



# THE WOMAN'S CENTER FOR ADVANCED PELVIC SURGERY

Specializing in Pelvic Floor Disorders, Urinary Incontinence & Pelvic Organ Prolapse

## Post Operative Instructions

### Activity:

- No heavy lifting or straining (> 10 lbs.) for **12 weeks** following surgery. If you had outpatient surgery and no prolapse repaired then avoid straining for at least **2 weeks**.
  - When lifting children, please sit down first. Children who weigh more than 15 lbs. should crawl into your lap rather than you picking them up.
  - Limit the following activities: vacuuming, sweeping, lifting laundry.
- You can do most other things you desire such as going on walks, going to church, going shopping, or climbing stairs; but pay attention to how you feel and do not push yourself. You will find that some days you will feel better than other days. The general trend should be that you notice gradual improvement daily. If you “over do it” one day, you may be more fatigued the next day.
- The first week that you are home you should rest adequately. Eat a healthy diet making sure to get adequate nutrition. Avoid any housework or strenuous activity that week.
- You may ride in a car, but do not drive until you feel capable and are no longer in pain. You **should not** drive if you are still taking any narcotic pain medication (Vicodin, Lortab, Percocet etc.).
- Walk three to four times a day around the house or outside. Elevate your legs whenever possible. Avoid dangling your legs and crossing them at the knee. Report any new leg tenderness, redness, heat, or swelling by calling the office.
- Observe pelvic rest. No tampons, douching, or intercourse for **6 weeks** following surgery.
- Avoid swimming or bathing until you stop spotting. Showers are acceptable.
- Light cardiovascular exercise can be resumed as tolerated.

### Bladder Management

- **Urinary retention**, or the inability to urinate, can occur post-operatively but is temporary. The day after surgery you will be asked to void after having your bladder filled with fluid and your catheter taken out. If you can void spontaneously at least half the volume, you will go home without a catheter. If you cannot void at least half the amount put in, you will go home with a catheter and instructions will be given for home care. It is unpredictable whether you will need to go home with a bladder catheter.
  - If you go home with a catheter, you will either remove the catheter on your own on the day designated by the doctor or you will return to the office on the day designated by your doctor. If you return to the office, you will have the catheter removed after a voiding trial is performed.

### Expectations

- **Constipation** is common following prolapse repair and can be exacerbated by the use of narcotic pain medication. We would like to avoid constipation and straining after surgery. You will be given a stool softener and stimulant the day after surgery. You should continue taking Colace daily for 2-3 weeks following your surgery.

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- We recommend that you take **Milk of Magnesia** the first evening home after discharge and then again the next day if you do not have a bowel movement that day.
- Continue taking Milk of Magnesia twice a day until you have a bowel movement. Stop taking stool softeners and Milk of Magnesia if your stools are loose.
- If you have not had a bowel movement within 2 days of discharge, you should also give yourself a *Fleet* enema.
- **Abdominal discomfort** or abdominal cramping is expected after surgery. Nausea may also be experienced. Bland foods and Gatorade are suggested for nausea. If you are unable to tolerate any food or liquids for 24 hours, please call the office.
- **Pain:** The most common pain experienced after surgery is deep buttocks pain and vaginal pain. You may also have some lower back pain, particularly if you had lower back pain prior to surgery. All of the pain will improve over the six weeks of recovery.
- **Vaginal bleeding:** Light vaginal bleeding and/or yellow discharge is normal for up to 6 to 8 weeks. The discharge may have a slight odor to it. Dissolvable sutures will be used to close vaginal incisions. Six to eight weeks following surgery, these sutures will dissolve and suture material (i.e. string) may be noticeable in your undergarments.
- **Medications:** Resume pre-operative medications unless otherwise instructed. **Estrogen** vaginal preparations may be used following your 6 week recovery period to strengthen the vaginal tissue, and to help prevent a future recurrence of prolapse. You will be given prescriptions at the time of your discharge unless otherwise instructed. They will include:
  - Pain medication.
    - Take Ibuprofen or Aleve around the clock for the first week to reduce swelling. In addition, if needed for better pain control, take the narcotic pain medication. You can take both medications simultaneously if needed.
    - You should use the pain medication only as long as needed. Remember that too much pain will restrict needed activity.
  - Possibly an antibiotic.

## **Follow up**

- You should already have an appointment scheduled for **6-8 weeks** after your surgery.
- **Call the office** for the following reasons:
  - Fever over 101.5° F
  - Heavy vaginal bleeding or continuous heavy drainage or redness from incision sites
  - Severe abdominal pain or inability to tolerate fluids or food for 24 hours
  - Leaking around a catheter or severe bladder pain

It is a privilege for us to participate in your care. It is very important to us that your post-operative recovery be as smooth and comfortable as possible. Please let us know if there are other ways we may be of assistance to you during your recovery.