

Postoperative Care Instructions

Hysterectomy (Abdominal/Laparoscopic/Robotic/Vaginal)

Colporrhaphy / Sacrospinous Ligament Fixation



The following guidelines are intended to address the most common questions and topics we hear from patients following minor OB/GYN surgeries. However, every body is different, and it's important that you call with any questions.

Post-Operative Visit

Most patients will need to be seen at the office after surgery. If you do not already have an appointment, or if you have questions or concerns, or feel like you need to be seen sooner, call our office during routine business hours.

Additional information regarding activity, diet, sexual intercourse, and when to return to work is below.

Activity

- Rest is essential during the first few weeks after surgery. Gradually increase your activity over the next few weeks, but rest when you tire or feel discomfort.
- Walk as often as you feel able; it is an excellent way to gain strength and help bowel function. You are allowed to climb stairs at a slow pace.
- Do not resume any strenuous activity (lifting more than 10-15 pounds) or sports for at least 6 weeks, or until released by your provider.
- Avoid driving for at least 2 weeks and until you are off all narcotic pain medication.
- Sexual intercourse can usually be resumed approximately 6-8 weeks after surgery, depending on findings at your post-operative appointment.

At times you may become frustrated or impatient because you are not feeling as well or doing as much as you would like, but this is a normal reaction to surgery and will pass with time. Fatigue may take the longest to disappear and often takes several weeks to return to normal. Remember, everyone recovers at their own rate. Some days will be better than others. Be patient and kind to yourself. Give yourself time to regain your strength and energy. Accept help when it is offered!

Bathing

You may shower, when you feel comfortable, but it is best to avoid baths, soaking in a tub, or swimming for at least 2 weeks.

Work

There are no fixed rules about returning to work. Each individual's work situation is evaluated separately, and should be discussed with your provider. Generally, 2 to 6 weeks away from work is a good idea.

Diet

- Resume a normal, well-balanced diet, as tolerated.
- You may experience residual nausea from the anesthesia or pain medication, if prescribed, which may decrease your appetite. Try to start with bland non-greasy foods, or clear liquids and add in other foods as tolerated.
- It is most important to remain hydrated, so try to drink at least 8-10 glasses of water each day.
- Pain medications, if prescribed, may contribute to constipation. Try to incorporate a high fiber diet (bran, fruit, prune juice) in addition to regular water consumption to promote normal bowel function, however, the following products may be used if you are experiencing constipation: Milk of Magnesia, Colace, Fibercon or Dulcolax.

Incisions Care

If staples have been used to close your incision, they will usually be removed before discharge from the hospital and steri-strips or surgical glue will be applied. You may remove bandages from your incisions after 24 hours. You may remove steri-strips or surgical glue when they start to peel up or flake off, usually in about a week. It is ok for your incision(s) to get wet while cleaning, but other than bathing, it is important to keep your incisions clean and dry to assure good healing. You may experience itching, bruising, a pulling sensation, and/or numbness around the incisions, all of which are normal. If your incisions become increasingly painful, hot, red, swollen or you notice drainage, please call our office.

If you have had vaginal surgery involving your rectum, we will discuss specific care for this when you are discharged from the hospital.

Vaginal Bleeding/Discharge

Expect that you may have a bloody or colored discharge for 2-6 weeks. You may even pass pieces of suture that are dissolving. It is important to refrain from sexual intercourse and avoid using tampons or douching until you are released by your provider. If you are saturating a pad an hour for 2 or more hours, or if discharge becomes odorous, our office should be notified.

(continued care instructions on back)



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Pain Management

- After surgery, you may feel tired or have some discomfort. You may especially be sore around the incisions made in your abdomen and/or navel. An ice pack can help with pain and swelling, or you may also use a heating pad as needed.
- Non-steroidal anti-inflammatory drugs (NSAIDS) such as Ibuprofen (Motrin or Advil) or Tylenol work best to control post-operative pain. You may use these alternately with your prescription pain medication, if prescribed. You should be able to gradually reduce the number and frequency of the pain medication.
- Be aware that narcotic pain medication may impair your judgment. Do not drive while using narcotic pain medication.
- We do not fill pain medication after office hours or on weekends, so please make sure you plan ahead and call our office and speak to a Triage Nurse.

When to Call Your Doctor

For emergencies, call our office number day or night.

Call our office immediately if you experience:

- Persistent heavy bleeding (saturating a pad an hour for two or more hours)
- Foul smelling or odorous vaginal discharge
- Progressively worsening pain
- A temperature above 100.4 F
- Swelling, redness, tenderness, drainage or opening of your incisions
- Any unusual or persistent pain in the abdomen, back or legs

For routine questions or to schedule a postoperative appointment, please call during normal business hours.

