

Gynecologic Procedure Post-Operative Instructions

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

Questions | Concerns

- Call UT HEALTH AUSTIN ASC at 1-512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call UT HEALTH AUSTIN Clinic at 1-833-882-2737 during after-hours

If needed, your 6-week post-operative appointment is scheduled with a Women's Health team member for:
(date & time): _____

Call our office immediately for the following:

- Fever is greater than 100.4 orally
- Persistent nausea and/or vomiting
- Pain is progressively worse and not improved with prescribed pain relievers
- Inability to urinate or pain with urination
- No bowel movements 3 days after procedure (after trying stool softeners and laxatives as needed)
- Abdominal operative site is red, painful, or with significant bleeding or drainage
- Vaginal bleeding requiring more than one pad an hour (a menstrual-like flow is considered normal)

Activities:

- **Stairs:** May climb as tolerated
- **Driving:** Do not drive for 24 hours post anesthesia. You may resume driving when you no longer require narcotic pain relievers for pain control. If you are riding in the car, plan on stopping and stretching your legs every two hours.
- **Lifting:** Do not lift objects heavier than 15 pounds for 2 weeks. Lift slowly and use good body posture to prevent strain.
- **Exercise:** Gentle stretching and walking as tolerated is encouraged, but limit your activities to prevent stress to your operative site.
- **Bathing/Swimming:** Showering is allowed 24hrs after surgery. You may not take a tub bath or swim until cleared by our office.
- **Sex:** No sex or do not put anything in the vagina until cleared by our office, usually 8 weeks post procedure.
 - When sexual activity is resumed after being cleared by your surgeon
 - Proceed slowly and gently and use a lubricant such as Astroglide or KY
 - Avoid scented, flavored, or "warming" lubricants as these may irritate.
 - Stop if pain or bleeding occurs, and follow up with our office.

Diet:

- Once home, you may eat or drink whatever you like. We recommend that you start with bland food and progress to richer foods as tolerated. Drinking plenty of fluids is very important.

Urination:

- Do not push to pee. Attempt to empty your bladder by relaxing the pelvic floor muscles, sitting with an upright forward leaning posture, and maintaining a steady breathing pattern.
- If you feel that you are unable to void completely, have a sensation to urinate or are toileting frequently but are unable to void more than a few drops, please call our office.
- If you are discharged with a Foley Catheter, this is typically removed within 2-3 days of your surgical procedure date. If you do not have a scheduled appointment for Foley Catheter removal at the time of your hospital discharge, please call our office.

Constipation:

- Narcotic pain medication can cause constipation. Excessive straining with constipation must be avoided.
- Starting the day, you arrive at home, begin using a stool softener, such as Colace (docusate sodium), 1-3 tablets per day as tolerated to keep stools soft and easy to pass.
- Make sure to eat a diet rich in fiber and drink plenty of water.
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- If you do not have a bowel movement within three days of your procedure date, we recommend Miralax or Milk of Magnesia as directed. Call the office if the above measures do not prove helpful.

Suture Care (For Abdominal Incisions Only):

- Check your suture site once daily to assess healing.
- Gently clean with a mild fragrance-free soap and water during shower.
- If skin glue or steri-strips are used, they will fall off on their own. If glue or steri strips remain in place after 7 days, please remove with warm water and fragrance-free soap.
- Notify the office for discharge, redness, wound opening, and increased pain.

Perineal Care:

- The perineum is the area between the vagina and the anus. If you had a surgery involving the perineum, you will have sutures in this area and this area is often a source of discomfort for patients in the post-operative healing period.
- Reduce the discomfort by using:
 - an inflatable “doughnut” cushion when sitting or lying down
 - a peri-bottle with warm water instead of wiping after using the bathroom
 - a chilled pack to the area
 - a zinc oxide barrier cream or Tucks medicated pads twice per day to this area, outside only

Pain Management:

- Take Ibuprofen (Motrin, Aleve, Advil) 600 mg every 6 hours as needed for pain relief.
- For the first 1-2 days after surgery, it is helpful to take this every 6 hours while you are awake, rather than wait to have pain first. You should also take Acetaminophen (Tylenol) 650 mg every 4-6 hours as needed for pain relief.
- If you were provided with a prescription for a narcotic medicine, you should take this as prescribed for control of severe pain that is not relieved by Tylenol and/or Motrin.

Nausea and Vomiting

- Not everyone experiences nausea and/or vomiting after a procedure or anesthetic, although it is not uncommon.
- Nausea and/or vomiting after a surgical procedure can be distressing and unpleasant, but it also can make the pain of the surgery worse or necessitate admission to the emergency room or hospital.
- Rarely, vomiting can result in other more serious problems, such as damage to your surgical site.
- Avoid sitting up or getting out of bed too quickly.
- Stay hydrated, begin with small sips of water and slowly increase amount.
- Proper pain relief is important. Although some pain-relieving medicines can contribute to nausea, severe pain can add to nausea. Do not take pain medications on an empty stomach. Taking slow, deep breaths can help to reduce nausea.
- Avoid foods that are spicy, fried or high in fat for 24 hours after surgery.
- It is much easier to relieve the feeling of nausea if it is dealt with before it becomes severe. Be sure to call your surgeon if you experience unrelenting nausea (nausea which keeps you from eating or drinking) or persistent vomiting.

Additional Instructions:

Patient | Patient Representative Signature: _____ Date _____ Time _____

Pre-Operative Nurse Signature: _____ Date _____ Time _____

Post-Operative Nurse Signature: _____ Date _____ Time _____