

Open/Laparoscopic Adrenalectomy Post-Operative Instructions

What should I expect after my surgery?

- Your recovery will depend on why you had surgery, the type of surgery, and your previous activity level.
- Most people need about 3-12 weeks or more before feeling like they are back to normal. Recovery will be shorter for those undergoing laparoscopic adrenalectomy (several small incisions) and longer for those undergoing open adrenalectomy (one longer incision).
- If you had a laparoscopic procedure, you may experience shoulder pain after surgery. This should resolve fairly quickly, but may last for 2-3 weeks.
- It is not unusual to experience a decrease in your appetite, fatigue, or poor sleep during this timeframe.
- Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
- You may feel a firm 'healing ridge' directly under the incision. This is normal and will soften over time.
- All incisions are sensitive to sunlight. You should use sunscreen to prevent darkening of the scar.
- We recommend not going to tanning salons.

How do I take care of my incision?

- Your incision site(s) may be sensitive, so wearing loose clothing may be more comfortable. Avoid wearing tight restrictive clothing.
- If you had a laparoscopic procedure, you may remove your clear plastic dressing 2 days after surgery (if you have any). Under the plastic dressing,

you may have strips of tape (“steri-strips”); leave them in place until they begin to fall off naturally. You may trim them if they begin to peel up.

- If staples were used to close your incision, leave them in place. They will be removed in the clinic during a follow-up visit. They are usually removed 7-14 days after surgery.
- Unless instructed otherwise, after 48 hours you may gently wash over your incision with soap and water using a clean cloth. Use a clean towel to gently pat the incision dry.
- You may shower, but do not take a bath, get in a hot tub or swimming pool until your surgeon tells you it is okay to do so.
- Do **not** apply ointments or powders to your incision(s) unless specifically directed to do so by your doctor.
- Avoid smoking. It prevents proper wound healing.

Are there any diet restrictions?

- Usually not. Always eat a well-balanced diet unless directed otherwise by your physician.
- You may find your appetite is decreased at first, but it will improve as you recover. You may find eating smaller, more frequent meals is easier and will maintain your nutrition status.
- Make sure to stay well hydrated.
- Nutritional supplements such as Boost or Ensure (or others) may also be used to increase caloric and protein intake.

When can I resume normal activities?

- Walk as much as possible. Gradually increase the length of time and the distance that you walk.
- You may climb stairs.
- Do not drive until you are no longer taking narcotics and your activity level is back to normal.
- Do not lift, pull, or push anything greater than 10 pounds (about a gallon of

milk) for at least 4 weeks or as directed by your physician.

- Avoid activities that would make you tense or strain your abdominal muscles for at least 4 weeks or as directed by your physician. These activities may include lots of twisting or vacuuming.
- You may resume all other normal activities as soon as you feel up to it.

How will I manage my pain at home?

- NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve) or acetaminophen (Tylenol) are most helpful for pain experienced after surgery.
- To prevent overdosing on acetaminophen, do not take it at the same time as a narcotic medication that also contains acetaminophen, such as Vicodin or Norco. You may take them 4-6 hours apart as long as the total maximum daily dose of acetaminophen is not exceeded.
- A prescription for stronger pain medications or narcotics (such as Vicodin, Norco, or Oxycodone) will be given to you. This medication will be tapered off over several weeks as you recover. Do **not** drive a car or drink alcohol while taking these medications.
- Narcotics can cause constipation. Stool softeners (Colace), fiber (fruits, bran, vegetables), and extra fluid intake may help. A stimulant laxative (Milk of Magnesia, Senokot) may be needed as well.

What new medications might I need at home?

- If you have had both adrenal glands removed, or if your remaining adrenal gland is not expected to function properly for some time, you may be given supplemental steroids (hydrocortisone and/or fludrocortisone) to replace the hormones previously made by your adrenal gland(s). It is mandatory that you never stop taking these without your doctor's permission because the medication may be essential for life depending on the procedure performed.
- You should purchase a medic alert bracelet stating, "Adrenalectomy. Hydrocortisone may be lifesaving." You may enroll in Medic Alert by phone:

1-800-432-5378 or you can check the Medic Alert web page for ordering information: <http://www.medicalert.org>. Many options from other companies exist as well which can be found on the Web.

- Inform your health care providers of your operation, especially in case of injury or surgery.
- Have extra doses of hydrocortisone available to you for emergency use in case of Addisonian crisis (described later), especially when you travel.

Can I resume my previous medications?

- Yes, unless directed not to by your doctor. Please read your discharge summary for the latest and most up to date list of medications you should take.
- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

When should I call my doctor?

Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us for the following situations:

- If you develop a fever greater than 101.5 degrees Fahrenheit. We do not recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low grade fever in the late afternoon/early evening. This does not mean you have an infection.
- If you have difficulty breathing or note yellow sputum production when you cough.
- If your incision becomes red or begins to drain fluid.
- If you have difficulty urinating and feel like you aren't fully emptying your bladder.
- If you begin feeling worse several days after surgery rather than better.
- If you are discharged with a drain and the site becomes red, swollen, or you

have a large change in the amount of drainage (more or less).

- If you are unable to eat or drink, have ongoing nausea or vomiting, or your abdomen becomes significantly distended and you can't pass gas or have a bowel movement.
- If you experience extreme fatigue, weakness, weight loss, dizziness, muscle cramps, or faint.

Addisonian Crisis (shortage of natural steroids)

Most patients do just fine with one normally functioning adrenal gland. In situations of severe medical stress or trauma, the body may need more steroids than one adrenal gland can produce. Patients who have had both adrenal glands removed or had surgery for Cushing's syndrome or Cushing's disease are at higher risk for experiencing Addisonian crisis.

"Addisonian crisis" or "adrenal crisis" is a constellation of symptoms that indicates severe adrenal insufficiency. It is a medical emergency and a potentially life-threatening situation requiring immediate emergency treatment.

Characteristic symptoms are:

- Vomiting and diarrhea resulting in dehydration
- Low blood pressure
- Fainting
- Low blood sugar unrelated to diabetic medications
- Confusion, slurred speech
- Severe fatigue
- Low sodium level in the blood
- Low potassium level in the blood
- Elevated calcium level in the blood
- Seizures
- High fevers

If you experience these symptoms and are concerned about Addisonian crisis,

contact your doctor immediately as you may need additional steroids. If you cannot reach your doctor, proceed to the nearest emergency department. You should discuss the possibility of this occurring with your doctor ahead of time at a routine office visit so that an action plan can be put in place. Some doctors will ask you to automatically take emergency steroids in this situation before you are seen by a physician. You should ask your doctor what they would like you to do in the event this occurs.

Who should I call if I have questions?

Please try to call during the day between 7:30am and 4:30pm, but you may call at any time if there is a problem.

- **Call Center: 734-936-5738**

Contact the Call Center and ask for the Endocrine Surgery Nurse Coordinator (Monday - Friday, 8am - 4pm)

- **Hospital Paging: 734-936-6267**

On weekends, holidays, or evenings call hospital paging and ask for the General Surgery Blue team resident-on-call. You may also call the main hospital number (734) 936-4000.

When will I receive follow-up care?

- You will be scheduled for a return visit in the Endocrine Surgery clinic about 2 weeks after surgery.
- The clinic nurse coordinator will call you several days after your discharge to see how you are feeling.
- If blood tests have been requested at the time of your return visit, please remember to go to the lab before you check in for your appointment. Take your lab requisition form with you and allow 15-20 minutes to have your blood drawn.

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