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Pelvic Floor Post Operative Instruction Sheet

Please read the following information so that you will be able to take care of yourself after leaving the hospital.

Nutrition

- You may want to start with a light diet immediately following surgery. Avoid heavy, greasy foods for the first few days as they may make increase nausea/vomiting.
- Drink 6-8 glasses of non-caffeinated beverages daily. Water is an excellent choice.

Incision Care

- You may shower at any point after surgery. Please avoid soaking in a bath for 6 weeks.
- If you have an abdominal wound, you can clean gently with soap and water and pat dry. Avoid scrubbing.
- If you had a vaginal operation, it is normal to have some discharge from the vagina for 4-6 weeks after surgery.
- If you have vaginal packing in place, you will remove the packing per Dr. Byrne's instructions

Pain Management

- Ibuprofen is best for reducing overall postoperative pain and swelling.
- You may be given prescriptions for pain management. Try to limit your use of narcotic pain medication to as little as possible. Narcotics will cause constipation.
- To prevent post operative constipation, please start a stool softener, like Colace 100 mg, twice daily. If you are prone to constipation, please use Miralax 17 grams mixed with 6 oz. of fluid daily. Increasing your fluids, walking, and fiber will also help reduce constipation after surgery.
 - If you have not had a bowel movement by post operative day #3, please call the office.
 - If you are constipated, you may try Milk of Magnesia or magnesium citrate.

Activity/Lifestyle

- If you had prolapse surgery, avoid heavy lifting, pushing, pulling or twisting more than 10 lbs. These activities increase stress on the pelvic floor. From now on it is best to avoid them in order to prevent recurrence of your prolapse.
- You may drive when you are not having pain and are no longer taking narcotics.
- It is generally recommended to avoid driving and stairs for two weeks after surgery. If you must use stairs, you can climb up and down stairs carefully, while holding onto the rail.
- No intercourse, douching, or tampons (NOTHING IN THE VAGINA) for 6 weeks after surgery.
- You can resume light activity, like walking, immediately following surgery.
- Please avoid high impact activities (running, aerobics, jumping, horseback riding) until cleared by Dr. Byrne after surgery. High impact activities also stress the pelvic floor.
- Please do not go swimming (pool or lake) for the first 6 weeks following surgery.

Catheter Care

- If you were sent home from the hospital with a foley catheter, you will be contacted by the office to schedule a voiding trial.
- You will be asked to remove your catheter 8-10 hours prior to coming in for your appointment (foley catheter removal instructions).
- At your visit following the catheter removal, you will be asked to void and a bladder ultrasound will be performed to ensure you bladder is emptying properly.
- If you are sent home with vaginal packing this may be removed at the time of your catheter removal.

Call or go to the ER for any of the following

- Temperature greater than 100 F
- Foul smelling discharge
- Vaginal bleeding that saturates a pad per hour for three hours
- Prolonged nausea, vomiting, diarrhea, inability to urinate, or increased swelling at the surgery site
- Severe pain not relieved by ibuprofen