



Specialized Diagnostic, Treatment and Rehabilitative Care for Women with Incontinence and Pelvic Disorders

READ THIS

General Urogynecologic Postoperative Care

During your pre-op visit at the office we will go over any necessary restrictions or precautions and will review what you can expect during your recovery. We recognize much of this information may be easily forgotten once you are discharged from the Surgery Center or Hospital. Also, we hope that you understand that it is impossible to list every known surgical adverse effect by name or post-operative need that you may have. We have therefore prepared this handout to assist you and your family with your recovery once you arrive home. This handout reviews your limitations during your recovery and various symptoms that you may experience prior to your first follow up appointment. We have addressed the most common questions and concerns that our patients have. Please refer to this as often as needed, and if questions arise that are not addressed, please contact the Home Health Care Agency that will be taking care of you. A copy of this handout can be obtained on our website under “Patient Info”.

Prior to Surgery

Please discontinue Aspirin and Fish Oil 5-7 days prior to surgery. If you are on medications that interfere with clotting such as Warfarin, Eliquis, Pradaxa, Xarelto, Coumadin or other anticoagulant medication, management pre and post operatively will be handled by your Internist or Cardiologist. Avoid solid foods for six (6) hours prior to surgery and fluids for at least two (2) hours before surgery, unless given the OK by Dr Gauta or during your pre-op visit. Other medications may be resumed following surgery as previously ordered. We recommend picking up your prescription medications before the surgery occurs so you will have them ready when you arrive home.

Day of the procedure

- Do not shave or mark your skin anywhere near your surgical site.
- Do not wear makeup. Do not douche.
- All jewelry, including body piercings, must be removed prior to surgery. Leave all jewelry at home.
- Wear loose and comfortable clothing.
- Remove your pessary if you can.
- Please arrive on time. Every effort is made to ensure your surgery begins at the scheduled time. However, your surgery may be delayed due to variations in length of surgery and preparation times in the operating room.

Out Patient Surgery

If your surgery involves anesthesia or sedation, you must be accompanied by a responsible adult when you leave the Surgery Center or Hospital.

You **MAY NOT** drive yourself home.

You should have an adult stay with you for 12-24 hrs following your surgery, unless your surgery is performed under local anesthetic only.

Postoperative instructions for most Urogynecologic Surgeries

The recommendations that follow are intended as a general guide to your first weeks at home. However, the most important thing to do is to use common sense in planning your activities.

If it hurts, don't do it; don't do anything to the point of exhaustion.

- Following minimally invasive procedures like laparoscopy, hysteroscopy and vaginal procedures, you should be up and moving about freely soon after surgery. Gradually increase your activities.
- You are allowed to climb stairs, but try not to become too tired.
- Avoid heavy lifting and anything that increases your abdominal pressure (like straining on the toilet). Avoid strenuous exercise or sports for 2 weeks.

- Do not drive until you can do so without discomfort and without using pain medication.
- You may shower and wash your hair. Soapy water can run over incisions. Do not soak the incisions in a tub immediately following surgery.
- You may swim in a pool or go in a hot tub at 2 weeks after surgery. Swimming in other open waters may resume once incisions are healed, usually 4-6 weeks.
- No intercourse, douching or tampons for at least 2 weeks. Longer 4 week restrictions may apply to vaginal surgeries that include incisions.
- With vaginal incisions it is *normal* to have a *bloody discharge* that may last several weeks. With vaginal packing that is soaked in saline to prevent sticking, the red water that seeps out may seem like a lot of blood. This is common. If you experience true bleeding heavier than a period or are soaking one sanitary pad an hour, call the office. You may also have a *buttocks pain* that is temporary and expected. Take pain medicines as directed.
- With laparoscopy, expect to have some shoulder, chest or neck pain for a couple of days after surgery. This occurs because some gas used to inflate your belly remains inside after the surgery and irritates your diaphragm and it's nerve. It's temporary, and improves more quickly with regular activity.
- You may eat and drink as tolerated. If nauseated, go easy at first with clear liquids, soup or broth and crackers before progressing to a regular diet.
- We give you prescription pain medications to use as needed. You do not have to take them if you would prefer not to. Advil or Aleve are additional meds that won't make you drowsy.

- Increase your fiber and fluids if you get constipated. Starting a stool softener such as Colace or Surfak following surgery and continuing this for the first week is helpful. Prune juice, Miralax and Citrucel are also helpful beginning the day of surgery. If no bowel movement has occurred by day 5 you may use Milk of Magnesia or a Dulcolax suppository.

Returning to work

You may return to work when you feel you are ready. Most of our procedures are performed in a minimally-invasive way, allowing you to return to work more quickly than with traditional surgeries. Nonetheless, use your common sense at work: sit if you're tired or dizzy, if something hurts to do then temporarily avoid it, make sure your boss knows that you might have some limitations based on pain, etc.

Precautions

- Contact the office if you experience fever of 100.4°F or higher over a >6 hour period, chills, vomiting, pain unrelieved by pain medication, vaginal bleeding heavier than a period or foul smelling incisional or vaginal drainage (mild foul odor from the vagina is expected due to stitches and blood).

- Contact the office if you experience chest pain, shortness of breath, pain in the calves or legs, or redness, drainage or separation of the incision.
- Contact the office if you experience abdominal bloating accompanied by nausea, vomiting, or inability to pass gas or stool.
- Contact the office if you experience urinary frequency, urgency or burning that does not respond to cranberry juice and nonprescription medicine such as AZO.

Follow up

Your post op appointment will be made at the conclusion of your pre-op visit here in our office, usually 2 weeks following surgery.

Keep in mind that each individual recovers differently from surgery. If other concerns should arise, please contact our office at 449-7979 Monday-Thursday 9:00-5:00, Friday 9:00-1:00. The Athena Patient Portal is also a convenient and secure way to have your questions and concerns addressed. Please ask our front office staff to give you an access number to the Portal. If you believe you are having an emergency, then go to the emergency room right away. Our after-hours answering service is used only for emergencies like hospital calls.