

## Discharge Instructions: Sling Procedure

### Diet

- It is normal to have mild nausea and possible vomiting during the first six to eight hours following surgery, usually due to a side effect of anesthesia.
- Please begin your post-surgery diet with liquids and soft foods such as pastas, eggs, breads, cereals, and grains. Once you can tolerate this diet, more solid foods may be added as tolerated.

### Activity

- A general anesthetic will make you slow, clumsy, and/or forgetful for about 24 hours. During this time, please do not make any important decisions, drive a car, or operate machinery.
- Please do not engage in any strenuous physical activity, exercise or lift anything heavier than 10 pounds. Simple bending and stretching is ok.
- You may shower immediately following surgery, climb stairs, be a passenger in an automobile, and walk at a casual pace.
- DO NOT drive an automobile until you no longer require narcotic pain medication.
- Listen to your body. When you are tired, rest!

### Pain control

- You will experience mild to moderate pain following your surgery. You will be given a prescription for a narcotic pain medication to help with pain control following your surgery (Codeine, Percocet, Vicodin). We also encourage you to take over the counter non-steroidal anti-inflammatories (Ibuprofen, Motrin, Advil, Aleve, or Tylenol).
- If your pain is not relieved with this medication regimen, please call us for further instruction.

### Wound care

- You may have incisions which require post-operative care. All bandages / surgical dressings should be removed 24 hours after surgery and left open to air dry. You may have small steri-strip adhesives which should fall off in the shower within one to two weeks.
- It is very important to keep your incisions clean. Wash gently and pat dry.
- It is sometimes helpful to apply a small amount of Neosporin or Bacitracin triple antibiotic ointment to your incisions. These can be purchased over the counter at your local pharmacy.

### Voiding/Urinary function

- It is common to have mild difficulty with bladder emptying following incontinence surgery such as a sling.
- You should attempt to void and empty your bladder every 3 hours or less.
- Please do not strain your abdominal muscles with voiding; this may place added stress on your pelvic floor.
- If you are discharged from the hospital with a Foley Catheter due to incomplete bladder emptying, you will receive specific instructions on catheter care and follow up.

### Constipation/defacatory function

- It is common to have difficulty moving your bowels following pelvic surgery. This is often due to narcotic pain medications taken after surgery and poor mobility due to the proximity of the rectum and bowel to surgical site.
- You should start stool softeners (Colace), 100 mgs, 1 tab in the morning and 1 at bedtime.
- Make sure that you drink plenty of fluids and stay well hydrated. Increasing fiber intake and fluids, such as prune or apple juice will be helpful. Use a fiber laxative as needed.
- Do not strain your abdominal muscles with bowel movements. This may place added stress on your pelvic floor.
- If you are having significant difficulty moving your bowels following your surgery, please call our office.

### Vaginal/urogenital function

- It is very common to have mild vaginal bleeding and spotting for up to two weeks following surgery. There may also be a mild discharge and passage of small debris/suture material during the same time period. It may be helpful to have a small peri-pad or maxi-pad for protection and security.
- If you experience heavy vaginal bleeding or a foul smelling discharge, please call our office for further instruction.
- If you are postmenopausal your physician may have recommended the use of vaginal estrogen prior to surgery. Some physicians feel that it can aid in wound healing in postmenopausal women. If you are using vaginal estrogen you should continue to use it, as recommended, during your postop recovery

### Sexual function

- It is extremely important to not **engage in sexual intercourse or any type of vaginal penetration** for a minimum of four weeks post-operatively, or unless specifically instructed by your physician.

### Call us at (413) 794-8484 (even outside of normal office hours) if you have:

- Pain which is poorly controlled with oral pain management.
- A fever over 100° F within the first three days following the procedure.
- Foul-smelling vaginal discharge.
- Continuous nausea or vomiting.
- Inability to urinate or have a bowel movement.