

360 Pelvic Health Institute/The Center for Men's and Women's Urology
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YOUR RECOVERY AFTER SURGERY

Although every patient's recovery is different, there are general guidelines to incontinence and pelvic reconstructive procedures:

- ❖ You will likely experience increased discomfort and fatigue during the first 24-48 hours after surgery. If you do not experience pain-Congratulations! But please do not let this fool you into doing more activity than allowed!
- ❖ Please resume all your previous medications (usually antibiotics, pain control medications and laxatives) as directed.
- ❖ There are **three postoperative phases** of gradually regaining your usual activities:

First phase (0-2 weeks)

- ✓ Rest as much as you can. Walking around is permitted such as walking to the mailbox and walking around your house/yard.
- ✓ It is better not to drive, but if you have to, you should have no discomfort and do not consume pain medications before/during driving. Only short drives are allowed in this case.

Second phase (2-6 weeks)

Avoid:

- ✗ **Lifting** heavy objects (more than 10 lbs which equals about a gallon of milk)
- ✗ **Stepping** on platforms more than one foot high.
- ✗ Performing **exercises** such as squats, lunges, leg presses and impact-producing aerobic exercises (vigorous running and jumping).
- ✗ All activities that make you feel pressure in the pelvic or vaginal areas.
- ✗ **Standing** for a prolonged period of time (more than 1 hour) without sitting to rest.
- ✗ **Vaginal inserts** (like tampons) unless specifically instructed by your doctor.
- ✗ **Bath, Hot Tubs, Swimming Pools.**

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- ✘ **Sexual intercourse** until after your examination which is performed 2-6 weeks after surgery. Your doctor will instruct you as to when you can resume.
- ✘ **Constipation:** eat high fiber foods and drink adequate fluids. **Do NOT allow yourself to become constipated!! Start a bowel regimen as soon as you get home!!** A good bowel regimen is taking Miralax twice daily and stool softeners twice daily (you can take these two together). Avoid Metamucil, Citrucel, and fiber pills as they can actually constipate. **Some good treatments for constipation are: Colace (Stool Softener), Senna vegetable laxative, Miralax, Milk of Magnesia, Prune Juice or whole prunes, Magnesium citrate**

DO NOT USE AN ENEMA OR RECTAL SUPPOSITORIES!!

- ✘ **Bladder distension:** Urinate every 2-3 hours regardless if you feel you have to or not. Your sensation of fullness may be altered by anesthetics and swelling from repositioning of previously prolapsed pelvic organs. If additional care is required, you will get instructions from your doctor or nurse.
- ✘ **Rectal/buttock discomfort (if you have had Cystocele/Rectocele repair):** This is a normal sensation after surgery as the ligaments and tissues in the pelvis are inflamed. You **MAY USE** Ice on the buttocks, and you may use Ibuprofen/Advil/Motrin to help relieve inflammation. This should resolve in 2-3 weeks but can take up to 3 months! Avoid sitting directly on the buttocks by sitting in a reclined position or lying down. You may also sit on an ice pack.

You can DO:

- ✓ Light activities including stretching, inside and outside, walking minimal amounts (not as part of an exercise routine), driving, climbing stairs, cooking, dusting, clerical work, and visiting friends, as well as exercises that do not put pressure on the pelvic area. These activities are encouraged if you feel comfortable with activity and will not need pain medication.

Third phase (6-12 weeks)

- ✓ You can resume all your activities except strenuous activities (high impact aerobics, heavy lifting or running more than one mile)
- ✓ Light jogging and aerobic machines are allowed if not accompanied by a feeling of vaginal pressure.

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General Information:

- **You WILL experience vaginal bleeding/discharge for the duration of the time that you have stitches in place.** It generally takes 8 weeks for all stitches to dissolve. You may be prescribed vaginal cream/gel to use to help prevent infection during your recovery.

Contact us if you experience:

- ❖ Increasing pain not controlled with pain medications
- ❖ Nausea and/or vomiting
- ❖ Body temperature more than 100.4 F
- ❖ Increased wound tenderness accompanied by redness, swelling or discharge that has worsened or changed.
- ❖ Heavy bleeding with clots
- ❖ Foul smelling vaginal discharge
- ❖ New onset burning with urination, cloudy, or bloody urine
- ❖ Feeling of inability to adequately empty your bladder/bowels

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If you have a catheter/suprapubic tube:

- You may experience **cramping** in your abdomen or back that feels like you need to have a bowel movement/menstrual cramps (for ladies).
 - **What you can do:**
 - Take the medicine given to you for bladder spasms (Examples: Hyocyamine, Oxybutynin, Tolterodine)
 - Look to see if urine is draining into the bag. If the tube is kinked, make sure to keep it straight and the bag below the waist so that it can drain well. (If the catheter is not draining and the tube is not kinked, call your doctor)
 - Apply a heating pad to the abdomen
 - Keep bowels soft and avoid constipation. **Some good options to combat constipation** are Colace, Prune juice/Whole prunes, Senna, Milk of Magnesia (30cc every 4 hours until bowel movement), Miralax, and plenty of water.
- You may experience bloody urine after your procedure. In most instances, this is normal. If there are many large clots, urine is not draining into the bag, and you feel pelvic pain/pressure, call your doctor. Otherwise, drink plenty of water to keep the bladder flushed.
- Burning and discomfort in the penis and/or urethra is normal. Usually this can be controlled with medication such as Pyridium, and Over-the-counter AZO or Cystex.
- You may experience **leakage** from around the catheter. This is generally caused by bladder spasms. You may or may not have pain with this. It is usually a result of the bladder reacting to the catheter. If no urine is draining into the bag, you have blood clots, and you have pain, call your doctor.
- General care is to wash around the catheter with warm, soapy water. You may shower with a catheter. Usually placing Neosporin or Triple Antibiotic ointment around the catheter where it enters the body helps to keep the area of skin from becoming irritated from the catheter rubbing against the skin.
- Remember to keep the bowels soft! This can make a big difference in the level of discomfort that you feel. Remember that pain medicines such as Lortab, Vicodin, Percocet, Norco, Dilaudid, etc will cause constipation. It is very important to drink plenty of water and use stool softeners/laxatives to counteract this.

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What to avoid:

- Lifting more than 10 lbs (Equal to a gallon of milk)
- No sexual activity of any kind for at least 6 weeks after surgery
- Long car rides over rough roads for 2 weeks. Short trips are okay.
- Strenuous exercise such as squats, lunges, lifting weights, impacts aerobics, running, and jumping.
- Any activity that causes pelvic pressure
- Constipation (see above info to keep bowels soft)

When to call your doctor:

- Increasing pain or severe pain not controlled with pain medicines or anti-spasmodics.
- Nausea or vomiting
- Temperature greater than 100.4 degrees
- Increased wound tenderness with redness, swelling, or discharge that has changed or increased in severity
- Heavy bleeding with clots clogging the catheter
- Foul-smelling urine

Go to the Emergency Room if you have:

- Chest pain
- Shortness of breath
- Severe headache
- Loss of consciousness
- Other symptoms of concern