

Discharge Instructions After Hysterectomy and Vaginal Surgery

Surgery is over and now you are on the road to recovery. It is common to have some pain in the surgery site, often in the lower back, and occasional episodes of temporary sharp pains, and a feeling of tiredness, weakness, and irregular intestinal functioning, gas pains. Some patients notice that they sweat easily. The following instructions are to help you understand what is happening and what to do about certain situations appropriate to your recovery, and will hopefully reduce your anxiety and fears following surgery.

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Activity: During the first day or two home, rest like you did in the hospital. Be up for meals and bathroom, and walk around as you see fit. Going up and down stairs and riding in a car will cause you no harm. Try to be up at least four hours each day and push yourself into more activity and time up each day. This will enable you to get your strength back more quickly than if you stay completely down. When you become shaky or fatigued, lie down for a while, rest or nap. You may drive when you are pain free and off pain medication (typically 1-2 week after surgery). Activity that involves jerking, such as lifting, pushing lawn mowers, vacuuming, jumping, and running should be avoided for at least three weeks following the surgery. Avoid sexual relations, douching, or tampons until you are instructed by your doctor that you may resume these.

Work: Returning to work will depend on how you feel and how much rest you need. If you can go a full day without lying down or napping, you may return to work unless there is significant heavy lifting or other strenuous activity in your work. In that case, it is best that you wait until your post op check up to determine your physician's recommendation.

Diet: A healthy diet with adequate protein, fruits, and vegetables is encouraged. Avoid foods that you know make you gassy or constipated. Alcohol in moderation is not prohibited but may increase bladder irritability, and should not be taken with pain medication. Smoking may increase coughing which in turn may cause more discomfort or damage the sutures.

Constipation: This is very common problem after surgery due to less activity and dietary changes and is directly caused by use of narcotic pain relievers. Eating plenty of fruit and cutting down on dairy products may help you avoid constipation with hard stools. Avoid laxatives although a stool softener such as Docusate may be purchased without prescription. It is advisable you take one or two daily to keep bowel movements soft and lubricated. Dulcolax suppositories may be used safely if Docusate is not effective. A Fleet's enema may also be purchased in any drugstore.

Vaginal Discharge: You will have an odorous vaginal discharge which may be mixed with blood or brown in color. It will vary depending on your activity but is often more noticeable two weeks after surgery when the stitches start to dissolve. If there is bright red blood flowing steadily or the passage of clots the size of your thumb or larger, notify your physician. Do not use tampons, douches or feminine deodorant sprays. A tub bath at home is fine.



Women's Care

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Sitz Baths: If you have vaginal stitches a warm sitz bath will feel good, may increase the circulation to the area, and will often relieve aching and spasms in the bladder and rectal areas. Sometimes difficulty in voiding can also be overcome by voiding while sitting in warm water.

Temperature: If you think you may have a fever or if you have chills, take your temperature. If you have a temperature higher than 100.4 degrees orally, call your physician.

Catheter: There is always swelling around the urethra after bladder surgery which prevents adequate emptying of the bladder. Many people are unable to empty their bladder at the time they are ready for discharge. Do not be alarmed if you go home with your catheter. As the swelling decreases, you will eventually be able to empty your bladder. With a suprapubic catheter, each time after you urinate, unclamp the catheter and let it drain for about 10 minutes, then re-clamp the catheter and measure the urine in the bag. It may be wise to record this. When it is consistently below 50cc, you no longer need the catheter. Call the office for a time to come in for removal.

Post Op Check: Post op appointment should have been scheduled when your surgery was scheduled. If you do not have a post-op appointment, please call at your earliest convenience to schedule. When you return for your check up there may be granulation tissue in the vaginal suture process which is actually a form of over-healing of the tissues beneath the skin. It is sometimes necessary to remove this tissue. This generally causes no discomfort and has no ongoing implications.

Pain: If there is a significant increase in pain, please notify your doctor. You will be given a prescription for a limited amount of pain pills and these should only be used for post-operative discomfort. You may find that Tylenol or Ibuprofen will be adequate to control the usual post-operative discomfort and that the pain pills are only needed at bedtime. Remember that narcotic pain pills are addictive in nature and can contribute to intestinal dysfunction and constipation. They should be used sparingly.

For any other problems or concerns please call our office at 541-868-9700.