

# POST OP INSTRUCTIONS

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## **CATHETERS**

Most patients require catheter drainage after bladder and prolapse surgery. The purpose of the catheter is to prevent urinary retention which would otherwise occur due to tissue swelling. Proper drainage allows the bladder to recover and start to function normally. The amount of time the catheter is needed varies with each patient. In general, 3-5 days is sufficient but a week or more is not an unusual length of time for patients to need a catheter. You may find you need one following surgery:

**URETHRAL** – Most people are familiar with a urethral catheter. The Foley catheter used to drain the bladder has a small fluid filled balloon at the tip which is inflated to keep it in the bladder. During the daylight hours and with activity, you may place the green cork in the end of the catheter and tuck the end in your undergarments. We have found this is the most convenient way to provide bladder drainage and frees you from the necessity of a leg bag. When you feel your bladder is full, simply uncork the catheter, and lower the tip below the level of the bladder to drain. It is recommended that you drain your bladder in this fashion at least every 3-4 hours during the daytime. In the evening continue to cork and drain, or connect the Foley to the bedside bag, and tape the catheter to your thigh. This will prevent you from inadvertently pulling out the catheter in your sleep and will continually drain your bladder during the night. Prophylactic antibiotics will be given to prevent a bladder infection.

**INTERMITTENT SELF CATHETERIZATION (ISC)** - Intermittent self catheterization requires a mirror and some degree of manual dexterity. You may be given a specialized female self-catheter, which is a thin clear plastic tube, approximately 6 inches long. To perform ISC, sit comfortably on the toilet with a mirror positioned as to provide adequate visualization of the urethra. Place the catheter into the urethra; slide forward until urine drains. The catheter can be washed with soap and water and maintained in a zip-lock bag. This process is carried out every 3-4 hours for patients who are unable to void spontaneously or on an as needed basis as determined by the amount of post void residual that you carry when you void spontaneously. Prophylactic antibiotics may be given.

## **INCISION CARE**

If you had vaginal surgery your incision has been closed with sutures that will dissolve on their own in several weeks. You may have vaginal discharge for up to 4-5 weeks after surgery, which may initially be blood tinted, but should rapidly become brownish to clear as you are further out from surgery. Your vaginal discharge should not be in large volumes or foul smelling. Vaginal bleeding in excess in more than what one would experience during a heavy period could potentially be a problem. If this is encountered please call the office.

If you have an abdominal incision from your surgery, it is usually closed with suture that is beneath the skin line. These sutures will dissolve and do not require removal. Your wound may be supported with some steri-strips. The purpose of these strips is to relieve tension on the incision line to promote healing. The steri-strips will fall off within 2-3 weeks. As the steri-strips curl up at the edges you may trim them with scissors or fingernail clippers. You may get your incision wet in the shower after 48 hours from surgery, however, please do not rub your wound with soap and water. You may clean your incision with a q-tip and hydrogen peroxide. Inspect your incision on a daily basis for signs of redness, swelling, discharge, warmth or extreme tenderness. Normal wound healing permits a small red line and slightly raised border along the incision, no wider than about a quarter inch. If you find that your wound is extremely painful, draining, red or warm and swollen please call our office.

## **ACTIVITY**

For six weeks after surgery you should not engage in any strenuous physical activity. This means in general you should refrain from lifting anything more than ten pounds, (a gallon of milk is approximately 8 pounds). Try to limit the number of times you go up and down the stairs in your home per day. When using the stairs, go slowly and take one step at a time. Please abstain from sexual intercourse and refrain from douching, placing anything in the vagina, or taking a tub bath until after your six week visit. The purpose of these restrictions is to allow your body time to heal and for appropriate scar tissue to form. You may walk and ride in an automobile as you feel able. Please refrain from driving until you are no longer on the prescription pain medicine.

## **DIET**

Try to keep yourself adequately hydrated as constipation tends to be a problem in the postoperative period especially when taking narcotic pain medicine. Eat foods, which are high in protein and fiber. If you find that you do not have much of an appetite, supplement your diet with nutritional drinks such as Sustacal or Ensure over ice. One of the goals during the recovery period is not to strain to have a bowel movement. You may be given a laxative (Miralax or Glycolax) to prevent constipation. Avoid the use of suppositories or enemas unless discussed by our office.

## **MEDICATIONS**

You may be sent home with a narcotic pain reliever and a non-steroidal anti-inflammatory pain reliever such as Ibuprofen. These medications compliment the other's pain relief and their side effects are different so they may be taken at the same time. Narcotics cause drowsiness, nausea and constipation. Please do not operate a motor vehicle or engage in activities in which you may injure yourself while taking these medications. Ibuprofen can cause stomach upset which can be minimized by taking it with food. You may take acid suppressors such as Zantac if you have stomach upset with Ibuprofen. Please do not take Tylenol with your prescription pain medicines as many narcotic pain medicines contain Tylenol. Too much Tylenol can damage the liver.

## **WARNING SIGNS**

Please feel free to call our office anytime that you have questions or concerns. However, there are a few issues that you may need to address immediately:

- \*\*Temperature greater than 100.4 degrees
- \*\*Severe nausea/vomiting
- \*\*Pain
- \*\*Fever/Chills
- \*\*Problems with incision, such as redness, discharge, swelling, warmth
- \*\*Vaginal bleeding, foul smelling vaginal discharge