



The Johns Hopkins Women's Center for Pelvic Health



Instructions for care after pelvic surgery

Pain Control/Medications:

- Take prescribed medications as directed.
- Do not drive or perform other activities that require you to be alert while taking narcotics. These medications can make you very drowsy.
- You may restart ALL of your normal medications taken prior to surgery when you get home, unless instructed otherwise. Please contact your primary care physician for any questions regarding your regular medications.

Activity:

- Return to activity gradually and in moderation. Especially during the first week after your surgery, allow friends and family to take care of performing major household tasks (cooking & cleaning).
- You may resume driving when you are no longer taking narcotic medications and when you are able to push the brakes on your car without feeling significant abdominal discomfort.
- In order to prevent infection, no swimming or tub baths for 8 weeks. You may take showers instead. Remember that directing the stream of water toward your back, so that your incision is not under direct pressure, may be more comfortable.
- Nothing in the vagina (creams, tampons, intercourse, etc.) for 8 weeks unless otherwise specified.
- Do not lift anything greater than 10 lbs. (ex. full gallon of milk is 8.6 lbs) for 8 weeks.
- Use proper lifting technique to reduce strain:
 - 1) Keep items close to your body during lifting.
 - 2) Keep feet shoulder width apart, bend your knees, keep your back straight, and lift with your legs.
 - 3) If you feel like you are straining, ask someone to help you.

Diet/Bowel Function:

- Upon returning to home, you may eat or drink anything you like.
- In order to avoid straining with bowel movements, which may affect your comfort and healing process, take any prescribed stool softener as directed. Also, stay well hydrated and increase dietary fiber intake as needed. You may also take an over the counter laxative (i.e. miralax, dulcolax)

Urination:

- Following surgery, you may notice that your urination is slightly different (more frequent, slower stream, feeling of urgency after urination, and even occasional urinary leaking). This is normal and will improve with time as the nerves and tissues heal.
 - If you are unable to urinate normally prior to discharge, you will be sent home with either a bladder catheter and bag (Foley) or taught intermittent self-catheterization. Someone will teach you about either of these before you leave the hospital if needed.
- 1) If sent home with a bladder catheter and bag (Foley), you will need to return to clinic at Bayview in 1 week for removal of the device and trial of urination. To schedule the appointment please call 410-550-4406.
 - 2) If you are sent home with instructions to perform intermittent self-catheterization, you will be instructed to keep a record of this process. After 3 days of recording information, please call your surgeon's office during office hours with these results, and you will be instructed about what to do next.

Postoperative Follow-up:

- Unless instructed otherwise, when you get home from the hospital, please call your surgeon's office to schedule a postoperative check. Usually, this will be scheduled for 6 weeks from the date of your surgery.
- Additionally, if you are sent home requiring catheterization, don't forget to schedule follow-up appointments as noted above.



Please watch for the following symptoms after your surgery: Fever >101° F, painful urination, an increase in vaginal bleeding, persistent nausea/vomiting, worsening pain, or other concerns related to your surgery.

If you experience any of these, please contact your surgeon

- On weekdays from 8AM-4:30PM call the clinic at which you were seen preoperatively:
 - **Green Spring Station:** 410-583-2749
 - **Bayview:** 410-550-4406
 - **White Marsh:** 443-442-2290
 - **Odenton:** 410-874-1455
- After 5PM or weekends: the physician on call for gynecology at Johns Hopkins Bayview Medical Center at 410-550-0100.