

Surgery for Prolapse and Incontinence

How long will I be in the hospital?

Depending upon the type of surgery you have, you may be sent home on the day of surgery or you may stay for one or more nights. Your doctor will decide when you go home.

When will I be able to get out of bed after surgery?

As soon as possible! Getting out of bed early lowers the risk of blood clots and improves how quickly you will return to normal eating.

How soon after surgery can I have food?

There are usually no dietary restrictions for outpatient procedures and most vaginal surgery. Your appetite is your best guide. It is OK if you do not eat a regular meal. Do not force yourself to eat or you may vomit. You may be given medicine to help with nausea. If you are thirsty you should drink water. If you had a long abdominal surgery, your doctor may choose not to feed you for a short time. Doctors check how well your intestines are working by listening with a stethoscope, by feeling your abdomen to check for swelling and by asking you whether you have passed gas from below or had a stool.

Will I need to use a catheter after surgery?

Following incontinence and prolapse surgeries, some women have difficulty emptying their bladders completely. In this case, a small tube called a catheter is commonly used to drain the bladder. The catheter is inserted into the bladder either through where you urinate (the urethra) or through a small incision on your lower belly. You may also be taught to insert the catheter into your own urethra. Physicians use these catheters to help rest the bladder and to determine how much is left in your bladder after you urinate.

How long will I have to use a catheter after surgery?

The length of time you may need to use a catheter will vary. Return of normal bladder function is unpredictable. It may occur quickly after surgery or it may take a few days or weeks following the operation. This is entirely normal. Before you leave the hospital you and your doctor will have designed the best plan for your temporary bladder problem.

If you are performing intermittent catheterization or you have a suprapubic catheter, you will be asked to keep track of how much urine is drained by the catheter. When the amount that you urinate is greater than that drained by the catheter, you are on your way to stopping the catheterization. A common time to stop using the catheter is when less than 100 mL of urine is left in your bladder after you urinate and the amount you urinate is at least 200 mL. Your doctor or the office staff will instruct you when to stop or when to have the catheter removed.

If you are sent home with a catheter in place, your doctor will have you return to the office in about a week to test if you still need the catheter. In some cases, visiting nurses may be sent to your home to do the testing and report back to your doctor.

How will I receive pain medication after surgery?

Your pain medication will depend upon whether you are able to drink and eat after surgery. If you do not have nausea and can swallow them. If you can not drink or eat your pain medicine maybe placed directly through an intravenous catheter (IV). Sometimes, patients are given a small hand-held device called a PCA or patient-controlled analgesia that allows you to push a button when you want to receive pain medication. If you had an epidural for your surgery, the epidural catheter may be left in place in your back so that you can receive medication through this epidural catheter. Let your doctor or nurse know if your pain is not well controlled so we can change medications to make you more comfortable.

Will I be on medication after discharge from the hospital?

You may be given a prescription for pain medication to take at home. Sometimes pain medications can cause or worsen constipation. To prevent constipation increase fiber and water in your diet, try eating fruits, vegetables and prune juice. You can also take stool softeners and laxatives which you can buy in the pharmacy or grocery store.

When will I have my first postoperative visit?

Your discharge instructions from the hospital should include when to make your first postoperative appointment. Depending upon the procedure, your doctor will want to see you within 2-6 weeks after surgery. When you return for your postoperative visit, your doctor will review your pathology report if there was tissue removed during surgery. He or she will examine you and answer any questions you may have about your recovery and your future activities. Make a list of your questions so that you do not forget them.

When can I resume my normal activities?

You will receive detailed instructions describing what you should and shouldn't do for the first 6 weeks after surgery. Everyone recovers differently. Remember that your condition, general health and operation may be quite different from a friend of yours. When it comes to activity – use your common sense, if what you are doing causes pain or discomfort especially at your incision or in the vagina - STOP! REST, try again in a week or two. Additional things to remember as you work toward getting back to your normal activities:

- Rest is important and short naps (20 minutes) can refresh you during the day.
- It is important to walk so that you do not become weak.
- Usually you will be allowed to climb stairs.
- Avoid jumping, running and lifting heavy objects.

- Check with your doctor about when you can resume more rigorous exercise or other high impact activities.
- If you belong to a gym, a doctor's note will frequently allow you to put the membership on hold until you are cleared to return.
- Do not soak in a hot tub or swim without first clearing this with your doctor. Your incisions are at risk for infection.
- Do not place anything in your vagina (tampons, douching, medication by vaginal applicator or sexual activity) during the first 6 weeks after surgery without discussing it with your doctor.
- Resumption of vaginal intercourse will depend upon how quickly your vaginal incisions have healed. You should discuss this with your doctor at your post-op visit.