

How to Care for Yourself After Gynecologic 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 Surgery

- Vaginal (hidden scar) hysterectomy:** Your uterus and cervix were removed.
- Laparoscopic hysterectomy:** Your uterus and cervix were removed.
- Salpingectomy:** Your fallopian tubes were removed.
- Oophorectomy:** Your ovaries were removed.
- Uterosacral ligament suspension:** The “top” of your vagina was lifted using your own tissue and stitches.
- Sacrospinous ligament fixation:** The “top” of your vagina was lifted using your own tissue and stitches.
- Anterior colporrhaphy:** Your vagina (near the bladder) was repaired.
- Posterior colporrhaphy:** Your vagina (near the rectum) was repaired.
- Laparoscopic sacrocolpopexy:** Your vagina was lifted up and repaired with mesh.
- Midurethral sling with mesh:** A small piece of mesh was used under your urethra to stop urine from leaking when laughing, coughing, sneezing and exercising.
- Other:** _____

What to Expect After Surgery

- It is common to have mild to moderate pain for the first few days after surgery. The pain is usually manageable with pain medicine.
- You are going to feel tired. You may need to rest or take naps more often than usual for the first 6 weeks after your surgery.
- You may feel that the second day after your 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).

Bleeding and Vaginal Discharge

- You will have some vaginal discharge (pink, yellow or brown) with an odor for up to 6 weeks after surgery as the stitches in the vagina dissolve.
- 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 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.

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.
- 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.

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 opioid 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 as directed by your health care provider until your follow-up appointment:
 - ❑ Colace[®] (docusate sodium): two doses each day (one in the morning and one in the evening).
 - ❑ 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 Senokot[®] 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.
- If you do not eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you do not feel hungry.
- Eating three balanced meals is essential to maintain your health. It may be helpful to eat six small meals each day instead of three large ones.

Activity

- Your first activities at home should be similar to those you were doing in the hospital. Remember, your recovery will take several weeks of steady progress before you feel your best.
- 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. Since this requires more energy, plan your trips carefully during your first week at home.
- Rest is as important as exercise. After surgery, your energy level will be low and you will get tired easily. When you feel tired, your body is telling you to rest for awhile. Some days you will have more energy than others. It takes about 6 to 8 weeks to fully recover.
- 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 1 to 6 weeks after your surgery depending on the type of surgery you had. 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 opioid pain medicine. This is usually 1 to 2 weeks after surgery.

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

- Do not put anything in your vagina. (This includes having sex, douching or using tampons.)
- Do not take a tub bath, use hot tubs, or swim in lakes, oceans or pools.
- Do not lift anything that weights 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.

Incision Care

- You should look at your incision every day and keep it clean while it heals.
- Do not put any creams, salves or ointments on the area.
- Protect the incision from sunlight.
- 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 staples were used, they will be removed 3 to 7 days after your surgery.
- If your incision has no drainage, you do not need to use a dressing.

Pain Relief

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

Use non-opioid 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 13 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 opioid pain medicine with the correct dose for you.

Use opioid medicines last

- If your pain is not controlled with ibuprofen and acetaminophen, you should start taking your prescription for an opioid medicine.
 - Examples are oxycodone and hydromorphone (Dilaudid®).
 - You can take the opioid medicine every 4 hours only if you need it.
 - It is safe to take the opioid 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 opioid medicine that already has acetaminophen in it, such as Percocet®, Vicodin® or Norco®, **do not take extra acetaminophen.**
- 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.
- **Do not drive or drink alcohol when you are taking this medicine.** The medicine will affect your ability to make decisions or react quickly.

Opioid 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 opioid too often can lead to addiction.
- The longer you take opioids, 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 opioids 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 opioid 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 opioids 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.


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 problems breathing
- you have chest pain that gets worse with deep breathing or coughing
- you have any change in movement (such as new weakness or inability to move as usual)
- you have pain or see blood in your urine more than 48 hours after your surgery

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- 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. Opioid pain medicines can cause constipation.)
 - you have any questions or concerns.

In an emergency, call 911 or have someone take you to the nearest hospital Emergency Department.

My Pain Medicine Schedule

Non-opioid pain medicines

Write down the times you will take your non-opioid 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			

Opioid pain medicines

Write down when you need to take an opioid medicine.

Date	Time	Medicine



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