

# ARIZONA UROGYNECOLOGY AND PELVIC HEALTH CENTER

## Postoperative Instructions

### PAIN

1. If able to use NSAIDS, use Ibuprofen 600–800 mg every six to eight hours for as needed for pain.
2. Manage your remaining pain with the prescribed narcotic as needed.
3. Pain should gradually improve.
4. If pain worsens, call the office.

### BOWEL CARE

1. Take a stool softener (Colace) 2–3 times per day and OTC fiber (Metamucil, Citrucel) daily.
2. If no BM, stimulate with Dulcolax suppository or OTC laxative (Miralax, Exlax, etc.). This may be repeated as needed to maintain bowel function.
3. Call the office if no results.

**STAIRS:** Take stairs slowly, and with assistance if needed, for the first two weeks.

**TUB BATH:** No tub baths or pools for six weeks.

**DRIVING:** No driving while taking pain medication and until approved by your physician.

**WALKS:** As tolerated.

**INTERCOURSE OR CREAM IN THE VAGINA:** Must wait for approval of physician.

**HOUSEWORK:** Light tasks and self-care only.

**LIFTING:** No lifting greater than 10–15 pounds for the first three months. After three months, it is recommended not to lift greater than 35 to 50 pounds lifelong.

**NORMAL ACTIVITY:** OK to resume normal activities and light aerobic exercise two weeks after surgery.

**VAGINAL DISCHARGE AFTER SURGERY IS NORMAL:** You may have vaginal itching, vaginal odor and colored vaginal discharge up to eight weeks after surgery. Light vaginal bleeding is normal for up to eight weeks.

***Call your surgeon immediately if you have any fever higher than 100.4<sup>o</sup>, worsening pain, persistent nausea/vomiting or heavy vaginal bleeding.***