



Urogynecology of San Antonio

POST-SURGICAL INSTRUCTIONS

You have just undergone minimally invasive surgery and now it is your turn to play an important role in the long-term success of your surgical treatment. Surgery and the recovery period can be a difficult time. It is normal to have many questions and concerns. The following guidelines are presented with the goal of helping you recover from surgery and giving you long-lasting satisfaction from your operation.

1.) **General suggestions:**

a.) When you first come home not every day will be a good day. It is not uncommon after surgery to feel like you are taking two steps forward and one step back. Fatigue and low energy level may persist for many weeks after surgery. Some people experience depression or post-surgery blues. Usually this goes away by itself but if it does not, please call our office and let us know.

b.) Because of your surgery, you may have some spotting and discharge from the vagina for as long as 6 weeks. Bleeding usually lessens over time, but if the bleeding increases, please call the office. Vaginal discharge is usually yellowish-white and watery, representing stitches that are dissolving. This usually goes away by six weeks after surgery. You can use sanitary pads but please do not use tampons.

c.) If you have any problem with your wound, excessive pain, or a fever, please call.

2.) **Activity Restrictions**

It may take up to 6 months to achieve 90% wound strength. Full wound strength may not be achieved until 2 years after surgery! Based on this, we recommend that you limit your activities for a full 6 weeks after surgery. What exactly does this mean? Anything that increases the pressure inside of your abdominal cavity will place stress and strain on the stitches and repair work in your pelvis and vagina. If enough stress is placed, the stitches and repair can break or be torn down. We recommend that you avoid any activity which will unduly increase your intra-abdominal pressure. Specific guidelines are given below.

a) Exercise

Avoid all exercise other than walking for 6 weeks. Walking is encouraged. It gives you good cardiovascular benefits and helps your body heal! You can walk on level ground as much as you want to. Stairmasters or similar devices are fine if you do not use them in the inclined position.

b) Lifting

Do not lift anything heavier than approximately 10 pounds for 6 weeks. A full gallon of milk weighs 8 pounds and can serve as an easy frame of reference. This is a significant limitation since it includes such things as groceries, small children and pets.

c) Sexual Intercourse.

It is important that you refrain from intercourse during the 6-8-week period of initial healing. This activity can disrupt the sutures in the vagina as well as significantly increase intra-abdominal pressure. Please do not put anything in your vagina for the first 6-8 weeks after surgery unless instructed to do so by your provider.

d) Stairs

Stair climbing is acceptable, just take the stairs nice and easy.

e) Driving

Driving is usually permissible 1-2 weeks after surgery. It is important to remember that pain from your surgical incisions may cause you to lose your concentration on the road or to have a slower-than-normal response rate when faced with a situation in which you must react quickly. In addition, stepping on the brake quickly may cause your intra-abdominal pressure to rise. Please don't drive if you are taking narcotics for pain control.

f) Bathing

Showering is the preferred method of bathing during the first 4 weeks after surgery. Please avoid tub baths, as well as hot tubs & pools.

g) Bathroom Habits

It is important to avoid straining and pushing, whether urinating or having a bowel movement! Therefore, it is very important to avoid constipation. If a high-fiber diet alone is not enough to accomplish this. **Please start the following the day after you arrive home from your surgery for at least 1-2 weeks after surgery.** If you experience diarrhea you may adjust the medication until you form soft stool.

- 1) Colace 1 tablet 2 x a day
- 2) Miralax 1 cap full once a day

3.) Medications

A prescription will be called in prior to your surgery. We recommend scheduling ibuprofen and Tylenol

for the first week after surgery regardless of if you have pain or not (SEE EXAMPLE). Do NOT take ibuprofen if you have kidney disease or a history of stomach ulcers.

Medications That will be called into your pharmacy:

Tylenol 1000mg (also available over the counter Extra Strength 500mg take 2 tablets)
Ibuprofen 800mg
Gabapentin 300mg (to be taken every 8 hours AS NEEDED)
Oxycodone 5mg (to be taken every 6 hours AS NEEDED for pain)

EXAMPLE:

Tylenol (taken every 8 hours) Taken at 8am
Ibuprofen (taken every 8 hours) Taken at 1200pm
Tylenol/Gabapentin taken at 4pm
Ibuprofen taken at 8pm

In addition, you will also be sent a prescription for gabapentin and Oxycodone. You may take either one of these medications as needed for pain if the above regimen does not control your pain. Both medications can have side effects of dizziness, drowsiness and constipation.

4.) We generally will have you stay 1 night in the hospital after your surgery. You will be seen by a “hospitalist” the day after your surgery for discharge

5.) After Hours

If you need to be seen for a medical emergency, **to include shortness of breath, chest pain, fever, uncontrollable nausea and vomiting** after hours or on the weekend, please go to the emergency room at Methodist Stone Oak Hospital. The ER physician will reach out to us if needed.

6.) Catheter

If you go home with a catheter, you will be asked to come back to the clinic approximately 3-5 days after surgery to take the catheter out and have a voiding trial. A minority of women continue having difficulty emptying their bladder. The options then are to replace the catheter and have you come back in one week or teach you or a family member how to do intermittent self-catheterization.

7.) Abdominal Binder/Compression Stockings

You will go home with an abdominal binder and compression stockings on. We suggest that you continue to wear the abdominal binder around the clock for the first WEEK after surgery. You may remove the binder to shower. After the first week you may take the binder off and only wear it as needed.

The compression stockings may be taken off 1-2 days after you get home from the hospital.

Urogynecology Surgery Post surgical care Facts/Q&A

Please read below about expectations and a few recommendations that will answer frequently asked questions from surgery. We hope this will help you understand and manage common experiences that women report after reconstructive pelvic surgery. Not all symptoms can be predicted, nor does each woman have the exact same experience.

Urogynecology surgery post op FAQ

How long will I stay in the hospital for surgery recovery?

Your surgeon will determine whether you will be admitted overnight. These factors include

1. The type of surgery you have.
2. The duration of your surgery or time of day surgery occurs
3. How well you recover post-operatively.

Most of our patients spend 1 night in the hospital. You will have a “hospitalist” that will care for you during your stay.

What are my limitations after surgery?

We recommend that you do not drive for 1-2 weeks after surgery. You may drive 7 days after surgery if you are not taking any narcotic medications and can make an unintended stop with your foot.

Routine activities such as walking every few hours once you have arrived home is encouraged. To allow adequate wound healing, you should avoid lifting objects in excess of 10 pounds (remember a gallon of milk is 8 pounds!), strenuous physical activities such as gym workouts, running and jumping, and mopping and vacuuming. You can resume normal activities without restrictions 8-10 weeks from date of surgery.

How do I care for my incisions?

Absorbable sutures are used for your incisions, which means they will dissolve over time and no additional care is required. Depending on your surgery, you may have incisions on your

abdomen, over your pubic bone or in your vagina. Internal vaginal sutures can remain in place for up to 6-8 weeks after surgery.

For small incisions, a special surgical glue may be used or steri-strips to cover incisions and will be removed at your first post op appointment. To ensure proper healing, we recommend that you:

- Shower (NO BATHS) for 4 weeks after surgery.
- Let water run over incision to wash and avoid rubbing the incision.
- Pat the incision site dry with a clean towel.
- Avoid placing anything in your vagina (until you are seen by your provider and cleared at your 8-week follow-up visit).

When can I resume sexual intercourse?

No intercourse for eight to ten weeks from date of surgery to ensure proper wound healing.

When should I resume my vaginal estrogen?

Do not put anything in your vagina for at least two weeks after your surgery. All patients should be seen by their physician before they restart their vaginal estrogen.

How soon will I be seen after the surgery?

Depending on your type of surgery you will have a follow up anywhere between 2-4 weeks after your procedure. At this follow up appointment the practitioner will go over your operative report and/or pathology report, as well as answer any questions you may have about your procedure. You may see our Nurse Practitioner or our Physician Assistant for your post op appointment depending on your Doctor's schedule. Both our NP and PA work very closely with our physicians in order for you to have comprehensive care no matter who you see in our office.

When can I discontinue use of compression stockings after surgery?.

You may discontinue use of compression stockings three days after surgery if you are able to walk/move around your home every few hours.

How long do I wear the abdominal binder that is provided by the hospital?

The abdominal binder is provided to help support your abdomen during healing post surgery. We ask that you wear your binder around the clock for the first week after surgery, however if you experience irritation with binder you can remove it. After this point you may wear binder for as much or as long as you need to and discontinue at any time.

What constitutes a “fever” after surgery?

An elevated temperature after surgery is considered 101 degrees Fahrenheit that Motrin and Tylenol do not reduce.

I’ve had a hysterectomy and would like to know when I can schedule for my annual well women/pap exam.

You can schedule for your annual/pap one year from date of surgery if your surgery.

When can I start pelvic floor therapy?

You may begin or resume Pelvic Floor Therapy three months from date of your surgery.

Common symptoms/concerns after surgery

Vaginal bleeding

The sutures used for surgery are absorbable, which means that over time they will disappear and are replaced by scar tissue. As this occurs, light vaginal bleeding and spotting are normal and expected. You may have spotting/bleeding up to 90 days from your date of surgery. Please notify clinic if you are experiencing excessive vaginal bleeding that is bleeding through a pad an hour for three consecutive hours.

Constipation

Constipation is also a common symptom. You can experience post op constipation, even if it wasn't a problem before your surgery. Constipation can also be worsened by use of the narcotic medications that are routinely prescribed to help alleviate your pain. Taking stool softeners as instructed in your pre admission testing packet can help prevent this. However if you continue to struggle with constipation please see below measure to address this.

- Use your narcotic pain medications sparingly and only with moderate to severe pain.

- If you have not had a bowel movement by day 4 after surgery, we recommend taking dose of Milk of Magnesia as directed on the bottle.
- If you feel like you cannot evacuate your rectum or stool is still stuck in your rectum, use Fleets enema suppository.

Pain

After surgery, you may experience mild to moderate pain that typically comes and goes. You will be prescribed pain medication which was reviewed at your pre admission testing appointment for surgery. This medication should relieve your pain so that you are comfortable.

You may have increased right sided abdominal/incisional pain after surgery and this is due to removal and placement of instruments at the port site.

Urinary leakage after surgery

Urinary leakage is common after surgery even if you did not leak prior to your surgery. Many factors can contribute to this and should improve with time during post surgical healing. We will re assess your symptoms after 90 days after your surgery. Concerns/questions and treatment options regarding this can be discussed at your post op visit.

What if I have urinary frequency or burning with urination?

Sometimes after surgery you can develop a urinary tract infection. If you believe that you have a UTI, during regular business hours please call the clinic so we can arrange for you to come in to provide a urine sample. If these symptoms develop over the weekend, please go to your local urgent care clinic to be evaluated.

Swelling after surgery

You may have abdominal bloating/swelling “swelly belly” 1-2 weeks after surgery, however this swelling can last up to four weeks from date of surgery. Vaginal swelling also be a common symptom, especially if you have sutures vaginally, and should improve over the first 1-4 weeks post surgery

How do I get care after hours or on weekends?

If it is within the first 48 hours after your surgery, please call back to the facility that you had your surgery with.

If you had your procedure done at Methodist Ambulatory Surgical Center please go to Methodist Stone Oak Hospital for treatment.

If you have concerns after hours or on the weekends and you feel you need immediate medical attention, please proceed to Methodist Stone Oak Hospital Emergency room.

Address: 1139 East Sonterra Blvd

San Antonio, Texas 78258

If after hours or on a weekend and you do not feel you need immediate medical attention, please call the office and leave a message for the staff. Your call will be returned the next business day.