

Discharge Instructions After Hysterectomy and Vaginal Surgery

The worst part of your surgery is over and you now can look forward to steady improvement. You will notice some pain in the surgery site, often in the lower back, and occasional episodes of temporary sharp pains, easily provoked perspiration and a feeling of tiredness, weakness and irregular intestinal functioning, including the tendency to develop problems with gas. 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 your surgery.

Activity – During the first day or two home, rest like you did in the hospital. Be up for meals and bathroom. You may even cook a meal if you wish. 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 awhile, rest or nap. At the end of the first week at home, you will be able to drive a car if at that point you are off pain medication. 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. Omit sexual relations, douching, or tampons until you are seen for your first post op visit.

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 – There shouldn't be any specific changes to your diet other than we encourage you to have adequate protein intake. Alcohol in moderation will not harm you 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 a 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 Dialose may be purchased without prescription. It is advisable you take one or two daily to keep bowel movements soft and lubricated. A Fleets enema may be purchased in any drugstore and should be used if there is a two-day span without a bowel movement.



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 you begin passing some of the absorbable stitches. 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 bath is fine since water doesn't enter the vagina.

Hot Sitz Baths – If you have vaginal stitches a hot sitz bath will feel good, may increase the circulation to the area, and will often relieve aching and spasms in the bladder and rectal systems. Sometimes difficulty in voiding can also be overcome by voiding while sitting in warm water. This may be done two or three times per day.

Temperature – If you think you may have a fever or if you have chills, take your temperature. If you have a temperature higher than 100.5 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 50 cc, you no longer need the catheter. Call the office for a time to come in for removal.

Post Op Check – Call for a post op check within the next few days. Generally, this is three weeks to one month after your surgery as specified by your doctor at the time of hospital discharge. 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 and cauterize the area which will be checked for at your first visit. This generally causes no discomfort and has no serious 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 pain pills do cause a dependency and contribute to intestinal dysfunction and constipation.

For any other problems or concerns please call our office.