



Urogynecology/Reconstructive Pelvic Surgery

Post-Operative care Instructions

Thank you for having your surgery performed at Holy Cross Hospital and the Physicians Outpatient Surgery Center. Our goal is to provide you a safe, efficient, and trouble-free experience. As such, the better you understand what to expect before, during and after your surgery, the better you will do. There are a number of issues associated with your surgery that you should be aware of. They are listed below.

Whether you have outpatient surgery, or stay overnight, you will need a ride home upon discharge.

ACTIVITIES:

You have had surgery and your body needs time to heal; expect to feel quite tired at times. Do not resume your normal daily activities at home for at least two weeks. Plan to stay home for the first week. You should increase your activity progressively each day as your energy increases. **Normal activity should be achieved in about six to eight weeks.**

In general, you should not perform any significant strenuous activities and not lift more than 5-10 pounds for full 6 weeks following surgery. However, you should be able to perform most of your routine day-to-day activities within a few days.

When you go home, you may:

- Walk as much as you comfortably can at a leisurely pace
- Climb stairs once or twice a day
- Take a shower, but no baths
- Ride in a car
- Drive when you feel comfortable and are not using prescription narcotic pain medication (i.e. Percocet, Dilaudid, Tramadol/Ultram, etc.)
- Travel out of town in 10-14 days. Air travel is permitted but plan on being seen in the office prior to any travel to make sure you are progressing normally
- Housework, exercise classes, heavy lifting, swimming, or sexual intercourse may be resumed **ONLY** after cleared by your doctor, usually after six weeks.

PAIN MANAGEMENT:

With any type of surgical procedure there will be some degree of post-operative pain. There are many benefits to keeping your pain under control, which include being able to move more easily, breathe deeper, and overall feel better. All of these things are essential to your recovery because they can prevent complications such as pneumonia, blood clots, and psychological stress. Your physician may select one or more types of oral medications to help control your pain.

Usually Ibuprofen (or other non-narcotic anti-inflammatory pain medication) is prescribed to manage your pain, along with a narcotic pain medication for pain not adequately controlled with non-narcotic meds. Narcotic meds include Vicodin, Percocet, Dilaudid and others. It is recommended that you use the non-narcotic medication around the clock as prescribed (i.e. Ibuprofen every 6 hours), and reserve the narcotic pain medication for moderate to severe pain. If you are in pain, do not hesitate to use your pain medication. Short courses of narcotic medications for post-operative pain management are not considered to increase your risk of dependency or addiction. Keep in mind that narcotic pain medication is constipating so follow the directions for bowel management as listed below.

Sometimes, we need to prescribe muscle relaxants to help relax painful spasms of the pelvic floor muscles. Let us know if you feel sharp, crampy pains in the pelvic/anal area.

Please call the office if your pain does not improve or worsens after taking your pain medication.

SURGICAL AREA CARE:

The incision (vaginal opening area included) may be gently washed with soap and water. After showering or washing gently, pat the incision dry with a clean towel. A dressing is not usually necessary, but may be desirable to protect your clothing, as there may be a fluid or bloody drainage. You may have vaginal discharge and bleeding that can last until your stitches are dissolved, about six weeks, and thus you will need some sanitary pads. **DO NOT USE VAGINAL TAMPONS.** Your bleeding should decrease after several days, but will likely persist as a mix of beige and bloody discharge for the full 6 weeks of recovery. There may also be an odor to the discharge – caused by healing of the internal vaginal skin edges. It is normal, and usually only sensed by you, and not others around you. If you have had an abdominal incision, steristrips or tissue glue may have been placed over the incision. Sometimes steristrips become loose or fall off. This is normal and you do not need to replace them if they fall off. Stitches do not need to be removed; they will dissolve in about six weeks. If abdominal skin clips were used, they will be removed before you go home or at your first post-operative office visit. Itching, bruising, a pulling sensation, and or numbness around the incision is normal. If your incision becomes hot, red, swollen, or persistently painful, please contact your doctor.

BOWEL ISSUES:

It is especially important after surgery to maintain good bowel habits, as constipation requiring strong bearing down efforts may cause a problem with your stitches. Please refer to the accompanying flier specifically directed at managing post-operative constipation. Take a stool softener as directed: Colace (twice daily) is available over the counter. If needed, you can add a laxative: either Miralax or Milk of Magnesia (over-the-counter, daily) or Enulose syrup (by prescription, twice daily). Drinking plenty of water, walking, and increasing fiber in your diet or with fiber supplements (i.e. Fibercon, Metamucil) are helpful. Call the office if these methods do not result in a bowel movement within 48 hours. Please call the office if you feel that you need to use a suppository or an enema as special care may be required.

BLADDER ISSUES:

Urinary leakage, and voiding difficulties can occur post-operatively even if you did not have a problem with bladder function prior to surgery. This is normal post-operatively due to swelling, inflammation, and muscle and nerve trauma during surgery. It will improve as healing progresses. If you underwent a sling, or other type of anti-incontinence procedure, your bladder may take a few weeks to adjust to its new position and support. During this time period, we may need to add medications, scheduled voiding, and even catheter drainage in order to best manage your bladder function.

CATHETER CARE:

Going home with a catheter after Urogynecologic surgery is not uncommon – up to 40% of women do so. It should not be a cause for concern, as it is only a short-term requirement for your comfort and to assist in maintaining bladder health, and not a surgical complication. If you go home with a Foley catheter, you will have a bag for urine collection – usually a leg bag for use during the day and a larger drainage bag for overnight use. You will need to return to the office to have catheter removed at the direction of your doctor. We usually allow your bladder 4-5 days of rest before trying to remove the catheter, if you are not able to void normally in the recovery room or hospital. Alternatively, a home health nurse may be asked to remove your catheter when appropriate. Remember to continue the antibiotic you were given until your catheter has been removed. If you run out of antibiotics and still have the catheter in place or if you feel you may have a bladder infection, please contact your doctor.

If you go home with a suprapubic catheter (tube coming out of your lower abdominal, pubic area), please refer to the specific instructions given by your doctor. Some surgery require use of a foley catheter for 2 or more weeks. Your doctor will review catheter care in those specific situations with you..

IF YOU HAVE A TEMPERATURE OF 101 OR ABOVE, PLEASE CALL YOUR DOCTOR IMMEDIATELY AT 954-229-8660.

