



## POST-OP INSTRUCTIONS: VAGINAL SURGERY

The Center for Innovative GYN Care is committed to ensuring that your post-operative experience is as comfortable as possible. The following information will help answer frequently asked questions and will help you understand some of the common experiences that may occur after your surgery. Please do not hesitate to call the office with any additional questions about your recovery.

Call the office to schedule a post-operative appointment two to four weeks after your surgery.

If an ER visit is necessary post-operatively, always go to your nearest hospital emergency room.

Call your doctor right away if you experience:

- Fever higher than 100.4 degrees
- Shortness of breath
- Dizziness
- Heavy vaginal bleeding
- Severe pain not relieved with your pain medication

### HOW MUCH ACTIVITY CAN I DO AFTER SURGERY?

General. Use common sense when deciding what activities you are willing to perform after surgery. Every patient is different, and different patients will have differing degrees of recovery. Gradually advance your activity.

Stairs. Apprehension about stairs or weakness in mobility may require help when climbing up and down stairs. You are allowed to use the stairs if you feel you are able.

Exercise. Use common sense when starting an exercise routine after surgery. Start out slowly and gradually increase time, distance and speed.

Driving. Driving can begin only after you have stopped taking narcotics, and if you feel strong enough to be able to stop the vehicle in an emergency. If you are not confident, have someone drive you.

### WHEN CAN I RESUME SEX?

Sexual intercourse should not be engaged in for six weeks, while the surgical area is healing.

### **WHEN CAN I TAKE A SHOWER?**

You may shower as usual. Avoid tub baths for four weeks.

### **HOW LONG WILL I HAVE BLEEDING AFTER SURGERY?**

Vaginal bleeding or spotting can last up to six weeks, and is usually light. This is from the normal healing process. If bleeding becomes heavy, please inform the office immediately. Bleeding that fills a pad in an hour is heavy bleeding. Call the office if you have urinary or rectal bleeding.

### **HOW SHOULD I MANAGE MY PAIN AFTER SURGERY?**

You will be given a prescription for Motrin prior to surgery (start Motrin after surgery) and a narcotic (Percocet, Tylenol 3, or Vicodin) at the hospital prior to your discharge. To be effective, Motrin should be used in doses of 600 mg every six hours, or 800 mg every eight hours. Narcotics should be used sparingly since they will cause constipation. The first several days following surgery, most patients use mainly Motrin or extra strength Tylenol during the day, with use of a narcotic sometimes at night to help with sleep. Using a heating pad on the lower abdomen is safe. Coughing can be uncomfortable initially because of abdominal discomfort. Placing a pillow on the abdomen to support your abdomen while coughing can be helpful.

### **I HAVE CONSTIPATION, WHAT SHOULD I DO?**

Constipation can cause severe pain that can worsen with increased amounts of medication. If you experience constipation, drink lots of fluid and eat a high fiber diet. You may also use a mild laxative, such as Milk of Magnesia, or a stool softener, such as Colace. No prescription is required for either.

### **I HAVE DIARRHEA, WHAT SHOULD I DO?**

Diarrhea sometimes is caused by antibiotics and will resolve once the antibiotics are stopped. A probiotic such as lactobacillus can help with this process. Rarely, severe diarrhea can develop. Call your doctor if you have severe diarrhea, bloody diarrhea, or if your diarrhea is accompanied by fever or worsening pain.

### **I'M NAUSEATED, WHAT CAN I DO?**

Anesthesia is the main cause for nausea immediately after surgery. After the first 24 hours, nausea is more likely caused by either your narcotic pain medication or your antibiotics. If you are experiencing severe nausea, please call your doctor.

### **I NEED TO URINATE BUT I CAN'T, OR I ONLY PASS A FEW DROPS**

Urinary retention is the inability to pass urine through the bladder. A very small number of patients will develop this problem due to the anesthetic used for the surgery. Most patients will have their bladder catheter removed immediately after the surgery. If you are sent home and are not able to pass urine, please go to a local emergency room. A catheter will be placed to allow the bladder to “rest” after the surgery, and will be removed several days later in the office. It is important to have this catheter placed to avoid injury to the bladder.