

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. 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. It is normal to have many questions and concerns. The following guidelines are created with the goal of helping you recover from surgery to provide long-lasting satisfaction from your operation.

What is Normal?

- Fatigue and low energy levels may persist for many weeks. Some people experience depression, or “post-surgical blues,” which usually resolves with time. Call our office if your mood does not start to improve after 4 weeks.
- Vaginal spotting (light bleeding) and discharge are normal after surgery and may persist for up to 6 weeks. These symptoms are due to dissolving stitches and healing of your incisions. We recommend wearing a pad after surgery; do NOT use tampons.

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, vomiting, severe diarrhea, or constipation
- 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 will call you back within 24 hours.
 - If you need urgent help, press #1, and ask the practice assistant to reach out to a Physician Assistant 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 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?

- **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.
- **Climbing stairs** is OK if you feel steady on your feet. Walk slowly and hold onto a hand railing. We recommend having someone assist you as needed.
- **Driving** is allowed 1-2 weeks after surgery. Remember that the pain from your surgical incisions may impair your concentration and/or reaction time while driving. DO NOT drive if you are taking narcotic pain medication.

What Should I Avoid (What Are My Restrictions)?

It may take up to 6 months to achieve 90% tissue strength. Full tissue 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 your operation. Anything that increases the pressure inside of your abdomen will cause strain on the repair work in your pelvis and vagina. This can result in a poor surgical outcome. We recommend that you avoid any activity which will increase your intra-abdominal pressure. Specific guidelines are given below:

- **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.
- **Housework:** Most forms of housework are discouraged during your recovery period. Pushing a vacuum cleaner, washing floors, bending for laundry, and lifting pots, pans, and casserole dishes are all capable of increasing intra-abdominal pressure significantly. We advise someone else perform these duties while you recover.

- **Sexual activity:** It is important that you refrain from any vaginal penetration during the initial 6-12 week period of healing. This activity can disrupt the sutures in the vagina, as well as significantly increase intra-abdominal pressure.
- **Bending at the waist:** To reach something on the floor, either sit on a chair first, or slowly squat down to rest on your knees. Your back should be straight the entire time.
- **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 with both emptying your bladder and your bowels. 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 bowel function returns 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**
 - You are encouraged to use a mild stool softener to avoid constipation.
 - Most patients find they need nothing stronger than Tylenol (Acetaminophen, 650-1000mg) or Advil (Ibuprofen, 600mg) 1-2 weeks postoperatively. 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 if your pain is not controlled. Most patients need this type of stronger medication for 1-2 days after surgery.
 - Resume all your regular medications unless specifically instructed not to.
- **Post-operative appointments:** In general, you will have at least 2 post-operative visits to ensure you are healing well. These will often be 4 and 12 weeks after surgery, but we may ask to see you at other times based 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 within 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 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!