**Postoperative Instructions**

Surgery and the recovery period can be an overwhelming and difficult time.  It is normal to have many questions and concerns.  The following guidelines are presented with the goal of helping you recover from surgery and giving you long-lasting success from your operation.

**How long will I need to stay in the hospital?**

Several factors determine your length of stay in the hospital.  These factors include:

1. The type of surgery you have
2. The duration of your surgery
3. How well you recover post-operatively

Insurance companies differ in their approval for admission and the length of stay in the hospital.  However, we may also recommend a shorter or longer stay depending on your medical history and how well you respond to surgery.

**Will I go home with a urinary catheter?**

Incontinence and prolapse surgery can make it more difficult for you to empty your bladder after surgery.  Most patients can successfully urinate in the hospital after surgery and are able to go home without a catheter. During your recovery, the nurses will assess your ability to urinate.  If you are unable to empty your bladder on your own, you may need to go home with a urinary catheter.  All the supplies and teaching that you will need to care for your catheter will be provided at the hospital before you leave.

If you do go home with a catheter, it will be plugged, and you will be able to empty your bladder when you feel the urge by unplugging the catheter and draining the urine into the toilet. You will return to the office within the next 1-3 days to see if you will be able to empty your bladder on your own.  If you are able to empty your bladder, then the catheter will not be replaced.  If you are still unable to empty, the catheter may be replaced for several more days and the process will be repeated.

**How will I feel during my recovery?**

When you first come home, not every day will be a good day.  It is not uncommon after surgery to feel like you are taking two steps forward and one step back.  Fatigue and low energy level may persist for many weeks after surgery.  Some people experience depression or “post-surgery blues”.  Usually this goes away by itself but if it does not, please call our office and let us know.

Despite a successful surgery, some patients can experience bothersome bladder symptoms like urgency and frequency within the first six weeks.  These symptoms usually go away on their own but if they are bothering you significantly, please call the office.

**Will I have incisions, vaginal bleeding or discharge?**

You can expect some spotting and discharge from the vagina for as long as 6 weeks.  Bleeding usually lessens over time and can stop and start throughout your recovery. If the bleeding increases to the point where you are soaking through one sanitary pad per hour for 2 hours in a row, **please call the office right away.**

Vaginal discharge is common following surgery and is usually yellowish-white and watery, representing stitches that are dissolving.  This usually goes away by six weeks after surgery when the sutures are fully dissolved.  You can use sanitary pads to manage the discharge, but please do not use tampons.  **If you are concerned about the discharge, please call.**

For small incisions, a special surgical glue may be used to close the opening.  It will gradually peel off over time and can take 3-4 weeks to completely peel off.

To ensure proper healing, we recommend that you:

* Only take showers (NO BATHS OR SOAKING IN WATER) for 6-8 weeks after surgery
* Wash incision sites gently and avoid rubbing the incision
* Pat the incision site dry with a clean towel
* Do not put anything in the vagina for 8-12 weeks after surgery (no sexual intercourse, douching or tampons).
* Do not apply CBD oil (from cannabis plants) or any other ointments, essential oils or medications to your surgical incision sites or anywhere near the surgical area.

**When should I call the office?**

You should call the office immediately if you notice any of the following symptoms:

* A temperature higher than 100.4 degrees Fahrenheit
* Shortness of breath
* Dizziness
* Heavy vaginal bleeding (saturating 1-2 pads/hour)
* Inability to urinate/difficulty urinating/bladder pain
* Severe pain that is not relieved by the prescribed medications
* Persistent nausea or vomiting
* Explosive, watery diarrhea
* Increased pain, redness or swelling at the incision sites
* Excessive or foul-smelling discharge from your incisions or vagina
* Inability to pass gas

**What about bowel movements?**

Constipation is a very common issue following surgery.  It is **critical** to avoid straining and pushing while you are on the toilet, whether you are urinating or having a bowel movement!  Because of this, it is very important to avoid constipation.  You will need to eat a high-fiber diet following surgery.  Please see the list of high-fiber foods that is attached to this handout.  We recommend that you eat 1-2 two prunes with every meal following surgery to keep your stools soft.  You will also need to use a stool softener like Senna-S or Colace (docusate sodium) 2-4 times a day to keep your bowel movements soft.  Your doctor may recommend that you also use MiraLAX to help keep your bowel movements soft.  All these medications are available over-the-counter and will not be prescribed to you. You will need to purchase them at your pharmacy.

**What medications will I need to take after surgery?**

As noted above, you are encouraged to avoid constipation by using a mild stool softener. You will be given a prescription for pain medication before you leave the hospital.  We recommend that patients take Tylenol (Acetaminophen) and Advil (Ibuprofen) **and then** use the prescription pain medicine on top of this if further pain control is needed.  You should not take Ibuprofen or Tylenol if you are allergic to them or have had trouble taking them in the past.  Most patients find that they need nothing stronger than Ibuprofen or Tylenol after the first or second postoperative week.  Minimizing your use of narcotics will speed your recovery and avoid side effects.

You should resume all your regular medications unless specifically instructed not to by your surgeon.

**Do I have any restrictions on my activity?**

We recommend that you do not drive for 1-2 weeks after surgery.  To ensure the safety of yourself and others, we encourage you do not drive until your pain is well controlled without the need for narcotic medications.

Routine activities such as walking, climbing stairs and showering are encouraged to help you get back to your routine as quickly as possible.

For at least 8-12 weeks post-operatively **DO NOT**:

* Lift, push or pull objects more than 10 pounds (remember a gallon of milk is 8.36 lbs.!)
* Put anything in your vagina (no sex, douching or tampons)
* Perform strenuous activities such as running and jumping, mopping and vacuuming.
* Swim, sit in a hot tub or take a bath.

Your provider will perform a follow-up evaluation at 6 weeks after your surgery and will advise you when you may resume your usual activities.

**Vaginal Estrogen Use:**

You will be advised by your physician when they want you to resume using vaginal estrogen if this was prescribed to you preoperatively.  This medicine does help in the healing of the vagina, but do not start this prior to asking your physician.

**Post-operative appointments**

You will have a six-week post-operative appointment scheduled with your physician at the same time your surgery is scheduled.  It may be necessary for you to see us sooner should you go home from the hospital with a catheter and these appointments will be made by our office staff.

If you have any questions or concerns as you are recovering your surgery, please call the office at 509-252-4200.  Dr. Hammil’s CMA’s extension is 5462 and Dr. Partoll’s CMA’s extension is 5465.  The medical assistants are available between 9 a.m. and 5 p.m.

Please request your provider’s specific extension when you call.  You may need to leave a message, but these extensions are checked regularly, and you will get a call back.

After 5:00 p.m., we have an on-call nursing service available to answer questions and these providers can reach the doctor on call if needed.  Call the office at 509-252-4200 and you will reach the on-call nurse.

**High Fiber Foods**

Fruits and Vegetables

* **Apples, bananas, oranges, strawberries** all have around 3 to 4 grams of fiber. (Eat the apple peels -- that’s where the most fiber is!)
* **Raspberries** win the fiber race at 8 grams per cup.
* **Exotic fruits** are also good sources of fiber: A mango has 5 grams, a persimmon has 6, and 1 cup of guava has about 9.
* **Dark-colored vegetables.** In general, the darker the color of the vegetable, the higher the fiber content. Carrots, beets, and broccoli are fiber rich. Collard greens and Swiss chard have 4 grams of fiber per cup.  Artichokes are among the highest-fiber veggies, at 10 grams for a medium-sized one.
* **Potatoes.** Russet, red, and sweet potatoes all have at least 3 grams of fiber in a medium-sized spud, if you eat the [skin](https://www.webmd.com/skin-problems-and-treatments/picture-of-the-skin) and all.

 Dry and Canned Goods

* **Stock up on beans.** Navy and white beans are the most fiber-rich, but all beans are fiber-packed. Any of these is a good choice for your shopping cart: garbanzo, [kidney](https://www.webmd.com/kidney-stones/picture-of-the-kidneys), lima, or pinto beans. They make great soups and chilis and are a flavorful addition to salads. Beans are also high in [protein](https://www.webmd.com/fitness-exercise/guide/good-protein-sources), so if you’re cutting back on red meat, they’re a healthy, filling substitute.
* Include other legumes. Peas, soybeans (edamame), and lentils are also high in fiber.

Bread and Grains

* **Check cereal labels.** Most cereals have at least some fiber content, but they’re not all created equal. Any [cereal](https://www.webmd.com/food-recipes/features/breakfast-cereal) with 5 or more grams of fiber per serving is a good source.
* **Whole-grain breads.** Seven-grain, dark rye, cracked wheat, and pumpernickel breads are good choices.
* [**Whole grains**](https://www.webmd.com/food-recipes/ss/slideshow-whole-grains)**.** Bulgur wheat, brown rice, wild rice, and barley are all tasty substitutions for white rice.

The Snack Aisle

* **Nuts and seeds**. An ounce of sunflower seeds, pumpkin seeds, pistachios, or almonds gives you at least 3 grams of fiber. They are also high in calories, though, so make a little go a long way.
* **Popcorn**. Three cups of air-popped popcorn have about 4 grams of fiber.

The Cold Case

* **Try foods with fiber added.** Milk and other dairy products, and most juices, naturally have no or low fiber. New products, however, are changing that picture: Look for labels on orange juice, milk, and yogurt that say fiber is added or “fiber fortified.”