

Advanced Urogynecologic Care

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Discharge Instructions after Your Prolapse Repair Surgery (12 weeks)

After pelvic reconstructive surgery, you can play a pivotal role in the success of your surgery. It is truly a joint effort, and we need your help in seeing that you recuperate and heal well. The healing of your surgical area does not occur immediately. It takes approximately 12 weeks for tissues that have been operated on to reach 80% of their eventual strength, and up to 6 months to reach 90%. Full wound strength will not be achieved for up to two years. Based on this, we recommend that our patients restrict their activity for 12 weeks after surgery.

The focus should be on avoiding pressure within your abdominal cavity - which may disrupt your healing process and weaken your repair. Although common sense and 'listening to your body' will be the most important factors during these upcoming weeks, the following guidelines should be kept in mind:

- You may resume a normal diet, but please avoid foods that make you feel bloated and uncomfortable. Drink plenty of fluids - one of the most important ingredients for improving your energy and overall health.
- You should resume all of your usual medications, unless instructed otherwise by your primary care doctor or your surgeon.
- Refrain from lifting anything heavier than 25 lbs. For instance: it's OK to carry light grocery bags and laundry baskets but not overfilled ones.
- **You may walk as much as you'd like.** Power walking is good. Walking is good for your overall conditioning, surgical healing, and function of your bladder and bowels. Walking also helps prevent surgical complications such as blood clots and pneumonia.
- Please avoid heavy exercise such as aerobics and jumping. You may do yoga or Pilate's exercises that avoid bearing down. Please do planks instead of sit ups for abdominal wall tone. In particular, avoid activities or exercises that stretch or strain the groin, lower abdomen and pelvic area, or those that involve deep bending, lunging or squatting. This includes sit-ups, fast elliptical machines, tennis, and golf. Use common sense! If any specific activity hurts, pulls, or feels like it's straining the pelvic or abdominal area, then it's best to avoid or modify that activity.
- You may climb stairs.
- You may shower.
- **Place nothing in vagina (No douching, tampons, intercourse, etc) for 12 weeks or until your doctor has confirmed that it is OK to do so.**
- Avoid swimming in a public pool or lake, usually for 6-12 weeks.
- You may use a sitz bath after surgery, but please wait at least 2 weeks before taking tub baths.
- Please avoid prolonged coughing, vomiting, or straining during this time. Treat these symptoms immediately if they occur. Please call us if medication is needed.
- After 12 weeks, you may resume your normal exercise and activity routine as long as you are doing well.

Post Op Care

- **BOWEL MOVEMENTS** - It is very important to avoid straining with bowel movements. **Stool softeners such as Colace should be taken twice a day to prevent constipation immediately after surgery. We also advise taking MiraLAX daily until your bowels are soft and regular.** You may take more or less of both as needed to keep your bowels soft and regular. If you become constipated after surgery,

take Milk of Magnesia every 6 hours, or other over the counter laxatives that can be used *in addition* to the stool softener. If you have constipation despite these instructions, please call so we can make further recommendations. Also keep yourself well hydrated and walk frequently, which will help prevent constipation.

- **PAIN MANAGEMENT** – After most procedures, pain tends to be mild or moderate crampy discomfort – usually in the vagina, groin area and lower abdomen. **If you feel severe pain, notify your physician.** Please take pain medication as you feel you need them - untreated pain can disrupt your rest, bowel function, and even your ability to properly empty your bladder. You may use ice packs as needed to soothe the pain.
- **VAGINAL SYMPTOMS** - You will likely experience vaginal discharge which may have a mild odor and can vary in color for up to 6 weeks as the sutures dissolve. The discharge may cause slight vaginal irritation. We recommend rinsing with cool water then patting dry and changing your pad frequently. It is also normal to have vaginal spotting intermittently for up to 6 weeks as the vaginal stitches heal. **You may use a rinse bottle to keep clean. If you have heavy vaginal bleeding or discharge, please notify the office.**
- **BLADDER SYMPTOMS** - It is very common to feel symptoms of urgency, urinary frequency day and night, and possibly even some urge incontinence, following surgery. This is often caused by involuntary bladder contractions and usually subsides as your recovery continues. Avoid bladder irritants such as caffeine, alcohol, and any type of carbonation if these symptoms occur. **You may also develop a bladder infection within 3 months of surgery. Please call our office if you think you have one.**
- **DRIVING** -Refrain from driving until you have had *no pain symptoms* and have taken *no narcotic pain medications* for at least 48 consecutive hours. Please do not drive until your fatigue has improved, usually about 2 weeks, as fatigue may impair your driving abilities. You are free to ride as a passenger in a vehicle at any time, even right after surgery.
- **VOIDING TRIAL**- If you are discharged from the hospital with a foley catheter call the office to set up an office appointment for a voiding trial with our nurses, usually within 1 week after surgery.
- **RETURN TO WORK**- We generally advise patients that they should inform their employer that they may be out of work for 2-6 weeks. You will be unable to lift objects heavier than 25 pounds for 12 weeks. If you have a job requiring minimal physical labor, you may be able to return to work as soon as 2 weeks after surgery if your physician permits.
- **POST-OP CHECK**- You will have your first post-op exam in the office about 2 weeks after surgery. This appointment is usually scheduled for you prior to surgery. We also usually see you at 3 and sometimes 6 months after surgery, and 1 year after surgery for a brief examination to assess your long-term outcome and screen for any potential problems.

KEEP IN MIND:

*Although the operations currently being performed as less invasive than ever before, **SURGERY STILL REQUIRES HEALING.** Not every day will be a 'good day,' and although surgical healing often occurs more quickly than expected, this is not always the case. Even after your surgical pain is resolved and even if no incisions are visible from the outside of your body, healing is still occurring - and a lack of energy often lingers for several weeks after surgery. Occasionally, some individuals feel 'blue' or sad during this period of time, due to lack of energy and a disrupted routine. This is common.

Long Term Care

Please protect your surgery for years to come. Exercise is very good. Kegel exercises to keep your pelvic floor muscles strong are good if they are done correctly. Ask your doctor if you are not sure whether you do them well. Avoid chronic coughing and straining with BM. You may do heavy lifting but try not to do extreme heavy lifting (100 lbs.) daily. Also try not to gain large amounts of weight.