



Blue Ridge Urogynecology

General Pre-Operative Instructions

WHAT TO DO TWO WEEKS BEFORE YOUR SURGERY

Stopping Medications:

1. Stop all herbal and weight loss medications at least 2 weeks prior to surgery
2. Stop all of the following medications 2 weeks before surgery:
 - **Aspirin**, and any drugs which contain aspirin (If you are unsure if any of your medications contain aspirin please check the label or call your doctor.)
 - **non-steroidal anti-inflammatory (NSAID) medications** like ibuprofen, Motrin, alive, Celebrex and naproxen
 - **Vitamin E** exceeding dosages greater than 600 units per day
3. Check with your physician to see when to stop Plaid and Coumadin
4. Please note that this is not a complete list so check with your doctor if you have any questions about any of your medications.

Stop Smoking!

1. Smoking reduces oxygen supply to vital organs and can cause bronchospasms (spasms of the breathing pathway) which causes difficulty breathing. It also increases complications associated with mesh grafts. Your doctor can help you to stop or cut down on smoking.
 2. Please refrain from smoking at least 24 hours before your surgery.
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THE DAY BEFORE YOUR SURGERY

Diet

1. **Follow your doctor's specific instructions if he or she sends them to you.**
If no instructions were sent, please do the following:
 - a. You may have solid food up until midnight the day before your surgery.
 - b. After midnight, you may have clear liquids (water, clear juices like apple and cranberry, sports drinks like Gatorade, Kool-Aid, Jell-O, plain tea (without milk), ginger ale, sprite, chicken or beef broth) **until 6 hours** before your surgery time. For example, if your surgery is at 12:00pm, you could have clear liquids until 6:00am. **DO NOT** drink any coffee, orange juice or alcohol, or eat hard candy or chewing gum.



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2. Your surgeon may provide you with specific instructions for a bowel prep. Please follow them carefully.

Other

A pre-op nurse from the hospital will call you the day before your surgery (or on Friday if your surgery is on Monday) to tell you what time you need to arrive to the hospital, and what time your surgery is scheduled. They will also give you last minute instructions about which medications to take the morning of surgery.

THE DAY OF YOUR SURGERY

Medications

1. Take all medications that you have been instructed to take with a sip of water before you leave for the hospital.
2. Bring any inhalers with you to the hospital.

When You Arrive at the Hospital

1. Remember to bring your insurance information and identification.
2. Wear comfortable clothes and flat shoes. Do not wear jewelry (including body piercing jewelry) or hair accessories. You may wear nail polish and acrylic nails.
3. Please bring a case for your glasses, contact lenses and your dentures.
4. If you will be staying overnight, please leave your overnight bag in the car until your family / friends have your room assignment. This will be after your surgery is over.
5. Following your procedure you will go to the Recovery Room for 1-3 hours. No visitors are allowed in the Recovery Room.
6. After the Recovery Room, patients who are going home the same day will be transferred to the Step-Down Unit where one visitor may keep them company.
7. After the Recovery Room, patients who are staying will be transferred to their hospital room where their family/friends may.
8. You may not drive yourself home.
9. Because anesthesia uses medications that may impair your thinking and balance for up to 24 hours after surgery, we recommend that a responsible adult accompany you home and spend the night with you.
10. If you have any questions prior to your surgery you can call our office:



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General Post-Operative Instructions

You have undergone pelvic surgery and it is now your turn to play an important role in the success of your surgical treatment.

We know it takes about 12 weeks for tissues to heal to 80% of their final strength. It may take up to 6 months to achieve 90% strength, and up to two years for complete recovery. Based on this, we recommend that our patients avoid exertional activities for 12 weeks after surgery.

For urgent issues, our doctor is on call at all times. Please call the office

Activity

Everyone recovers differently. Remember your condition, general health and operation may be quite different from a friend of yours. When it comes to activity – use your common sense, if what you are doing causes pain or discomfort especially at your incision or in the vagina - STOP! REST, try again in a week or two. Here are some additional things to remember as you recover:

1. Rest is important and short naps (20 minutes) can refresh you during the day.
2. It is important to walk so you do not become weak.
3. Usually you will be allowed to climb stairs.
4. Avoid jumping, running and lifting heavy objects. These activities can risk tearing down the surgical repair. Avoid heavy pushing or pulling such as vacuuming or lawn mowing. Do not repetitively lift in excess of 5 lbs
5. Check with your doctor about when you can resume more rigorous exercise or other high impact activities.
6. If you belong to a gym, a doctor's note will frequently allow you to put the membership on hold until you are cleared to return.



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7. Do not soak in a hot tub or swim without first clearing this with your doctor.
8. Do not place anything in your vagina (tampons, douching, medication or sexual activity) during the first 6 weeks after surgery without discussing it with your doctor.
9. Resumption of vaginal intercourse will depend upon how quickly your vaginal incisions have healed. You should discuss this with your doctor at your post-op visit.

Nutrition

1. Eat a well balanced diet and stay hydrated with non-caffeinated beverages.
2. Resume all of your prior medications, unless otherwise directed by your doctor.

Elimination

1. It is important not to strain during bowel movements as this strains your surgical repair. Avoid constipation by eating a high fiber diet, drinking water and taking a stool softener such as colace or docusate sodium 1-3 times daily. If no bowel movement occurs within 2 days of surgery consider taking a mild laxative (Milk of Magnesia or senna).

Bladder Function

1. Surgery may change your sensation of fullness. We suggest you try to empty your bladder every 3 hours while you are awake to avoid letting your bladder become too full.
2. **Call our office if you experience any of the following:** Pain or burning upon urination, more frequent urination, urgency, or the need to rush to the bathroom or if you feel like you are unable to completely empty your bladder.

Hygiene

You may shower. Do not bathe in the bathtub without permission by your doctor



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Fever

If you feel feverish or have shaking chills, take your temperature. This indicates an infection. **If your temperature is 101 °C or above call the office.**

Abdominal Incision Care

1. Check your incision daily. Call the office if you notice redness, draining, swelling or separation of the skin.
2. You may clean your incision with water. There is no need to use a dressing.
3. You may remove any adhesive strips over your incision a week after surgery.

Vaginal Discharge

1. You may have vaginal bleeding and a vaginal discharge for several weeks.
2. If your discharge develops a foul smell or **if you're vaginal bleeding is heavier than a normal period, call our office.** Keep track of when the bleeding began and how many pads you have used that day.
3. If you are still having periods, try to remember when you had your last period. This new bleeding may be your period.

Peri-Care

If you have an incision on your perineum (between the vagina and rectum) clean the incision -after every bowel movement. You might find moist towelettes / diaper wipes or a sitz bath basin helpful (available at your local pharmacy or grocery store).

Pain Control

1. Most surgical procedures are associated with some degree of pain.



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2. Do not wait too long to take your pain medication! Poorly controlled pain in the vaginal area may contribute to muscle spasms which result in difficulty emptying your bladder or having a bowel movement.
3. In addition to medication prescribed by your doctor, you can also take acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). Sometimes alternating doses of narcotics and Tylenol or Motrin is very effective for pain relief.
4. You should need less pain medication as your body heals. **If your pain is not relieved by the medication or gets worse, call the office.** This may be a sign of infection.