

Loma Linda University Medical Center – Female Pelvic Medicine & Reconstructive Surgery

Sam Siddighi, MD, MS Jeffrey Hardesty, MD

After Surgery Instructions

- After surgery you will go to the recovery room, then a hospital room, or home if outpatient surgery. When you wake up from surgery, you will have an IV for pain medications, a bladder catheter in place, and a vaginal packing to help with bleeding. You will be in the recovery room until you are stable and the anesthesia has worn off.
- If your surgery is inpatient, plan on staying in the hospital 1-2 nights.
- When you go home from the hospital, you will need someone to drive you home.
- Plan on having someone around with you when you get home from the hospital. Unfortunately, we cannot allow patients to stay in the hospital longer simply because they don't have someone around; if you are medically ready to go home, we will have to discharge you, so please plan ahead.
- If you have had major inpatient surgery, it will take more than a month before you are ready to resume your normal schedule. Minor operations require less recovery time.
- Below is a list of activities which you are and are not allowed to do after surgery. We call these the "DOs and DON'Ts"

DOs	DON'Ts
Ride as passenger in a car (for the first 2 weeks after surgery)	Drive car for 2 weeks or drive while taking pain medications
Go for walks	Do strenuous physical activity for 6 weeks
Carry small, light-weight objects when needed	Lift anything greater than 10 pounds (size of gallon of milk)
Climb stairs (but try to limit your trips up and down to 3 times)	Have sexual intercourse until your 6 week post-operative check-up
Take your pain medication whenever you have pain	Insert anything in your vagina, such as douche/tampon, for 6 weeks
Take your stool softener and laxative regularly	Insert anything in your rectum for 6 weeks (your doctor okays it)
Eat frequent, small meals up to a week after surgery	Go into a pool or hot tub for 6 weeks
Eat foods high in protein (meat, fish, eggs)	Use rectal suppository or enemas (unless your doctor okays it)
Eat foods high in fiber (FiberOne Cereal, prunes, figs, etc.)	Take tub baths for 2 weeks after surgery
Take a multivitamin daily	Soak your incision(s) in water for long periods of time
Drink 6-8 cups of liquid every day (preferably water)	Peel-off the plastic bandages called Steri-strips across incisions
Shower regularly	Worry about becoming "addicted" to your necessary pain medication

- **BLADDER CATHETER** → It is normal to go home from the hospital with a catheter in your bladder. The surgery your doctor performed usually causes swelling around the opening of the bladder making it difficult for you to pass urine. If this is the case, you will be given instructions in the hospital on the care of the catheter, and will be told when to come back to the office for catheter removal. It is not unusual for it to take a few weeks for your bladder to return to normal, so DON'T WORRY. Your bladder is a muscle that needs to wake-up from the surgery. The catheter needs to be plugged during the day. You will get the urge to urinate while the catheter is plugged. To drain your bladder, simply unplug the catheter and empty it into the toilet. As the swelling decreases, it is possible to urinate around the catheter, this is normal. During the night, you should connect the catheter to a bedside bag to prevent getting up during the night. The nurse in the hospital will make sure you are comfortable with this before you go home. You will be given an antibiotic to take while the catheter is in place. This will help decrease the chance of an infection.
- **CONSTIPATION** → Your goal should be to have regular, daily, soft (like paste) bowel movements. If you had major inpatient surgery, you will be given a stool softener (Colace or Docusate sodium) and a laxative (Lactulose or Enulose) to take on a daily basis. If you did not receive these, you can buy them over the counter at your local drug store. If it has been more than a day since your last bowel movement and this is not normal for you, try doing any or all of the following: 1) drink plenty of water (8 glasses per day), 2) go for a 10 minute walk, 3) massage your belly, 4) try having bowel movements in the morning especially after breakfast, 5) eat high fiber foods such as prunes, apples, raisins, figs, high-fiber cereals, 5) take 1-2 teaspoons of Metamucil or Citrucel three times daily with a glass of water, 6) Take 2-4 tablespoons of Milk of Magnesia. If you have tried all of these and still cannot have a bowel movement, then you can page the "on-call" resident doctor. You may be instructed to go to the emergency room. Also, if you have not had a bowel movement and have been vomiting, page the "on-call" resident doctor immediately.
- **PAIN MEDICATION** → You will be sent home with strong pain medications containing small amounts of narcotics (eg. Percocet or Vicodin). You should also take ibuprofen (Motrin or Advil) or acetaminophen as instructed. Take your strong narcotic pain medication at night before going to sleep. There is no problem with taking ibuprofen AND narcotic pain medication at the same time. Make sure to take your pain medications as soon as or before you start to feel discomfort. DON'T WAIT until your pain is intense to take your pain medication. DO NOT WORRY, you WILL NOT become addicted to the pain medications if you take them as your doctor has prescribed. The narcotic pain medications may cause nausea and constipation. As your surgery heals, you may find that you feel better when you don't take these medications. Some people may need to take just ½ of a tablet. If Motrin relieves your pain, then you may not need to take narcotic medications at all. Finally, DO NOT DRIVE while taking narcotic pain medications.
- **INCISION** → If you have had vaginal surgery then all of the incisions are internal. Showers are preferred for the first 2 weeks after surgery. After that, you may do SITZ BATHS once or twice a day with warm water if you need. To make SITZ, mix a tablespoon of Epsom (Sea) Salt in a warm bathtub; you can buy this from your local pet store or aquarium. The SITZ may help with healing and can decrease pain. If you have had abdominal surgery (stomach incision), then showers (NOT tub baths) are preferred for the first 2 weeks after surgery. If the incision appears dirty or caked, you may clean it with hydrogen peroxide on a cotton swab. You may have small plastic bandages called Steri-strips across the incision. There is no need to worry if these fall off. If they begin to curl at the edges, simply trim the edges with a scissors. Try to keep incisions dry the first few days. You may cover them with plastic wrap when taking a shower in first couple of days after surgery.
- **VAGINAL DISCHARGE or CLOT** → It is normal to have vaginal discharge with blood tinge for up to 6 weeks after surgery. The amount of discharge should gradually decrease with time.
- **WARNING SIGNS & MAJOR PROBLEMS** → If you experience any of the following, contact the "on-call" doctor as soon as possible: **FEVER GREATER THAN 100.4 °F, SHAKING CHILLS, SEVERE PAIN, VOMITTING, REDNESS & DISCHARGE FROM INCISIONS, VAGINAL BLEEDING HEAVIER THAN A HEAVY PERIOD, VAGINAL DISCHARGE WITH ODOR, INABILITY TO URINATE.** To contact the on-call doctor you must call us. Before 5 pm call 909-558-2806. After 5 pm call 909-558-4000 and press "0" to connect to operator.
- **FOLLOW-UP APPOINTMENTS** → Upon leaving the hospital, you should call 909-558-2782 during normal business hours to schedule follow-up appointments: 1 week for catheter removal, 2 weeks for 1st post-operative check-up, 6 weeks for 2nd post-operative check.