

## **Vaginal Hysterectomy and/or Prolapse Repair Discharge Instructions**

*It has been our pleasure to take care of you. If you have any questions about your care, please contact our office during normal business hours at 712-262-6320. After hours or weekends, please call your local emergency room.*

### **Medications and Pain Management**

Immediately after surgery, nerve pain is the most intense, typically for the first 6 to 12 hours. As the body heals, it creates inflammation around the incision sites adding pressure and creating soreness. After 5 days, the inflammation begins to recede and significant improvement in soreness is expected. Pulling on the incisions, especially if sudden, such as when you cough, will reactivate the nerve pain. Support your abdomen with a pillow during coughing or sneezing as this will be helpful to minimize pain.

There are two types of pain pills typically used for post-operative pain management, narcotics such as Vicodin or Norco, and an anti-inflammatory such as Ibuprofen or Naprosyn. Taking regular anti-inflammatory pills, such as three 200mg liquid gel caps of Ibuprofen 3 times per day for the first 5 days and then as needed is recommended. If you have problems using NSAIDs, be sure to discuss this with your doctor. The narcotic can be used on a schedule for the first 1 to 2 days but after that, only as you need it. Narcotics can cause constipation, nausea, sleepiness, and headaches.

You may begin your usual home medications as you were taking before unless directed by your doctor.

### **Incisional care**

Your incisions are inside the vagina, and the stitches will dissolve on their own over the first 4-6 weeks after surgery. Showers are ok. Please avoid tub baths for the first 2 weeks after surgery. In the first few days after surgery you may experience spotting or bloody discharge; it would not be expected to be at the level of a menstrual cycle. Over the next few weeks, the discharge will transition to yellowish and potentially foul smelling as the suture material dissolves.

If you had a perineorrhaphy or episiotomy stitch, expect soreness and pulling at the area for the first few weeks as the inflammation settles down. Regular NSAID use and using a bag of ice or frozen peas or corn on the area (20 minutes on, 20 minutes off) can help minimize discomfort as well as keeping your bowel movements soft to avoid constipation and straining.

### **Vaginal Discharge**

You may have a mildly malodorous discharge and occasional spotting for up to 6 weeks. Menstrual level bleeding or significant watery discharge is not expected. Put nothing in the vagina like tampons or sexual intercourse for 6 weeks after surgery.

## **GI Function**

Nausea can occasionally be an issue in the first few days after surgery. It is usually caused as a side effect from the pain medicine, particularly narcotics. Taking the pain pills with food is a good way to proactively minimize this. Throwing up, especially after the first day, is not expected and if this happens, you should call your doctor.

Feeling gassy and constipation can be a problem for the first week after surgery. Limiting the use of narcotics may be helpful. Stool softeners twice a day and a high fiber diet are safe. If needed, Miralax once daily is a good choice. If no bowel movement after 3 days, you will need to increase the Miralax until soft, regular bowel movements are passing.

## **Voiding**

Because the bladder is disturbed by the surgery, the normal sensation may be temporarily altered. You may not be aware that your bladder is full. If the bladder is allowed to get over distended, it may make the problem worse. This is why we make sure that you are able to empty your bladder adequately before you go home. For the first few days at home, you should make a point to empty your bladder every 3 to 4 hours.

If you had a sling placed, it may take longer to empty your bladder and you may have to tilt forward while voiding. After a few weeks, voiding feels much more natural. Pain with voiding, especially after the first day, is not expected and may represent a bladder infection.

## **Activity**

For the first two days post-operatively, your soreness and recovery from anesthesia will limit your activity. At a minimum during this time, you should walk around for 10-15 minutes every 2-3 hours. After that, in the first week, any activity except for overt exercise is ok. Stairs are safe, just take your time. During the first week you should not commit to being on your feet for more than 30 minutes at a time. During the second week, light exercise is encouraged. After 2 weeks from surgery, you should try to get back into regular activity other than heavy lifting. For healing, please limit the amount of weight lifted to 8-10 pounds for the first 6 weeks after surgery.

Driving is ok after the first few days as long as you are not taking narcotic pain medications and your pain is well controlled.

**When to Call the Doctor**

Call for any fever above 100.5 F. If you do not feel feverish you do not have to routinely check your temperature.

Call for severe pain not improved by medications.

Call for persistent nausea and/or vomiting.

Call for menstrual level or more vaginal bleeding or significant vaginal discharge.

Call for unusual swelling in your legs.

Call if the incisions develop painful redness and discharge.