Post-Operative Patient Instructions: Outpatient procedures

PAIN MANAGEMENT:
With any type of surgical procedure there is a possibility of post-operative pain. There are many benefits to keeping your pain under control, which include being able to move easier, breathe deeper, and cough more effectively. All of these things are essential to your recovery because they can prevent complications such as pneumonia, blood clots, and psychological stress. Your physician may select one or more types of oral medications to help control your pain.

Usually a narcotic pain medication and ibuprofen (or other non-narcotic pain medication if allergic to or cannot tolerate ibuprofen) are prescribed to manage your pain. It is recommended that you use the narcotic pain medication for moderate to severe pain as directed by the physician. For break-through pain, it is recommended that you use ibuprofen between your doses of narcotic pain medication to manage pain effectively. If you have mild to moderate pain, ibuprofen alone may be enough to manage your pain. If you are in pain, do not hesitate to use your pain medication. Keep in mind that narcotic pain medication is constipating so follow the directions for bowel management as listed below. Please call the office if your pain does not improve or worsens after taking your pain medication.

INCISION CARE:
The incision (vaginal area included) may be washed with soap and water. After showering or washing gently, pat the incision dry with a clean towel. A dressing is not usually necessary, but may be desirable to protect your clothing, as there may be a fluid or bloody drainage. You may have vaginal discharge and bleeding that can last until your stitches are dissolved, about six weeks. Your bleeding should decrease after several days. If you have had an abdominal incision, steristrips may have been placed over the incision. Sometimes steristrips become loose or fall off. This is normal and you do not need to replace them if they fall off. Stitches do not need to be removed; they will dissolve in about six weeks. If skin clips were used, they will be removed before you go home or at your first post-operative office visit. Itching, bruising, a pulling sensation, and or numbness around the incision is normal. If your incision becomes hot, red, swollen, or persistently painful, please contact your doctor.
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BOWELS:
It is especially important after surgery to maintain good bowel habits, as constipation requiring strong bearing down efforts may cause a problem with your stitches. Please take your stool softener and laxative as directed: Colace (twice daily) and either Miralax (daily) or Enulose (twice daily). Drinking plenty of water, walking, and increasing fiber in your diet or with fiber supplements (i.e. Fibercon, Metamucil) are helpful. If constipated, you may try Milk of Magnesia or Dulcolax. Call the office if these methods do not result in a bowel movement within 48 hours. Please call the office if you feel that you need to use a suppository or an enema as special care may be required.

VAGINAL BLEEDING AND DISCHARGE:
Initially you may have slight vaginal bleeding, which is usually followed by a dark brown discharge. This may last up to four to six weeks after vaginal surgery. The bleeding should not be heavier than a normal period. Use sanitary pads only; tampons are not permitted. A vaginal discharge with a foul odor may occur after your surgery. This is common and will take several weeks to subside. Your doctor may request that you apply Estrace cream in your vagina (one gram two nights per week) starting a few weeks after surgery. Please call the office if you are saturating a pad every hour. Urinary incontinence can occur post-operatively even if you did not have a problem with leaking prior to surgery. This is normal post-operatively due to inflammation. It will improve as the inflammation decreases.

CATHETER CARE:
If you go home with a Foley catheter, you will have a leg bag for daytime and a larger drainage bag for overnight use. You will need to return to the office to have catheter removed at the direction of your doctor. Alternatively, a home health nurse may be asked to remove your catheter when appropriate. Remember to continue the antibiotic you were given until your catheter has been removed. If you run out of antibiotics and still have the catheter in place or if you feel you may have a bladder infection, please contact your doctor.

This information is for educational purposes only and should not be relied upon as medical advice. It has not been designed to replace a physician’s independent judgment about the appropriateness or risks of a procedure for a given patient.
If you go home with a suprapubic catheter (tube coming out of your pubic area), please refer to the suprapubic catheter instruction sheet.

**IF YOU HAVE A TEMPERATURE OF 101 OR ABOVE, PLEASE CALL YOUR DOCTOR IMMEDIATELY AT 954-659-5559.**