

BRIGHAM UROGYNECOLOGY GROUP
Suburethral Sling Post-Operative Instructions

The following guidelines are created with the goal of helping you recover from surgery and to provide long lasting satisfaction from your operation.

What is Normal?

- Vaginal spotting (light bleeding) and discharge are normal after your surgery and may persist for up to 6 weeks. These symptoms are due to dissolving stitches and the healing of your incisions. We recommend wearing a pad after surgery; please do NOT use tampons.
- Occasional incontinence may still occur after this procedure. The sling is intended to correct ONLY stress incontinence (urine loss with laughing, coughing, sneezing, exercise, and physical activity). Urgency incontinence (urine loss with a sudden urge to urinate) may or may not improve after a sling procedure. If urgency incontinence persists after surgery, medication, pelvic floor physical therapy, medications, or additional procedures may be recommended.

When Should I Call?

- Fever greater than 100.4°F
- Chills or malaise
- Bleeding which soaks through a pad in ~1 hour
- Heavy vaginal discharge
- Pain not controlled by your pain medication
- Severe nausea or vomiting
- Severe constipation or diarrhea
- Pain with urination
- Inability to empty your bladder
- Any symptom that worries you

How Do I Reach My Clinicians?

- During the work day (8am-4:30pm) please call our office at (617) 732-4838 and press #2 for the clinical team. Leave a voicemail, and a Physician Assistant (PA) will call you back within 24 hours.
- If you need urgent help, please press #1, and ask the practice assistant to reach out to one of the PAs urgently.

- If you need urgent help after business hours, call the main number for Brigham and Women's Hospital, (617) 732-5500. Press #0 to reach the Brigham page operator and ask them to page the on-call urogynecology provider. A clinician is always available 24 hours a day, seven days a week.
- For life-threatening emergencies, call 911 or go to the nearest emergency department.

Even if your surgery was at South Shore Hospital, Newton Wellesley Hospital or Faulkner Hospital, you should ALWAYS call the Brigham number listed above.

What Can I Do?

- **Driving:** It is ok to drive 24-48 hours after having surgery. Please do NOT drive if you are taking narcotic pain medication.
- **Work:** You may return to work (if your job does not involve repetitive lifting or straining) as soon as you feel ready, usually within 2 weeks. Please discuss your personal work needs with your clinician.
- **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.
- **Shower** as soon as you are comfortable enough to do so. Do not scrub any external incisions or pick at any surgical glue. Washing the labia with warm water and mild soap is fine, but nothing should go into the vagina.

What Should I Avoid (What Are My Restrictions)?

You have incisions which need to heal. We recommend that you limit your activities for a full 6 weeks after your operation, unless otherwise directed by your provider.

- **Exercise:** Avoid all exercise other than walking.
- **Lifting:** Do not lift anything heavier than approximately 20 pounds. 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, full laundry baskets, and heavy pots, pans, and casserole dishes.
- **Sexual activity:** It is important that you refrain from any vaginal penetration during the initial 6-8 week period of healing. This activity can disrupt the sutures in the vagina, as well as significantly increase intra-abdominal pressure.
- **Tub baths or swimming:** Showering is the preferred method of bathing during the first 6 weeks after surgery. You should also avoid hot tubs and pools.

Other Information:

- **Bathroom Habits:** It is important to avoid straining. To prevent constipation, you will be given a prescription for a stool softener called Colace (Docusate Sodium). It is important to take this twice daily until your bowels return to normal. If you still develop constipation, we may have you take MiraLax, Senna, and/or Milk of Magnesia. Please call our office for guidance with these medications.

- **Medications**
 - As noted above, you are encouraged to use a mild stool softener to avoid constipation.
 - Most patients find that they need nothing stronger than Tylenol (Acetaminophen, 650-1000mg) or Advil (Ibuprofen, 600mg) after the first or second postoperative week. You may take these medications together every six hours.
 - You will also be given a prescription for a narcotic pain medication. This is to take in addition to the scheduled Tylenol/Ibuprofen only when your pain is not well-controlled.
 - You should resume all of your regular medications unless specifically instructed not to.

- **Post-operative appointments:** In general, you will have at least 2 post-operative appointments to ensure that you are healing well. These will often be 4 and 12 weeks after your surgery, but we may ask to see you at different time intervals depending on your specific recovery.

- **Catheter Use:** Approximately 30-40% of all our surgical patients are discharged with a catheter. The nursing staff at the hospital will teach you about the catheter and give you all necessary supplies before you go home.
 - If you go home with a catheter, you will be asked to come back to the clinic approximately one week after surgery to take the catheter out and have a voiding trial.
 - When you have the catheter in place, the tube can be attached to a leg bag so that you can move around with ease.
 - Make sure you empty the bag every time it fills up and before you go to bed at night.

We hope that you now understand that obtaining a successful, long-lasting surgery is a joint effort between the urogynecologist and the patient. After the surgery is complete, the work of the patient begins. We look forward to helping you recover well, so you may enjoy the results of excellent urogynecologic and pelvic reconstructive surgery!