



KAISER PERMANENTE®

URO-GYNECOLOGY PATIENT INFORMATION SHEET

WHAT TO EXPECT AFTER SURGERY

What activity can I do?

- Avoid strenuous physical activity and do not lift anything greater than 10 pounds (about the size of a small cat or a gallon of milk) until your postoperative visit. This includes heavy housework, ironing, and vacuum cleaning. Listen to your body; rest when you are tired.
- You should avoid driving while on pain medications, because these medications may make you drowsy. You can usually drive 2 - 3 weeks after surgery as instructed by your doctor.
- You should avoid putting anything into your vagina (tampons, douching, and sexual intercourse) until your postoperative check. With your doctor's permission, you may restart your vaginal estrogen cream at that time.
- You should discuss with your doctor when to return to work.
- You should talk with your doctor about other limitations depending on what surgery you have had done.
- You can:
 - Climb stairs (but try to limit your trips up and down to 2 or 3 times each day)
 - Go for walks
 - Ride as a passenger in a car

What should I eat?

To decrease postoperative nausea, try to eat small frequent meals. Eat foods high in protein such as meat, fish, eggs, and dairy products. Eat foods with vitamin C such as citrus fruits, and consider taking a single multivitamin, which you can buy at any pharmacy or grocery store. Drink lots of fluids!

You will want to have a regular, soft daily bowel movement. You may be given a prescription for a stool softener with instructions to take it on a daily basis. If you do not receive one, you may buy an over-the-counter stool softener from your pharmacy. Look for "Docusate Sodium" on the label or ask the pharmacist.

If you are feeling constipated or if it has been more than a day since your last bowel movement, it is acceptable to try the following:

- Prunes, or other high-fiber foods
- Metamucil or Citrucel
- Milk of Magnesia, to be taken at bedtime following the directions on the label

What medications can I use?

If you regularly use aspirin or anti-inflammatory, pain medications (such as Motrin or Advil), you may be asked by your doctor to stop them prior to surgery. If you use these medications or blood thinners regularly, please notify your physician. After surgery, you may resume all your normal medications.

What about pain medications?

You will be sent home with strong pain medications containing small amounts of narcotic painkillers.

- You may also use naproxyn (Naprosyn). acetaminophen (Tylenol). Ibuprofen (Motrin). or other nonsteroidal anti-inflammatory medications for your pain. There are several ways to manage your pain:
 - Take your strong narcotic pain medications during the day and use the milder medications to "take the edge off" in between.
 - Take your pain medications when you first begin feeling discomfort. Do not wait until your pain is intense to take your medications.
- The narcotic pain medications we sent you home with may cause nausea or constipation. As you heal, you may find that you feel better when you do not take those medications. If acetaminophen or ibuprofen relieves the pain, use those medications instead.
- Remember, do not drive while taking narcotic pain medications.

How do I take care of my incision?

You may get the abdominal ("stomach") incision wet. Showers or "sponge baths," and 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 them with scissors.

If you have had vaginal surgery, you may do sitz baths once or twice a day with warm water. A tablespoon of Epsom salts mixed in the water may help healing and decrease pain. Do not douche.

What about the bladder catheter?

It is very normal to go home from the hospital with a catheter in your bladder. The surgery your doctor performed tends to cause swelling around the opening to 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 how to fill out the voiding diary. It is not unusual for it to take a few weeks for your bladder to return to normal, so do not worry. You will be instructed to call our office on a regular basis to review your voiding diary and determine when the bladder catheter can be removed.

What are the warning signs that I should report?

- Fever (temperature above 101° F)
- Shaking chills
- Severe Pain
- Nausea with vomiting
- Problems with incisions, such as redness or drainage
- Vaginal bleeding heavier than a heavy menstrual period
- Vaginal discharge, especially with a strong or foul smelling odor
- Difficulty voiding

Please call our office day or night for any problems _____.

Follow-up appointments:

Upon leaving the hospital, you should call _____ during normal business hours to schedule follow-up appointments. You may need to be seen for the following:

- Catheter removal as instructed
- Staple removal _____ days
- Two-week follow-up
- Four-week follow-up
- Six-week follow-up