

How to Care for Yourself After a Minor Gynecologic Procedure or Surgery



Allina Health

Your Health Care Provider

Name: _____

Phone number: _____

Follow-up Appointment

Please keep all follow-up appointments with your health care provider, even if you are feeling well.

Date: _____

Time: _____ a.m. / p.m.

Your Procedure or Surgery

- Midurethral sling with mesh:** A small piece of mesh was placed under your urethra to stop urine from leaking when you do physical activities such as laughing, coughing, sneezing and exercising.
- Midurethral sling excision or revision:** The mesh sling was cut or it was removed (either a portion or the whole sling) from your vaginal area.
- Urethral bulking:** A bulking material (agent) was injected around your urethra to narrow its width. Narrowing the urethra helps decrease urine leaking when you do physical activities such as laughing, coughing, sneezing and exercising.
- Sacral neuromodulation:** A device (electrode) was implanted to stimulate your sacral nerve. The sacral nerve controls your bladder.
 - Stage 1: This is the testing phase. The electrode was inserted through your skin and placed by your tailbone. You will wear the battery around your waist.
 - Stage 2: After the testing phase, the electrode will either be removed (if it did not work for you) or the battery will be implanted in your buttock area.
- Other:** _____

What to Expect After Your Procedure or Surgery

- It is common to have mild to moderate pain for the first few days. The pain is usually manageable with pain medicine and cold packs.
- You may feel tired. You may need to rest or take naps more often than usual.
- You may feel that the second day after your procedure or surgery is more difficult than the first day and that you feel a little bit more tired or sore. This is normal, as long as you start to feel better, and not worse, over time with rest and pain control.
- You may feel pinching, tugging or pressure when you move (especially while changing positions or getting out of bed).

Specific Procedure or Surgery Care Guidelines

☐ Midurethral sling with mesh or a midurethral sling excision or revision

Vaginal estrogen therapy

If you were prescribed vaginal estrogen, start using this medicine the day after your surgery.

- Use your finger to place the estrogen in your vagina. Do not use the applicator.
- You may feel the stitches when you are putting the estrogen in your vagina. You will not hurt anything by touching the stitches. Do not pull or try to get any of them out. They will fall out when they are ready.

Bleeding and vaginal discharge

- Light vaginal bleeding and spotting are normal. The bleeding and spotting may come and go. You may have spotting again after a few days without bleeding.
- You may have some vaginal discharge (pink, white, clear, yellow or brown) **with an odor** for up to 6 weeks after surgery as the stitches in the vagina dissolve.
- You may feel or see threads from the stitches when you wipe. This is normal as the stitches dissolve.
- If you are still getting a period, it may be heavier than normal, lighter than normal, or at an unexpected time of the month.

Activity

You have incisions in your vagina that need to heal well to prevent mesh erosions. The sling is **not** stitched into place and could dislodge or move if it does not heal. This can take 4 weeks. You will have activity restrictions for a short period of time.

- You should get up and walk every 1 to 2 hours during the day. Start out with short walks and gradually increase your distance.
- It is OK to walk up and down stairs.
- You can take a shower and wash your hair the day after your surgery.
- You should be able to return to work or your hobbies 2 to 4 weeks after your surgery depending on your job and if you can follow the activity restrictions. Talk with your health care provider about when you can return to work or your hobbies.
- You can drive after your surgery when your incision is comfortable enough to let you step on the brake quickly and you are no longer taking narcotic pain medicine. This is usually 1 to 2 weeks after surgery.

For 4 weeks after your surgery or until your health care provider says it is OK:

- Do not lift anything that weighs more than 10 pounds such as children, pets, weights, groceries, luggage and laundry.
- Do not do any activity that requires heavy lifting, pushing, pulling or squatting. Examples include heavy housework, vacuuming, and gardening or yard work.
- Do not do any type of strenuous exercise. Examples include vigorous walking or hiking, running, exercise machines, lifting weights or yoga.

For 6 weeks after your surgery or until your health care provider says it is OK:

- Do not take a tub bath, use hot tubs, or swim in lakes, oceans or pools. It is OK to take a shower.
- Do not put anything in your vagina. (This includes having sex, douching or using tampons.)
- The exception is vaginal estrogen. If you were prescribed this medicine, start using it the day after your surgery.

Urination

- You may notice a change in the way you urinate. The urine flow may be slow and it might take longer to empty. Relax when you sit on the toilet to allow urine to pass. Do not try to push the urine out using your stomach muscles.
- You may see blood in your urine or an orange color to your urine the day after surgery. This is normal.

- At first, you may not be able to urinate on your own. This can happen after any surgery and does not mean anything is wrong. It usually gets better on its own in 24 to 48 hours.
 - If this does happen, you will be sent home with a catheter.
 - You will have an appointment to return to the clinic in a few days to have it removed.
- You may leak urine after your surgery. This does not mean that anything is wrong and it may change and improve over time. Your health care provider will talk with you more at your follow-up appointment.

□ Urethral bulking

Activity

- You may not drive on the day of your procedure because you had anesthesia.
- After your procedure, you should rest and relax for the rest of the day.
- You may return to your normal activities the day after your procedure.
- You may return to work or your hobbies the day after your procedure.

Urination

- You may notice a change in the way you urinate. The urine flow may be slow and it might take longer to empty. Relax when you sit on the toilet to allow urine to pass. Do not try to push the urine out using your stomach muscles.
- You may see blood in your urine or an orange color to your urine the day after surgery. This is normal.

❑ Sacral neuromodulation

Activity

- During stage 1 (when you are wearing the battery around your waist):
 - Do not lift anything that weighs more than 5 to 10 pounds.
 - Do not do any exercise, heavy lifting, pushing or pulling.
 - Do not take a tub bath, use hot tubs, or swim in lakes, oceans or pools. It is OK to take a shower.
- During stage 2 (after the battery has been implanted):
 - Do not lift anything that weighs more than 5 to 10 pounds for 10 to 14 days after your procedure.
 - Do not do any exercise, heavy lifting, pushing or pulling for 10 to 14 days after your procedure.
 - Do not take a tub bath, use hot tubs, or swim in lakes, oceans or pools for 2 weeks after your procedure. It is OK to take a shower.
- You may not drive for 24 hours after your procedure because you had anesthesia. After this time, you may drive if you are no longer taking narcotic pain medicine.
- You may return to work 3 to 4 days after having your procedure if you can do your job with the recommended activity restrictions and are not taking narcotic pain medicine.

Care Guidelines for All Procedures or Surgeries

Incision care

- You may remove any bandages 1 to 2 days after your procedure or surgery.
- Do not put any creams, salves or ointments on the area. The exception is vaginal estrogen. If you were prescribed this medicine, start using it the day after your surgery.
- If Steri-Strips® were used on the incision, they will begin to fall off as the incision heals. If they do not, you can remove them 10 days after your surgery.
- Follow your health care provider's instructions for Dermabond® (a surgical glue). It will fall off as the incision heals. Do not scratch, rub or pick at the glue.
- If your incision has no drainage, you do not need to use a dressing.

Bowel movements

- You may have fewer bowel movements than usual. This will depend on what type of surgery you had, what you eat, how active you are, and if you take narcotic pain medicine.
- You can return to your normal diet. Be sure to eat plenty of fresh fruits and vegetables.
- You may also add a fiber supplement (such as Metamucil®, Benefiber®, Fibercon® or Konsyl®), flaxseed oil, or prunes or prune juice to your diet.
- Take these over-the-counter medicines until your follow-up appointment:
 - Senokot®: two pills at bedtime each night.
 - MiraLAX®: one dose each day in the morning.

Stop taking either of these medicines if you start having loose stools.

- If you do not have a bowel movement within 2 days after surgery, but are passing gas, take one dose of milk of magnesia or Miralax® at bedtime. Take another dose the next day if you do not have a bowel movement in the morning. If you still do not have a bowel movement, call your health care provider.
- **Do not use suppositories or enemas.**
- **Do not put anything in your rectum.**

Nutrition

- There are no restrictions to your diet after surgery. You should go back to eating a normal, healthy diet as soon as possible after your surgery.
- As soon as you are able, eat well-balanced meals to help you recover more quickly and to help you feel your best. What you eat after your surgery affects your well-being. You need to eat healthful meals and drink lots of liquids.

Pain relief

The goal of pain medicine is to help you be active while following any activity restrictions. You may still have mild pain, but moving around will help you recover faster and prevent problems such as blood clots and constipation.

Cold packs are very helpful at reducing discomfort and swelling (inflammation). You can use a cold pack on any incisions you have or in your perineal area (the area that sits on a bicycle seat).

Use non-narcotic pain medicines first

- For the best pain control, alternate ibuprofen (such as Motrin® or Advil®) and acetaminophen (such as Tylenol®) every 3 to 4 hours on a schedule for mild to moderate pain.

- A typical schedule may look like this:

- ❑ 8 a.m.: ibuprofen
- ❑ 11 a.m.: acetaminophen
- ❑ 2 p.m.: ibuprofen
- ❑ 5 p.m.: acetaminophen
- ❑ 8 p.m.: ibuprofen

Continue this pattern each day. You can use the chart on page 14 to keep track of your pain medicine schedule.

- **This schedule is usually only needed for the first 2 to 3 days after surgery.** When your pain starts to get better, you can take these medicines less often and only as you need them.

If you do not have pain, you do not need to take pain medicines.

- Your health care provider will give you a prescription for ibuprofen, acetaminophen and a narcotic medicine with the correct dose for you.
- **If you have been told that you cannot take ibuprofen or acetaminophen** because of a medical condition (such as allergies, history of bleeding ulcers, liver or kidney disease), do not take the medicine. Talk to your health care provider about a different pain management plan.

Use narcotic (opioid) pain medicines last

- If your pain is not controlled with ibuprofen and acetaminophen, you should start taking your prescription for a narcotic (opioid) pain medicine.
 - Examples are oxycodone and hydromorphone (Dilaudid®).
 - You can take the narcotic medicine every 4 hours only if you need it.
 - It is safe to take the narcotic medicine with ibuprofen or acetaminophen.

- If you still have a lot of pain after taking these medicines, please call your health care provider. **Do not take more medicine than recommended. This can be dangerous.**
- If you have a prescription for a narcotic pain medicine that already has acetaminophen in it, such as Percocet[®], Vicodin[®] or Norco[®], **do not take extra acetaminophen.**
- **Do not drive or drink alcohol when you are taking this medicine.** The medicine will affect your ability to make decisions or react quickly.

Narcotic benefits and risks

Potential benefits are:

- The medicine works quickly.
- You will feel less pain.
- You will be able to be active to speed your recovery.
For every day you stay in bed, you need 3 days to regain your strength.
- You will be able to rest or sleep better.

Risks are:

- Taking a narcotic too often can lead to addiction.
- The longer you take narcotics, the more your body gets used to them (known as tolerance), and two things happen:
 - They may not work as well.
 - You may have more side effects when you stop them.
- Taking too many narcotics can cause side effects such as:
 - feeling dizzy, itchy or both
 - making you feel groggy or sleepy
 - feeling sick to your stomach (nausea)

- vomiting (throwing up)
- being unable to have a regular bowel movement (constipation)

- having breathing problems.

How to get rid of unused narcotic medicine

Do not keep unused medicine “in case” you think you may need it. Having it in the house where children or pets could reach it is unsafe.

- Do not share unused medicines with family or friends.
- Store medicines in a locked cabinet that is out of the reach of children and pets.

Use the following directions to get rid of your narcotics if your city, county or pharmacy does not take unused pills.

- Scratch off your name, your health care provider’s name and the prescription number on the medicine label.
Or, scribble the information out with a black marker.
- Add a small amount of vinegar to dissolve most of the pills. (Do not flush the pills.)
- Tape the cap of your medicine container shut with a strong tape.
- Put the taped medicine container in a bag or other container that you cannot see through (such as a paper lunch bag or an empty yogurt, sour cream or coffee container).
- Throw the container in the garbage, not in the recycling bin.

You may also drop off the container at your county’s medicine disposal location.

Information adapted from the Minnesota Pollution Control Agency, Solid Waste Management Coordinating Board and Wisconsin Department of Natural Resources.

When to Call Your Health Care Provider

Call your health care provider if:

- you develop a temperature of 101 F or higher
- you have nausea (upset stomach) and vomiting (throwing up) that will not stop
- you have increased pain that cannot be relieved with rest or pain medicine
- you have bright red vaginal bleeding that saturates one pad or more per hour
- your incision becomes red, more tender, has increased drainage, or signs of infection:
 - pain
 - swelling
 - redness
 - odor
 - warmth
 - green or yellow discharge
- you have hives (itchy raised rash)
- you have any new pain or swelling in your legs
- you have pain or see blood in your urine more than 48 hours after your surgery
- you feel like you cannot empty your bladder or you are not able to urinate at all
- you have constipation not relieved by changing your eating habits or taking laxatives. (It is normal to have changes in your bowel habits. Narcotic pain medicines can cause constipation.)
- you have any questions or concerns.

Emergency Symptoms

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any of the following:

- trouble breathing
- chest pain that gets worse with deep breathing or coughing
- any change in movement (you have new weakness or you are not able to move normally).

My Pain Medicine Schedule

Non-narcotic pain medicines

Write down the times you will take your non-narcotic pain medicines (ibuprofen and acetaminophen). Place an "X" in the box when you have taken a dose of the medicine.

Time	Medicine	Day 1	Day 2	Day 3
	ibuprofen			
	acetaminophen			
	ibuprofen			
	acetaminophen			
	ibuprofen			
	acetaminophen			
	ibuprofen			
	acetaminophen			

Narcotic pain medicines

Write down when you need to take a narcotic medicine.

Date	Time	Medicine



Notes



Notes



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gyn-ah-29324 (8/20)