

## Discharge Instructions

You will leave the hospital with prescriptions that **MAY** include the following:

**Antibiotic-** take as prescribed until finished

**Stool Softener-** take as needed. This will only soften stools and not induce them. Should constipation occur, milk of magnesia®, castor oil or Magnesium Citrate drinks are all over the counter effective remedies and approved by your surgeon.

**Pain Medication-** take as directed for pain. If pain is mild, over-the counter pain medications such as Tylenol® can be taken. Aspirin products and ibuprofen may worsen bleeding and should be avoided for at least 1 week postoperatively.

**If you have a urethral catheter (foley):** Please cleanse the catheter twice daily with a mild soap at the area where the catheter enters you body (called the urethral meatus). Empty the drainage bag every few hours as needed when it fills. The catheter should be taped loosely to your body so that it exerts no tension on your urethra, and to prevent you from tugging on it as you walk or move. Always keep the bag lower than the bladder so that gravity may help the urine drain properly.

**Vaginal drainage or discharge:** may be normal for several weeks following surgery. It is normal to have spotting of blood. However if the drainage is thick, yellow or green and is accompanied by a foul odor, it may signify an infection and you should call the office so that you can be examined. Occasionally, you may notice some small sutures passing vaginally. This is normal as the sutures are absorbable.

**Spasms, pressure and urgency** may occur and are usually part of the healing process. These symptoms are to be expected whenever manipulation of the bladder or urethra is a part of your planned surgery. It is important to make sure that your bladder is emptying properly. Should you be unsure of this, please contact the office.

**Showering and bathing:** remove any gauze dressing after you shower and replace it with a clean one. Avoid tub baths as they submerge the incisions under water and may not allow for optimal healing. Surgical tapes (Steri-Strips®) are often used to approximate skin edges. Should you find these on you abdomen or skin creases please leave these intact. They will curl up and fall off in a few days.

**Diet:** you do not have any dietary restrictions following this type of surgery.

**Lifting:** do not lift anything heavier than a gallon of milk (i.e. over 10 pounds) for 4-6 weeks.

**Exercise:** do not conduct any high impact exercises for at least 4 to 6 weeks after surgery.

**Return to work:** you may return to work when you feel up to it. Generally, most patients return to work 1-2 weeks from the date of their surgery.

**Sexual activity:** refrain from any sexual activity for 6 weeks after surgery and then use water soluble lubricants for a short time when you resume sexual relations. Most discomfort that is experienced early improves with time; however, report any long-standing discomfort to your physician.

**Driving:** you must abstain from driving a car or operating machinery when taking pain medications.

**CALL YOUR DOCTOR IF YOU HAVE:**

- vaginal discharge with a foul odor
- bright red vaginal bleeding larger in quantity than a period
- Temperature greater than 101.5 degrees (38.5C)
- Persistent vomiting
- Worsening pain not relieved by prescription pain medications
- Redness in incisional areas or severe tenderness or drainage from incisions