

Things to expect:

1. You might bleed or spot for several days. Use only sanitary napkins, no tampons.
2. You might have pains in your shoulders, chest, and abdomen. This is caused from the gas used during the procedure and is nothing to worry about. Lying flat might decrease the discomfort. Your pain control pre prescription should be used for these pains.
3. For seven days: rest, walk, drink plenty of fluids, take only showers, and don't drive. Further activities will be discussed at your 1 week postoperative visit.
4. For constipation: Drink 8-10 glasses of water, Surfak 2x daily, Milk of Magnesia 2 caplets or 30cc every-other-day. You may take prunes each day and fiber (Citrucel)
5. You will have small band-aid-type dressings over your little incisions on your abdomen or a membrane glue called Dermabond. If Dermabond is used do not rub oil-based lotions over incision until 10 days have passed. The belly button incision should be cleaned with hydrogen peroxide by letting some drip into the belly button and then showering. It is not necessary to clean it with your finger, a face cloth, or a Q-Tip. Don't worry if water or soap run over the incision. The incision can be dried by using a hair dryer at low speed (cool setting) or by holding a reading lamp with a 40 watt bulb at a distance of about a foot for 5-10 minutes. Leave the belly button incision open to air/sun.
6. There are over-the-counter anti-scarring patches/creams available at most pharmacies. Just ask the pharmacists if you would like to use them.
7. Wear loose clothing for 2 weeks as tight clothing will irritate the belly button and may cause infection.
8. Begin increasing your activity gradually at the instructions of your doctor and/or after seven days of initial healing.
9. We generally recommend a bland diet for 7 days. Thereafter there are no restrictions.
10. Take your temperature at least twice a day for 4-5 days. If it should rise to 100.5 degrees or higher, please contact us at 305-596-3744. Someone will return your call and answer any questions.
11. Please keep your postoperative appointment. During that appointment we will review you surgery, determine long-term plans and options, often look at pictures of your particular problem, review the pathology report, and examine the operative site for healing evaluation.

**For those who have had bladder repair surgery/incontinence surgery:**

1. You may be discharged with a catheter attached to a leg bag.
2. You will be instructed on the care of this.
3. You will be brought into the office at a pre-determined time to have the catheter removed.
4. Once the catheter is removed, you must be able to urinate adequately or else the catheter may need to be replaced.
5. On the average, after bladder repair surgery, it may take 1-2 weeks for the bladder to begin functioning properly (due to swelling and edema)