

Female Pelvic Medicine & Reconstructive Surgery Frequently Asked Questions (FAQs)

After Surgery Instructions

HOW LONG WILL IT TAKE FOR ME TO RESUME NORMAL ACTIVITY?

If you have inpatient surgery, it will take more than one month. Outpatient surgery patients normally require less time.

WHAT LIMITATIONS WILL I HAVE AS I HEAL?

The following chart of *do's* and *don'ts* will promote maximum healing.

DO

- Ride as a passenger in a car (*first 2 weeks*)
- Go for walks
- Climb stairs (*try to limit your trips to 3 times up and 3 times down the stairs*)
- Take your pain medication when needed
- Take your stool softener and laxative regularly
- Eat frequent, small meals up to a week after surgery
- Eat foods high in protein (*meat, fish, eggs, etc.*)
- Eat foods high in fiber (*FiberOne cereal, prunes, figs, etc.*)
- Take a multi-vitamin daily
- Drink 6 to 8 cups of liquid every day (*preferably water*)
- Shower regularly

DON'T

- Drive for 2 weeks or while using pain medications
- Do strenuous activity for 6 weeks—no squatting
- Have sexual intercourse until after your 6 week post-operative check up
- Insert anything in your vagina (*i.e. douche/tampon for 6 weeks*)
- Insert anything in your rectum for 6 weeks (*unless approved by your doctor*)
- Go into a pool or hot tub for 6 weeks
- Take tub baths for 2 weeks after surgery
- Soak your incision(s) in water for a long period of time
- Peel off plastic bandages, called Steri-Stips, across your incision(s)
- Worry about becoming “addicted” to your required pain medication

IF I HAVE A CATHETER, HOW DO I CARE FOR IT?

Most patients DO NOT go home with a catheter. However, the surgery your doctor performed may cause swelling around the opening of the bladder making it difficult for you to pass urine. If this is the case, you will be given the catheter care instructions in the hospital. You will also be told when to return to the office for a catheter removal. It is not unusual for it to take a few weeks for your bladder to return to normal, so DON'T WORRY. Your bladder is a muscle that needs to wake-up from surgery.

The catheter needs to be plugged during the day. You will get the urge to urinate while the catheter is plugged. To drain your

bladder, simply unplug the catheter and empty into the toilet. As the swelling decreases, it is possible to urinate around the catheter. This is normal. During the night, you should connect the catheter to a bedside bag to prevent getting up during the night. Before you go home, a nurse will make sure you are comfortable with how to care for your catheter. You will be given an antibiotic to take while the catheter is in place. This will help to decrease the chance of infection.



LOMA LINDA
UNIVERSITY
HEALTH



WHAT IF I HAVE CONSTIPATION?

Your goal should be to have regular, daily, soft (like paste) bowel movements. If you had inpatient surgery, you will be given a stool softener (Colace or Docusate sodium) and a laxative (Lactulose or Enulose) to take on a daily basis. If you did not receive these, you can buy them over the counter at your local pharmacy. If it has been more than a day since your last bowel movement and this is not normal for you, try doing any or all of the following:

1. Drink plenty of water (8 glasses per day)
2. Go for a 10-minute walk
3. Massage your belly
4. Eat high fiber foods such as prunes, apples, raisins, figs, high fiber cereals
5. Take 1-2 teaspoons of Metamucil or Citrucel 3 times daily with a glass of water
6. Take 2-4 tablespoons of Milk of Magnesia

If you have tried all of these and still cannot have a bowel movement, you can page the "on-call" resident physician. You may be instructed to go to the emergency room. Also, if you have not had a bowel movement and have been vomiting, page the "on-call" resident doctor immediately.

HOW SHOULD I MANAGE PAIN?

You will be sent home with strong pain medications containing a small amount of narcotics (e.g. Percocet or Norco). You should also take ibuprofen (Motrin or Advil) as instructed. Take your narcotic pain medication at night before going to sleep. There is no problem with taking ibuprofen AND narcotic pain medication at the same time. Make sure to take your pain medications as soon as or before you start to feel discomfort. DON'T WAIT until your pain is intense to take your pain medication.

DO NOT WORRY; you WILL NOT become addicted to the pain medications if you take them as your doctor prescribes. The pain medications may cause nausea and constipation. Some people may need to only take ½ of a tablet. If Motrin relieves your pain, then you may not need to take narcotic medications at all. Finally, DO NOT DRIVE while taking narcotic pain medications.

HOW DO I CARE FOR MY INCISION(S)?

If you have vaginal surgery, all of the incisions are internal. Showers are preferred for the first 2 weeks after surgery. After 2 weeks you may take a sitz bath once or twice a day with warm water. The sitz bath may help with healing and can decrease pain. To make a sitz bath, mix a cup of Epsom (sea) salt in a warm bathtub. You can buy Epsom salt from your local pharmacy.

If you have had abdominal surgery (stomach incision), then showers (NOT tub baths) are preferred for the first 2 weeks after surgery. If the incision appears dirty or caked, you may clean it with hydrogen peroxide placed on a cotton swab. You may have small plastic bandages called steri-strips across the incision. There is no need to worry if these fall off. If they begin to curl at the edges, simply trim the edges with scissors. Try to keep incisions dry the first few days. You may cover them with plastic wrap when taking a shower in the first couple of days after surgery.

WHAT IF I HAVE VAGINAL DISCHARGE OR A CLOT?

It is normal to have vaginal discharge with blood tint for up to 6 weeks after surgery. The amount of discharge should gradually decrease with time.

WHAT WARNING SIGNS SHOULD I LOOK OUT FOR?

If you experience any of the following, contact the "on-call" doctor as soon as possible:

- FEVER GREATER THAN 100.4°F
- SHAKING, CHILLS
- SEVERE PAIN
- VOMITING
- REDNESS & DISCHARGE FROM INCISIONS
- VAGINAL BLEEDING HEAVIER THAN A HEAVY PERIOD
- VAGINAL DISCHARGE WITH ODOR
- INABILITY TO URINATE

If you experience problems, call (909) 558-4000 and press "0" to connect to operator. AFTER 5pm ask for the "on-call GYN resident" and BEFORE 5pm ask for the resident physician.

When should my follow-up appointment be scheduled?

Please call (909) 558-2782 during normal business hours to schedule follow appointments:

- 1 week for catheter removal
- 2 weeks for 1st post-operative check up
- 6 weeks for 2nd post-operative check up