

**Massachusetts General Hospital  
Female Pelvic Medicine & Pelvic Reconstructive Surgery (Urogynecology)**

**Mass General Boston and Waltham office phone number: 857-238-8496**

**For after 4:30 PM or weekends & holidays: call 857-238-8496, the Vincent MGH page operator will answer and page the doctor on call, pager # 24647, the Urogynecology pager. (If you cannot reach the Vincent MGH page operator, call the MGH page operator at 617-726-2000 and ask the page operator to page #24647.)**

**MEDICATIONS YOU SHOULD BUY BEFORE YOUR SURGERY DATE (You will be given prescriptions at your pre-op visit):**

	Pain medication, ie, oxycodone
	Ibuprofen (ie, Advil)
	Pericolace (stool softener and laxative combination – ask your pharmacist for the generic)
	Pads

***You will go home the same day as your surgery, unless there is a medical reason to keep you overnight.***

**INSTRUCTIONS FOR AFTER YOUR SURGERY (post-operative instructions):**

We hope that by providing you with the following information, you will have a better idea of what to expect and make your recovery go smoothly. If you have any questions before surgery, please call the office and speak with one of our nurses.

**When to call after your surgery, (see above for phone numbers, please call in the morning if possible):**

- If you think you have a fever, take your temperature with a thermometer. If your temperature is greater than 101° F, please call the office or the above phone numbers.
- If your pain is not controlled even though you are taking your pain medication as prescribed.
- If you have nausea and vomiting.
- If you have fluid drainage from your incision(s) or increased redness or tenderness around your abdominal incision(s). (If you only had vaginal surgery, you will not have any abdominal incisions.)
- If you have increased vaginal bleeding (soaking a pad every 1-2 hrs) or foul smelling vaginal discharge.
- If you cannot urinate after your catheter is removed.
- If you cannot move your bowels after you have tried the recommendations under “Bowel Function” (see following pages).
- If you are still experiencing burning with urination after the first 3 days (most patients have some burning when they urinate for the first few days because of the catheter) or you have unusual, increased urinary frequency or urgency -- this may mean you have a bladder infection, also called “UTI” which stands for urinary tract infection. You may need an antibiotic to treat the bladder infection.
- If you have any questions or concerns about your recovery.

**Bandages:**

If you have abdominal incisions, you will have dissolving stitches (no removal required). If you go home with a “dressing” (bandage) over the incisions – remove the dressings 2 days after your surgery, but leave the Steri-strips on. Remove the Steri-strips 10-14 days after your surgery (you may find it helpful to remove them in the shower).

Your incisions may have been closed by dissolving stitches and “skin glue” so you may not have a bandage or steri strips.

### **Foley Catheter:**

After the surgery, most patients will have a foley catheter (a tube draining urine from the bladder) while in the hospital. If you have a catheter, once you are awake and alert in the recovery room, your nurse will do a “voiding trial.” Your nurse will put approximately 10 oz (300 ccs) of water into your bladder through the Foley catheter, then remove the catheter (it is mildly uncomfortable, but it only lasts a few seconds). We recommend that you don’t get up to empty your bladder right away. Wait 5 or more minutes, then if you feel the urge to urinate, call your nurse, get up and urinate into the “hat” (a measuring device that will be placed into the toilet). If you void (urinate) approximately 7 ozs (200 ccs), then you have passed your voiding trial and you can go home without the catheter.

If you do not void enough, the catheter will be replaced and you will be discharged with the Foley catheter and a leg bag. Your nurse will show you how to take care of the catheter and leg bag and how to empty the bag of urine.

If you go home with a catheter, it will stay in for 1-5 days. To have the catheter removed, you will either go to the doctor’s office to have another voiding trial and then have it removed -- or a Visiting Nurse (Visiting Nurses Association, “VNA”) will be arranged (usually this is for patients who live far away). Although no one is anxious to go home with a urinary catheter, we want to be careful to protect your bladder.

### **Bowel Function:**

Gas pains are common after surgery. These can feel like sudden, sharp pains in the abdomen or pelvis. If you are very uncomfortable, try to hold your belly and massage it lightly. This may help release the trapped gas. Walking around in the house can also help release the gas. You may also try using alternating warm and cool compresses to the abdomen or try over-the-counter gas medication such as “Gas-X” or “Mylicon.” If the gas pains are very bothersome, use a “Ducolax” suppository (it is over-the-counter; you have to place it in the rectum).

After your surgery, take “**Pericolace**” (generic is ok; active ingredients are 50 mg docusate sodium and 8.6 mg sennosides, you can ask the pharmacist if you are not sure what the generic equivalent is) twice each day, 1 in the morning and 1 at bedtime until your BMs are very regular. Most people take Pericolace for 1-8 weeks after your surgery. If you are constipated on 2 Pericolace every day, then take 3 each day: 1 in the morning and 2 at bedtime. After your surgery, it is okay to strain as you normally would to start a bowel movement.

It may be up to 3 days after you go home before you move your bowels. If you do not move your bowels by the 3<sup>rd</sup> day after your surgery, take a laxative, eg, “Milk of Magnesia” (follow the directions on the bottle), warm prune juice, “Senekot Plus”, “Ducolax” tablets (by mouth), etc. **Do not wait longer than 3 days to start using a laxative. If you become severely constipated, this will be very uncomfortable -- and if you have to strain severely -- this may make your incisions bleed.**

Once your bowel movements are more regular (this may take 4-12 weeks) then gradually taper off of the Pericolace. Once you are off the Pericolace, if you become constipated, don’t hesitate to start Pericolace again. Obviously, if your stools become too soft, decrease the number of Pericolace you are taking. Use common sense -- increase or decrease Pericolace as needed.

If you normally take a supplemental fiber, such as “Benefiber”, “Metamucil”, “Citrucel” or “Konsyl”, you should restart it after your surgery. Make sure you drink the recommended amount of water with the fiber. So, you may be taking the supplemental fiber **and** Pericolace after surgery; they work together to help you prevent constipation. Once your appetite returns, eat a high fiber diet. Drinking hot liquids such as a cup of tea may also help you to move your bowels. Peppermint tea may help any gas pains.

**Activity:** Expect to feel tired after the surgery. You will also fatigue more quickly than normally, especially during the 2-3 months after your surgery. Try to plan any activities in small amounts. Your tolerance will slowly increase. It may take 3-4 months for your energy level to be back up to “full speed.” However, you will probably be back to your normal schedule in 6-8 weeks, but you may feel more tired than usual at the end of the day or on weekends. Try to not over-schedule yourself for 3 months after your surgery.

Stay at home for the first 5-14 days after your surgery. After the first 5-14 days, walking outside of the house is fine. Start with short, 15-20 minute walks; gradually increase your walking time by 5-10 minutes every 3-4 days as tolerated. If the walking causes any pain, decrease how quickly you are walking or decrease how long you are walking.

You can go up and down stairs immediately after the surgery. For the first week after surgery, take it slow and take 1 stair at a time and try to minimize the number of times you go up and down the stairs.

**Do not lift anything heavier than 10 pounds for 6-8 weeks. No exercise or heavy housework for 6-8 weeks, eg, no vacuuming, no laundry, no snow shoveling.**

If you need a note from the doctor to suspend your membership in a gym, let the office nurse or secretary know at least 2 weeks before your surgery.

Do not plan on traveling, e.g., flying to Florida, until after 4-6 weeks. It is okay for you to be in a car while someone else is driving to take a trip after 7-14 days.

Listen to your body. When you are tired, rest. When not tired, walking will help your recovery.

**Driving:** Ok to drive after 5-14 days if you are feeling well and not taking any narcotic pain medication, such as oxycodone (ie, “Percocet”). You can drive to do short errands, such as going to the grocery store or short shopping trips.

**No donut cushions:** do not sit on a donut cushion unless ok’d by your surgeon.

**Showering:** You may take showers and wash your hair when you go home. Do not take a tub bath until for 4 weeks after your surgery. If you have any abdominal incisions, wash your incisions with plain soap and water. Do not use any skin creams or lotions on your incision.

**Swimming:** No swimming, do not go into jacuzzis, until after 4-6 weeks. Check with your doctor or the NP.

**Post-Surgery Pain:** You will be given prescriptions for pain medications at your pre-op visit -- ***fill the prescriptions immediately or the prescriptions may expire.***

Take **ibuprofen** (ie, Advil) 600 mg 3 times each day with food to keep your pain level at a 4 or lower (if 0 is no pain and 10 is the worst pain you can imagine). If your pain level increases above a 4 out of 10, then take the stronger, narcotic pain medication, ie, oxycodone, “Percocet”, “Dilaudid”. You can take half of the narcotic pain pill if you think a whole tablet is too strong for you

To avoid getting nauseated when you take narcotic pain medication, always have some food in your stomach before you take the pain medication. It does not have to be a whole meal, just a half piece of toast or some yogurt will do. The food slows the absorption down a little and dampens the effect of the pain medication.

***Absolutely no driving if you have taken a narcotic pain medication, as this would be considered driving under the influence.***

**Pelvic Rest:** Do not have intercourse, douche or use tampons for 8 weeks after your surgery. If you have been instructed to use a vaginal estrogen cream, i.e, "Premarin" or "Estrace" cream, it is ok to place the cream into the vaginal canal using the plastic applicator as instructed (see below).

After 8 weeks, if you have intercourse and are uncomfortable, wait another 2 weeks and then try again. Also, use plenty of lubrication with intercourse until you are comfortable. Any over-the-counter lubricant such as "KY jelly" is fine.

**Vaginal Estrogen Cream:** **THIS IS VERY IMPORTANT!!!! IF YOU DO NOT USE THE CREAM, YOU MAY NOT HEAL CORRECTLY.** If estrogen cream ("Premarin" or "Estrace" cream, there is no generic brand) is prescribed (usually prescribed for peri or post-menopausal women), **start using it 3-6 weeks** after your surgery (ask your doctor when you should start using the cream). Usually you will use it 2 or 3 times each week. *Wiggle* the applicator in (the applicator should go in about 2 1/2 inches); do not just push the applicator in. You can put some of the cream on the outside of the applicator to help it slide in more easily. When you pull the applicator out, there will be some blood on the applicator; this is normal. You will need to wash the applicator with hot water and dishwashing liquid soap. If you have any problems using the cream, call your doctor's office and speak to the nurse. Our nurses are very experienced with helping patients over the phone.

**Eating and Fluid Intake:**

You may resume your normal diet after you go home. You do not have to eat anything special after surgery. You may not feel like eating a normal sized meal for a few days (especially if you were nauseated after the anesthesia) -- this is normal. If you are nauseated when you go home, eat small amounts of plain, gentle, non-spicy, easy to digest foods, such as Saltine crackers, toast, yogurt. Avoid heavy meals, such as steak. Sometimes carbonated beverages can help settle a stomach, such as Ginger Ale or 7-up.

Drink normal amounts of fluid. This is 48-64 oz (6-8 glasses) each day. This includes juice, coffee, tea, milk, etc. There is no need to drink extra fluid after surgery. Your fluids should include 3-4 glasses of water each day to help prevent a bladder infection. Restrict your caffeinated fluids, such as coffee, tea or Coke, to one serving each day to avoid bladder control problems, such as urinary frequency. (Caffeine speeds up urine production which will make you feel like you need to urinate frequently). We do not want you to develop "bad" bladder habits after surgery. Eventually, you should be able to wait 3-5 hours between voids (emptying your bladder).

**Comfort:** You may use any of the following for relief of pain or discomfort:

- Sitz baths: Can be very soothing and decrease perineal pain if you had vaginal surgery which included an incision of the perineum. The sitz tubs are over-the-counter, but call ahead to make sure your pharmacy, such as CVS, carries them. You may add Epsom salts (Magnesium sulfate crystals) into the sitz baths for a more soothing affect.
- Put ice in a plastic bag and place on your perineum (the area between your vagina and anus) or any incisions.
- Alternating warm and cold compresses on the abdomen or perineum (use for 20 minutes each hour).
- Splinting your abdomen for coughing or sneezing: hold a pillow across your abdomen when you cough, sneeze or have a bowel movement.

**Frequently Asked Questions:**

***How much help will I need at home?*** You do not need someone with you at all times. It can be helpful to have family/friend support at home for the first few days after surgery to help with meals, cleaning and grocery shopping, if necessary. Keep in mind that you will not be able to do any heavy lifting, and you will need to rest periodically. If you have young children, you will need someone to stay with you to help with their care.

***Is it normal to have vaginal spotting or bleeding?*** Yes, it will be normal to have some vaginal spotting or light bleeding for up to 2-3 weeks after the surgery. The bleeding can be off and on so you may bleed one day, then not bleed at all the next day, then the bleeding may start again – this is normal.

***Is it normal to have a yellowish-greenish discharge with odor?*** Yes, once the bleeding slows down, it is normal to have some yellow or greenish discharge with an odor. However, if the odor is very foul-smelling, please call the office. The discharge will last 4-8 weeks.

***I see something that looks like thread dangling out, is this normal?*** All of the suture that is used to close the vaginal walls will dissolve. Sometimes a suture will dissolve, come out of the tissue, then dangle out of the vaginal canal. Eventually, usually within 6 wks, it will dissolve completely and fall out. If it bothers you, call the office. The nurse or doctor can see you and cut the suture.

***It takes longer to urinate now and I still leak urine, is this normal?*** If you had a sling procedure along with your other surgery for prolapse, yes, the sling procedure may change your stream of urine. You may find that it takes longer to urinate and that your urine stream is not as strong. Sometimes, during the first few weeks after surgery, you may have increased leaking, such as, leaking on the way to the toilet. This leaking usually will stop after 2-12 weeks. Start doing kegels (contract the pelvic floor muscles) 4 weeks after surgery to help with your bladder control.

***What kind of pain should be expected?*** Most patients have mild to moderate discomfort for 1-5 days after surgery which is well managed with the prescription pain medication and the over-the-counter pain medication (see above). It is normal to have sensations of pinching, tugging, sharp pulling or pressure in the area of surgery or only one side (especially with a change in position, like getting out of bed.)

***Restart pelvic floor exercises (“kegels”):*** Check with your doctor or nurse practitioner, but usually it is ok to start your pelvic floor exercises 4 weeks after your surgery.

**FOLLOW-UP:**

You will come back for 1 or 2 post-operative visits after your surgery. If you do not have your post-operative visit scheduled with the nurse practitioner or doctor, please call the office. Depending on the type of procedure that you had, you may also be followed at 6 months and one year after your surgery.

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