



1820 OGDEN DR.  
BURLINGAME, CA. 94010  
TELEPHONE (650) 375-1644

5575 W. Las Positas Blvd, Ste 330  
Pleasanton, CA. 94588  
(650) 375-1644

815 POLLARD RD.  
LOS GATOS, CA. 95124  
TELEPHONE (408) 370-9098

## Postoperative Instructions

The following information is intended to help answer some of the more common questions following surgery. **If you have questions not covered here please call.**

**If you receive conflicting instructions or information from any other source including the hospital, please disregard them and refer only to this form.**

1. **Adjust your expectations.** Please understand that you are undergoing surgery. It takes time to recover and you need to adjust your expectations accordingly. You will not be able to return to normal activity immediately after surgery and most people take 6 weeks to feel functionally normal. It can take 1 year before you are completely recovered. Remember, reconstructive surgery is not perfect and it can't make you the way you were when you were 18 yrs. old, but it often gets you closer.
2. **Hospital stay.** Medicare requires most patients undergoing vaginal or laparoscopic surgery to go home the day of surgery. Many insurance companies have followed Medicare and are requiring the same. Under certain circumstances we can keep a patient overnight.
3. **Rounds.** For patients spending more than one night in the hospital, rounds are made once a day. Rounding time varies depending upon the schedule. Patients who stay 23 hours will be discharged the day after surgery without being rounded upon.
4. **Bathing.** You may take a bath or shower as often as you want, even with a catheter in. It is o.k. to get the incisions and catheter wet. When you have finished bathing, wear loose clothes to allow the incisions to breath and stay dry. If you have incisions on the perineum (bottom), soaking in a tub of warm water with 2 cups of Epsom salts will help to reduce swelling and pain. Soak as often and long as you like.
5. **Staples and sutures.** Staples are removed during one of your postop visits if they have not been removed in the hospital. Sutures are absorbable and do not need to be taken out. Some incisions are closed with surgical glue which peels off on its own.
6. **Constipation.** Surgery, anesthesia and narcotics cause constipation. Over the counter remedies for this includes Colace 100-200 mg twice daily, Metamucil, Milk of Magnesia 2 tablespoons every 4 hours as needed, or Dulcolax. Stool softeners and laxatives may be necessary for quite some time so use them as long as needed. Keep well hydrated as this also helps to reduce constipation. Dried fruit such as

apricots or prunes are also an effective natural remedy for constipation. Chewing sugarless gum with the sweetener Sorbitol also stimulates bowel activity.

7. **Catheters.** If you go home with a catheter, the nurse in the hospital should demonstrate how to care for and empty the bags and how to change between the large and small bags. You may bathe or shower with a catheter. With a catheter it is common to see blood in the urine. If this happens, increase your fluid intake to flush it out. The catheter usually comes out 1 week after surgery, sometimes it has to stay for extended periods. If you are instructed to remove the catheter yourself please do so by cutting the rubber appendage (or arm) on the catheter allowing the water to drain out. When the water is done coming out slide the catheter out and discard it. Do this 4 hours before your first postop appointment then drink and void normally. When you are seen in the office we will determine whether you will need the catheter replaced. If you are unable to void please call the office.
8. **Vaginal discharge.** It's common for anyone undergoing vaginal surgery to have vaginal discharge. This may be white, yellow, greenish, bloody or a combination. It may last for weeks. Bleeding heavy like a period is abnormal so if this occurs or if you have watery discharge like urine please call the office.
9. **Sex.** Avoid sex or placing anything in the vagina for at least 4 weeks after surgery.
10. **Driving.** Resume driving when you are no longer taking narcotics and your reflexes and stamina make you a safe driver. If you have an abdominal incision, please do not drive until you feel you can stomp on the brake without hesitation from pain.
11. **Exercise.** Exercise is encouraged during your recovery, however, you will not be able to resume strenuous exercise for at least 6 weeks after surgery. Avoid high impact sports such as aerobics, running, tennis and heavy weight lifting. Gradually build your strength back by walking and non-impact sports.
12. **Rectal pain.** This is common after vaginal surgery. Please take stool softeners such as Colace or Metamucil beginning the day of discharge. You may also need a laxative such as Milk of Magnesia. These remedies should diminish the chances of constipation which will decrease your rectal discomfort.
13. **Bladder spasms.** Urinary urgency with incontinence is common after bladder surgery. This is almost always self-limited but can take months to resolve. It is usually recommended that you wait this out, however, if you wish there are medications that may help temporize this problem.
14. **Pain.** Pain is expected after surgery. Do take the pain meds you were prescribed or over the counter meds such as Aleve, Motrin or Advil. If you need controlled substances for pain such as Percocet please inform the office in advance so that a special triplicate prescription can be written. Please remember that California law mandates that narcotics including Percocet cannot be called in to a pharmacy.

*Michael T. Margolis, M.D., FACS, FACOG*

Office 650-375-1644

bapelvicsurgery.com

mtom.margolis@yahoo.com