



BRIGHAM UROGYNECOLOGY GROUP
POST-SURGICAL INSTRUCTIONS

You have just undergone major pelvic 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 the extensive vaginal 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, you need to call right away. 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. If you are concerned about the discharge, please call.

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

d.) Please be sure to ask any questions about issues of concern. It is often helpful to write these down. We consider it part of our responsibility to make sure all your questions are answered satisfactorily. Remember, there is NO such thing as a stupid question!

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. 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 as long as you do not use them in the inclined position.

b) 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.

c) Housework

Most forms of housework are discouraged during your recovery period. Pushing vacuum cleaners, scrubbing sinks, washing floors, bending to get clothes in and out of the washer/dryer, lifting pots, pans and casserole dishes are all capable of increasing intra-abdominal pressure significantly, so please try to let someone else perform these duties.

d) Sexual Intercourse.

It is important that you refrain from intercourse during the 6-12 week period of initial healing. This activity can disrupt the sutures in the vagina as well as significantly increase intra-abdominal pressure.

e) Bending at the waist

Bending at the waist will increase your intra-abdominal pressure. It is important that you try to avoid bending directly over to pick something up off the floor. If you need to reach something on the floor, either sit down and scoop it up or slowly bend down on your knees to pick it up, keeping your back straight. This restriction is not only good for the surgical repair, it is also good medicine for your lower back!

f) Stairs

Stair climbing is acceptable but please don't run! Just take the stairs nice and easy.

g) 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.

h) Bathing

Showering is the preferred method of bathing during the first 6 weeks after surgery. Please avoid tub baths, as well as hot tubs & pools. Washing the labia is fine but no water (or anything else, for that matter) should go in the vagina during the healing process.

i) 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, you will need to use a stool softener like Colace

(docusate sodium) 2-4 times a day to keep your bowel movements soft. If Colace isn't enough, use some Milk of Magnesia, Miralax, Senna or Magnesium Citrate. Even an enema is a whole lot better than becoming completely bound up.

3.) Medications

- a) As noted above, you are encouraged to use a mild stool softener to avoid constipation.
- b) You will also be given a prescription for pain medicine. Most patients find that they need nothing stronger than Tylenol (Acetaminophen) or Advil (Ibuprofen) after the first or second postoperative week.
- c) You should resume all of your regular medications unless specifically instructed not to.
- d) Please ask if you have any questions about your medications.

4.) Post-operative appointments

In general, we would like to see you in the office about four and twelve weeks after the date of your surgery, and more often if necessary. Each of these appointments gives us specific information as to how well you are doing after surgery and what the surgery actually accomplished.

5.) In case you need to reach us

During the work day please call our office at (617) 732-4838 and press #2 for the nurses' line. If you have an urgent problem you may press #1 and ask the secretary to contact a physician or nurse. If you call during a time when the office is closed please press #0 to reach the Brigham page operator and ask them to page the urogynecology provider on call. There is always a provider available 24 hours a day, seven days a week.

6.) Catheter

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. 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. 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 it is clear to you that successful, long-lasting surgery is a joint effort by both the urogynecologist and the patient. After the surgery is complete, the work of the patient begins. We look forward to helping you have a good recovery and enjoying the results of excellent urogynecologic and reconstructive pelvic surgery!