



Phone: 954-989-9998
fax: 954-989-9979

www.floridaurogyn.com
info@floridaurogyn.com

4340 Sheridan Street, Suite 201
Hollywood, Florida 33021

Department of Urogynecology
Post-operative Patient Instructions: Vaginal and Abdominal Procedures

ACTIVITIES:

You have had surgery and your body needs time to heal; expect to feel tired at times. 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 weeks.**

In general, you should not perform any significant strenuous activities and not lift more than five pounds for the first 6 weeks.

When you go home, you may:

- Climb stairs once or twice a day.
- Walk as much as you comfortably can at a leisurely pace.
- 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, Darvocet, etc.)
- Travel out of town in four weeks, or in 2 weeks if cleared by your doctor. Air travel is permitted but no heavy lifting.
- You may perform light household duties. Avoid heavy laundry and heavy grocery bags.
- Strenuous 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 is **commonly** post-operative pain. There are many benefits to keeping your pain under control, which include being able to move easier, breathe deeper, and cough more effectively. 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 a narcotic pain medication and ibuprofen (or other non-narcotic pain medication if allergic to or cannot tolerate ibuprofen) are prescribed to manage your pain. It is

recommended that you use the narcotic pain medication for moderate to severe pain as directed by the physician. It is recommended that you use ibuprofen between your doses of narcotic pain medication to manage pain effectively. If you have mild to moderate pain, ibuprofen alone may be enough to manage your pain. **Please take ibuprofen with food as it may cause irritation to the stomach.** If you are in pain, do not hesitate to use your narcotic pain medication. Keep in mind that narcotic pain medication is constipating so follow the directions for bowel management as listed below. **Please call the office if your pain does not improve or worsens after taking your pain medication.**

INCISION CARE:

The incision (external vaginal area included) may be 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 fluid or bloody drainage. You may have vaginal discharge and bleeding that can last until your stitches are dissolved, about six weeks. Your bleeding should decrease after several days. If you have had an abdominal incision, Steri-Strips may have been placed over the incision. Sometimes Steri-Strips 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 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, persistently painful, or has purulent drainage, please contact your doctor.**

BOWELS:

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 take your stool softener and laxative as directed: Colace (twice daily) and either Miralax (daily) or Enulose (twice daily). Drinking plenty of water, walking, and increasing fiber in your diet or with fiber supplements (i.e. Fibercon, Metamucil) are helpful. If you do not have a bowel movement in 48 hours, please increase the Miralax to twice a day, and you may try Milk of Magnesia. Call the office if these methods do not result in a bowel movement in 4 days after surgery. Please call the office if you feel that you need to use a suppository or an enema as special care may be required.

VAGINAL BLEEDING AND DISCHARGE:

Initially you may have slight vaginal bleeding, which is usually followed by a dark brown discharge. This may last up to four to six weeks after vaginal surgery. The bleeding should not be heavier than a normal period. **Please call the office if you are saturating a pad every hour.** Use sanitary pads only; tampons are not permitted. A vaginal discharge with a foul odor may occur after your surgery. This is common and will take several weeks to subside.

You may have a suture at the vaginal opening. Do not try to remove it. It will dissolve over time.

BLADDER:

It is important to remember after surgery to void/empty your bladder every 2-3 hours during the daytime and 1-2 times at night. Urinary incontinence can occur post-operatively even if you did not have a problem with leaking prior to surgery. This is

normal post-operatively due to inflammation and swelling. It will improve as healing progresses.

CATHETER CARE:

If you go home with a Foley catheter, you will have a leg bag for daytime 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. 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.

Some patients will be discharged with a suprapubic catheter, and you will need to record the volume that you urinate and then the residual urine that is drained from the catheter. You will do this every 2-3 hour during the daytime. The office nurse will then review these results with you every 48-72 hours to determine when the bladder is emptying properly, and the catheter can be removed.

FOLLOW-UP:

You will have an office visit in 2 weeks and an OFFICE appointment in 6 weeks for follow-up. If you have a catheter, the medical assistant will perform a trial for you in the office about a week after your surgery.

IF YOU HAVE A TEMPERATURE OF 101 OR ABOVE, PLEASE CALL YOUR DOCTOR IMMEDIATELY