

# POST OP INSTRUCTIONS

Advanced Pelvic Surgery  
Urogynecology & Pelvic Reconstruction  
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## POSTOPERATIVE CARE INSTRUCTIONS FOR UPCOMING SURGERY:

1. Schedule and keep your postoperative appointment as instructed by physician.
2. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY AS WELL AS THE MORNING OF SURGERY.** You may have a small sip of water to take any necessary medications you may have. Chewing gum and breath mints are NOT permitted. You will start a clear liquid diet upon awakening the day before surgery. Please see enclosed list of what you may and may not consume during your clear liquid diet.
3. You may go home with narcotic pain reliever and 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. To avoid constipation: Follow the instructions for Miralax given to you by Dr. Owens to avoid post op constipation. One of the goals during the recovery period is to not strain with a bowel movement. Avoid the use of enemas or suppositories unless discussed with the office.
4. Please do not operate a motor vehicle or engage in activities in which you may injure yourself. Take ibuprofen with food as it may cause an upset stomach. You may take antacids as needed for an upset stomach. Please do not take Tylenol with your pain medications as many narcotics already contain Tylenol. Too much Tylenol can damage the liver. Take all post op medications as directed by Dr. Owens.
5. It is okay to take a shower. Please do not take a bath until incisions are healed and sutures or staples are removed.
6. Advance to regular diet as tolerated. Try to keep yourself hydrated as constipation tends to be a problem in the postoperative period, especially when taking narcotics. Eat foods high in fiber and protein. If you find you do not have much of an appetite, you may supplement your diet with Ensure, Sustacal, or Boost drinks.
7. No heavy lifting over 10lbs (a gallon of milk is 8lbs), for 6 weeks after surgery, and after a check up with Dr. Owens. No physical activity. Try to limit the number of times you go up and down stairs per day. When using stairs, go slowly, and one step at a time.
8. You may drive once all pain medications are completed and you feel that you are ready – this is usually after 7 days. You may walk or ride in an automobile if you feel able. No long trips by car, unless approved by Dr. Owens.
9. No tampons, douching, placing anything in the vagina, taking a tub bath, or intercourse for 6 weeks. The purpose of these restrictions is to allow your body to heal and for appropriate scar tissue formation.

10. Call our office if you get a temperature of more than 100.4, have excessive nausea and/or vomiting, abdominal distension, excessive pain, problems with incision (such as redness, discharge, swelling, or warmth), excessive vaginal discharge, or foul-smelling discharge.
11. NO SEXUAL INTERCOURSE FOR 6 WEEKS unless otherwise instructed by Dr. Owens. If you are having a minor surgery, get instructions from Dr. Owens about how long to abstain from intercourse.
12. Average time off work is usually between 2-6 weeks, depending on the surgery. It may be less for minor surgeries. Please speak with Dr. Owens about how long he recommends you to be off work.

## **INCISION CARE**

If you have vaginal surgery, your incision will be closed with sutures that will dissolve on their own in several weeks. You may have vaginal discharge and/or light bleeding or spotting for several weeks. This should become clearer the further out you are from surgery. The vaginal discharge should not be in large volumes or foul-smelling. Bleeding like a heavy period could potentially be a problem. If this happens, please call our office.

If you have an abdominal incision, it is usually closed with a suture that is beneath the skin line. The sutures will dissolve and do not require removal. Your wound may be supported with steri-strips, which will relieve tension on the incision and promote healing. These usually fall off within 2-3 weeks of surgery. As the steri-strips edge up, you may cut the edges with scissors or nail clippers. You may get the incision wet in the shower within 48 hours of surgery, however, please do not rub the incision with soap and water. You may clean your incision with a Q-tip and hydrogen peroxide. Inspect your incision daily for infection warning signs. Normal wound healing permits a small red line and slightly raised border along the incision line, no wider than a quarter of an inch.

## **CATHETER INSTRUCTIONS**

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

**URETHRAL CATHETER:** Most people are familiar with 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 cork into the end of the catheter and tuck the end into your underwear. We have found this is the most convenient way to provide bladder drainage and frees you from the necessity of the 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 side. This will prevent you from inadvertently pulling out the catheter in your sleep and will continually drain your bladder throughout the night. Prophylactic antibiotics will be given to prevent bladder infection.

## **CATHETER REMOVAL INSTRUCTIONS**

About 5-7 days after surgery, first thing in the morning, insert syringe into catheter that does not have cork. Twist about ¼ turn and lock into place (not too tight). Withdraw about 8-10cc of water. Unlock and discard water. Repeat by putting the syringe on the catheter again and withdraw water. If the syringe is empty, you may now gently pull out the catheter. If you have not voided by Noon or are voiding small amounts every 15-20 minutes, call the office for further instructions.

**INTERMITTENT SELF-CATHETERIZATION:** Intermittent self-catheterization requires a mirror and some degree of manual dexterity. You may be given a specialized female self-catheter, which is a clear, thin 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 and slide forward until urine drains. The catheter can be washed with soap and water and maintained in a clean Ziploc 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.

**If you have any questions about post-op instructions, please contact our office surgery scheduler, Elise, at  
513-942-7640**

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## **Post-Operative Physical therapy**

Surgery is only the first step toward full recovery. To have full recovery, and reduce the likelihood of injury, performing post-operative physical therapy is necessary.

Overall, physical therapy helps:

- Minimize scar tissue
- Restore strength
- Regain range of motion
- Speed up your recovery
- Maximize return to full function

Due to how valuable post-operative physical therapy is, Dr. Owens recommends that you attend a post-operative therapy session. Due to extensive research and experience, physical therapists have a particularly good understanding of what needs to be done after each surgical procedure to maximize your recovery.

In this session you will be fully evaluated for flexibility, strength, and function. You will learn the proper method of pelvic floor and core exercise appropriate for your surgical status. These exercises, once learned, are done at home. Additional physical therapy visits may be recommended depending on your needs.

We will set up your post-operative physical therapy session when given all clear from Dr. Owens, usually at your follow up post-surgical visit.

Insurance does not recognize post-operative physical therapy as part of post-surgical care; however, most insurances provide physical therapy coverage. We will verify your coverage and obtain authorizations, if necessary, as a convenience to you.