

**Center for Urogynecology and Pelvic Reconstructive Surgery
Dr. Fareesa Khan
314-270-9880
Surgical Instructions**

PROCEDURE

DATE:
LOCATION:

TIME
ARRIVE

Pre admission testing at hospital _____
 Patient to call and schedule **Pre-admission testing**. This testing **must be completed at least 7 days before your surgery**. At the appointment you will also meet with someone from the anesthesia team.

SAMC	314-525-4302
MERCY	314-251-6210
MOBAP	314-996-5827
LANDMARK	314-729-0100

_____ **Nothing to eat or drink after midnight.**
 _____ **Remove all piercings prior to surgery.**

Follow up appointments are an important part of your care.

2 WEEKS	Date/Time:
6 WEEKS	Date/Time:
12 WEEKS IF NEEDED	Date/Time:

Bowel Prep

Bowel prep to be started afternoon prior to surgery. Have light (i.e. soups, toast, crackers) meals on the day of the prep. The prep will take about 4-5 hours to complete. No eating or drinking after midnight the night prior to surgery. Prescription to be sent to the pharmacy unless instructed otherwise.

_____ **yes** _____ **no**

Medications NOT to be taken for one week prior to surgery:

Aspirin

Ibuprofen (Motrin, Advil)

Naproxen (Naprosyn, Aleve)

Clopidogrel (Plavix), warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis)- do NOT stop these medication before discussing with your primary doctor!

Vitamin E

Fish Oil

Post Surgery Instructions

When to call the doctor:

- Fever over 101.0 F using a thermometer.
- Uncontrolled pain despite using pain medications
- Nausea, vomiting
- Bad odor, drainage or redness from vagina or any incisions (some vaginal spotting and drainage is to be expected as is bruising at the incision sites.)
- If you are not able to urinate well
- If you cannot have a bowel movement despite trying the recommendations in the bowel section below.
- If you think you have a UTI
- Anytime you feel something seems wrong, not progressing the way you expected or you are nervous or afraid.

How to reach the doctor on call:

Daytime hours 314-270-9880

After hours 314-729-2190

Activities post operatively:

Driving- you may drive if you are no longer taking narcotics

Bathing/Swimming- please refrain from bathing/swimming for 6 weeks after surgery (Showering is ok).

Lifting- you may lift weights that are comfortable for you immediately after surgery.

Walking- please walk immediately after surgery and continue to stay active.

Stairs- you may go up and down stairs with no restrictions.

Housework- you may do light housework as you feel up to it immediately after surgery.

Intercourse- please refrain from intercourse for 6 weeks.

Exercise- listen to your body and exercise if you feel comfortable.

Remember, it is normal to feel fatigued for up to 6 weeks after surgery. Listen to your body and rest as needed. But, remaining active can also help prevent blood clots.

Bowel function:

Gas pains and constipation are common after surgery. Gas pains can feel like sudden sharp pains in the abdomen or pelvis. If you are very uncomfortable, try to hold your tummy and massage it gently. Walking will also help relieve gas pain.

Straining to have a bowel movement is normal after surgery and won't hurt your surgery. You may have been instructed to take a stool softener (Colace) to help

prevent excessive straining. You can take this medicine up to 2 times per day as needed.

If you are suffering from constipation, you should stop the Colace and switch to Peri-colace. You may take 2 Peri-colace tablets per day (once in the morning and once in the evening). If this does not help, you can use whatever has helped you in the past but avoid enemas unless approved by the physician. You can also try miralax or milk of magnesia (short term). Do not allow yourself to go more than 2 days without a bowel movement after you have resumed normal eating/drinking habits.

Peri-colace and colace are available over the counter.

If you find yourself becoming bloated, not passing gas or developing nausea, please call the doctor on call.

Eating/Drinking:

You may resume your normal diet when you are discharged from the hospital. Initially, your appetite may not be as good as it was before surgery. Try to eat small, frequent meals.

Remember to stay hydrated but don't overdo it especially if you have had a bladder sling. We recommend drinking 4-6 oz. of fluid per hour and stop drinking 3 hours before bedtime. Try and void about every 3 hours and once at night for the first few weeks after surgery.

Catheter:

It is unlikely that you will go home with a bladder catheter after surgery. If you go home with a catheter, the hospital will provide you with catheter care instructions. Please call the office after discharge for instructions regarding when the catheter will be removed.

Catheters should be taped snugly to the upper inner thigh and you should be careful that it is not tugging on your urethra. If you feel that you are developing an infection (urgency, frequency, burning or bright red blood in the tubing) with the catheter in place, please call the doctor. It is normal to have small specks of blood in the tubing. If you feel that the bladder is getting full and the urine is not moving in the tube, it may be clogged. Call the doctor and you may be instructed to proceed to an ER to have the catheter unclogged.

Discharge, bleeding and leakage:

It is normal to have a vaginal discharge, bleeding and spotting for up to 6 weeks after surgery. The discharge may be bloody, brown, or yellow. It may increase and decrease after surgery for the entire 6 weeks. It may increase after activities. The blood is usually due to the blood clot behind the suture line loosening up and breaking down. The discharge is usually due to dissolvable sutures breaking down. You could even see a string coming out of the vaginal area. Do not be alarmed. Just leave it alone and it will likely come loose in time and fall out.

Bladder leakage, while not welcomed, is possible after surgery. We will allow the area to heal and the muscles to resume their normal function (which could take up to 12 weeks) before taking action. If the bladder leakage is extreme, please let the doctor know immediately.

Call the doctor if the discharge is green or smells bad. Call if the bleeding is moderate to heavy and going beyond the borders of a usual maxi pad or reaching the inner thighs.

Confirmation of receipt of surgical counseling, and post-operative instructions

I have received my post operative instructions and undergone surgical counseling with informed consent of my procedure. My questions have been answered regarding my surgical and post surgical care. I understand that I am welcomed to call with questions at anytime.

Signed: _____

Date: _____

Witness: _____

Date: _____