

Discharge Instructions: Vaginal Hysterectomy and Prolapse Surgery

Please read the following information so that you will be able to take care of yourself after leaving the hospital. If you have any additional questions, please call us at (413) 794-8484.

When to call for advice

- If you have a fever greater than 100 F.
- If you notice foul smelling drainage.
- If you observe bleeding that saturates a pad per hour for three hours.
- A change in over-all health status, including nausea, vomiting, chills, profuse sweating, diarrhea, constipation, or increased swelling at the surgery site.
- Significant increase in pelvic pain or discomfort.

Incision and bladder care

- You may shower immediately upon discharge from the hospital.
- If you have an abdominal wound, keep it clean but avoid scrubbing or using soap on it and pat dry when wet.
- If you have a perineal wound (between the vagina and anus), cleanse gently with water 2-3 times per day in the tub or with a handheld showerhead or spray bottle.
- If you had a vaginal operation, it is normal to have a discharge from the vagina for 4-6 weeks after surgery.
- If you have a catheter we will remove it 2-7 days after discharge. You should have a follow up appointment made before you are discharged from the hospital.
- If you are catheterizing yourself, continue this until the amount in your bladder after voiding is less than 150cc.

Activity

- **If you had prolapse surgery**, no heavy lifting, pushing, pulling, or twisting greater than 10lbs. for six weeks after surgery (1 gallon of milk is 8lbs.).
- Walking should be your only exercise but be careful not to slip; this may cause undue harm to your repair. Stair climbing is acceptable in moderation.
- You may drive when you are not having pain and no longer taking narcotics.
- Sexual intercourse should be delayed until after your post-op visit, and should be discussed with your doctor during the post-op visit.
- Tampons should not be used.

Post-operative constipation and pain

- Sitz baths for 10 minutes 3 times a day will help relieve pain.
- Narcotics cause constipation.
- Although we encourage use of narcotic pain relievers as needed, try to limit your use to as little as possible.
- You may wean off your pain medication by using Motrin or Tylenol.
- To prevent post operative constipation due to taking narcotic pain medication:
 - Day 1 post op:
 - Take 100 mg of stool softeners both in the morning and evening.
 - Increase fiber in your diet by taking Citrucel or Benefiber as directed. (You can resume Miralax if it was used pre-operatively.)
 - Drink 1-2 quarts of decaffeinated fluids daily.
 - Walk as tolerated.
 - Day 3 post op:
 - Please call our office if you have not had a bowel movement and/or you are not passing gas
 - We will then instruct you to use Milk of Magnesia as directed (or Miralax if you have a chronic problem with constipation). If you do not have a bowel movement within one day after using Milk of Magnesia, you will then be instructed to use a Fleet's enema. (**Do not** use enemas or suppositories if you have had rectal prolapse surgery.)

Lifestyle changes

- Constipation and straining to empty the bowels may have contributed to your prolapse. You must avoid straining and, if recommended by your doctor, remain on a high fiber diet and drink eight 8-ounce glasses of decaffeinated fluids per day to keep your bowels soft.
- Lifting and pushing heavy objects (furniture, heavy boxes, etc.) increases stress on the pelvic floor. It is wise to avoid these strenuous activities.
- Exercises that involve impact (running, high impact aerobics, jumping jacks, jumping rope) also stress the pelvic floor. Until your doctor tells you it is safe to engage in these exercises, they should be avoided.

Your post-operative appointment was made prior to your surgery. If you are unsure of your post-operative appointment details, please call us at (413) 794-8484.