

My Gynecology Surgery

A Guide from Start to Finish



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Department of Obstetrics and Gynecology

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Phone Numbers

| | |
|--|----------------|
| Chelsea Women’s Health Clinic | (734) 593-5979 |
| Midland Clinic | (989) 837-9047 |
| Northville Health Center | (248) 305-4400 |
| Preop Clinic at Domino’s Farms | (734) 936-3604 |
| Von Voigtlander Women’s Clinic (Ann Arbor) | (734) 763-6295 |
| West Ann Arbor Health Center | (734) 998-7380 |

Use clinic phone numbers between 8am and 5pm Monday – Friday.

| | |
|-----------------------------|----------------|
| Gynecology Resident on Call | (734) 936-6267 |
|-----------------------------|----------------|

Use resident on call number at night or on the weekend.

| | |
|---|----------------|
| East Ann Arbor Surgical Center 4270 Plymouth Road, Ann Arbor, MI 48109 | (734) 232-3053 |
| C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital 1540 E Hospital Drive, Ann Arbor, MI 48109 | (866) 936-8800 |

| | |
|------------------------------------|----------------|
| Billing | (734) 615-0863 |
| Guest Assistance Program | (800) 888-9825 |
| Medical Records | (734) 936-5490 |
| Patient and Visitor Accommodations | (800) 544-8684 |

Checklist

Before Surgery

| For more information, see: | | Check When Done ✓ |
|---|--|----------------------|
| Surgery handout in pocket on front cover | I have read the handout about my surgery. If I had questions, I used the Patient Portal to send a message to my doctor or called the clinic where I was seen to speak with a nurse. My questions were answered. | |
| Copy of Request for Preoperative Evaluation form in pocket on front cover | If I need preoperative evaluation of heart, lung or other health issues, I have made sure the doctor(s) completed the Request for Preoperative Evaluation and Optimization form that was faxed to them and then faxed back the completed form, plus any test reports, to my doctor. | |
| Page 9 | <p>I have improved my health by:</p> <ul style="list-style-type: none"> • Asking my doctor for a referral to Michigan Surgical & Health Optimization Program (MSHOP) • Being active and eating healthy foods. • Asking my doctor for a referral to the M-Healthy Tobacco Consultation Service • Quitting smoking 6 weeks before surgery. | |
| Page 11 | I have made sure someone will drive me to and from the hospital and, for outpatient surgery, stay with me while I am there. | |

| For more information, see: | | Check When Done ✓ |
|-----------------------------------|---|-----------------------------|
| Page 11 | I have made sure someone will help me after I get home. | |
| Page 12 | If I care for someone, or for pets or livestock, I have made sure someone else will do this for me for at least 2 weeks after my surgery. If the care involves lifting more than 10 pounds, I made sure someone will help me for up to 6 weeks after surgery. If I had questions, I used the Patient Portal to send a message to my doctor or called the clinic where I was seen to speak with a nurse. My questions were answered. | |
| Pages 17 through 27 | I read the Pain Management and at Home After Surgery sections. If I had questions, I used the Patient Portal to send a message to my doctor or called the clinic where I was seen to speak with a nurse. My questions were answered. | |

Preop Clinic Visit

| For more information, see: | | Check When Done ✓ |
|-----------------------------------|--|-----------------------------|
| | Before the visit I made a complete list of all medications I take, including all supplements such as herbals, minerals and vitamins. This includes medications I do not take every day. For each | |

| For more information, see: | | Check When Done ✓ |
|----------------------------|--|----------------------|
| | <p>medication I wrote the full name and dose, and how often I take it.</p> <p>For example: lisinopril-hydrochlorothiazide 20-12.5 mg once a day.</p> <p>I brought the list with me to the Preop Clinic.</p> | |
| | <p>I asked questions to make sure I understand all of the instructions I received. My questions were answered.</p> | |

1 Week Before Surgery

| For more information, see: | | Check When Done ✓ |
|--|---|----------------------|
| <p>Preop Instructions Received at Preop Clinic Visit</p> | <p>I read all the preop instructions I received at the Preop Clinic visit. If I had questions, I used the Patient Portal to send a message to my doctor or called the clinic where I was seen to speak with a nurse. My questions were answered.</p> | |
| | <p>I purchased items needed for postop care:</p> <ul style="list-style-type: none"> • Ibuprofen • Regular strength acetaminophen • 24 - 36 unscented cotton menstrual pads • Thermometer • Miralax (polyethylene glycol) | |


| For more information, see: | | Check When Done ✓ |
|----------------------------|--|----------------------|
| | I followed the instructions I received at the Preop Clinic visit about my medications and stopped everything I was told to stop a week before surgery. | |

The Day Before Surgery

| For more information, see: | | Check When Done ✓ |
|----------------------------|--|----------------------|
| | If at the Preop Clinic visit I was told to do this, I followed the instructions for a bowel prep. | |
| | If at the Preop Clinic visit I was told to do this, the evening before surgery I drank 24 ounces of white grape juice. | |
| | The night before surgery I showered with anti-bacterial soap. | |

The Day of Surgery

| For more information, see: | | Check When Done ✓ |
|----------------------------|---|----------------------|
| | I did not eat anything after midnight. | |
| | I followed the instructions I received at the Preop Clinic Visit and did not take the medications I was told not to take on the day of surgery. | |

| For more information, see: | | Check When Done ✓ |
|----------------------------|---|----------------------|
| | I drank water if I was thirsty up until 4 hours before the scheduled time of my surgery. I did not drink any fluids after this, unless  | |
| | If at the Preop Clinic visit I was told to do this, I finished drinking 12 ounces of white grape juice 2-3 hours before the scheduled time of my surgery. I did not drink anything after this. | |
| | I showered with anti-bacterial soap. I did not put anything on my skin or hair after the shower. | |
| | I left all valuables, including jewelry and money, at home. | |
| | If I use a CPAP or a BiPAP, I brought it with me. | |

Before Going Home after Surgery

| For more information, see: | | Check When Done ✓ |
|----------------------------|--|----------------------|
| Page 21 | I reviewed the information in the at Home After Surgery section. I asked questions to make sure I understand all instructions. My questions were answered. | |
| Page 28 | If I am going to do intermittent self-catheterization after I get home, I made sure I understand the instructions in Intermittent Self-Catheterization | |

| | | |
|-----------------------------------|---|-----------------------------|
| For more information, see: | | Check When Done ✓ |
| | after Gynecology Surgery and have all the supplies listed in the handout. | |
| Page 37 | If I am going home with an indwelling catheter, I made sure I understand all the instructions in Caring for My Indwelling Catheter after Gynecology Surgery and have all the supplies shown in the handout. | |

Opioid Medication Disposal

| | | |
|-----------------------------------|--|-----------------------------|
| For more information, see: | | Check When Done ✓ |
| Page 45 | I correctly disposed of unused opioid medications. | |

Postop Visit

| | | |
|-----------------------------------|--|-----------------------------|
| For more information, see: | | Check When Done ✓ |
| Page 48 | I kept notes in the “How Did We Do?” request for feedback and shared my thoughts with my doctor. | |
| Put it in pocket on back cover | I received a copy of the Operative Report and, if it was done, a copy of the Pathology Report. These may have been mailed to me before the Postop visit. | |

Preparing for Surgery

Preoperative Evaluation and Optimization

If your doctor tells you to get a preoperative evaluation from your primary care provider, cardiologist, or other specialist, it is your responsibility to make sure this is done well before your surgery. We want you to get evaluated to make sure you are as healthy as possible when you have your surgery. If the evaluation, including all recommended testing, is not done in time, your surgery will be postponed.

Physical Fitness

Research shows that getting more physical activity before surgery can lower your risk for problems after surgery. Walking is a great way to improve your fitness level before surgery. Even if you start walking just a few weeks before surgery, it can make a big difference. If you want to do a fitness program with over-the-phone support, ask your doctor for a referral to the Michigan Surgical & Health Optimization Program (MSHOP).

Quit Smoking

If you smoke, your:

- risk of having a lung problem is at least twice that of a non-smoker
- surgical incision will not heal as well and you have a higher risk of infection
- heart has to work harder.

It is best to quit smoking 6 to 8 weeks before surgery. This gives your lungs more time to recover.

Tips for quitting:

- Set a quit date. Involve your friends and family.
- Talk with your primary care provider about prescription medicines to help you quit.
- Ask your surgeon for a referral to The M-Healthy Tobacco Consultation Service

You can receive tobacco treatment services to assist you in quitting tobacco use prior to surgery. The six-week program covers preparing to quit, how quitting affects your body, tobacco treatment medications, setting a quit date, how to live free of tobacco and relapse prevention.

- Explore and use the resources shown below. If you have a smartphone, there are many phone apps that can help you quit.

Phone Resources to Help You Quit

- Michigan Department of Community Health Tobacco QUIT NOW at (800) 784-8669
- National Cancer Institute at (800) 4-CANCER
- Nicotine Anonymous (12-step approach). at. (415) 750-0328

Online Resources to Help You Quit

https://www.cdc.gov/tobacco/quit_smoking/how_to_quit

<https://www.cdc.gov/tobacco/campaign/tips/quit-smoking>

<https://www.becomeanex.org>

Disability or Work Release Forms

- If you have **disability or work release forms** that need to be completed, and you were seen at the Von Voigtlander Clinic, please fax them to (734) 615-9735, attention: Disability Paperwork. If you were seen at one of the other clinics, call the clinic to find out where to fax your paperwork.
- Send the forms **at least a week before** you need them completed. If you need to talk with a representative regarding your disability paperwork, please call the clinic where you were seen and ask to be connected with the person who handles disability and work release forms for your doctor.
- After surgery, call if you need a back to work note before your scheduled post-op visit.

This is who will drive me to and from surgery and help me when I get home:

Outpatient Surgery

_____ will drive me to surgery, stay there while I have surgery, and drive me home afterward. They know they might be there for 4 to 8 hours and plan to bring food and entertainment. There is a Wi-Fi connection available.

Inpatient Surgery

_____ will come to the hospital around 10 am the morning after my surgery, help me get ready to leave, and drive me home.

After I get Home

_____ will stay with me until we are both sure I can safely go to the bathroom, access a phone if I need to call for help, get food and drink, and take my medication. They will stay overnight or check in on me first thing the following morning.

If you do not have a friend or relative you feel comfortable asking to help, please think again. While you may be used to being the one who helps others, now is the time you can give them the gift of letting them help you. If no-one can help, then call the Guest Assistance Program at: (734) 764-6893 or (800) 888-9825.

If you live more than a 4-hour drive away from the hospital, or live in an area without easy access to an emergency department, we recommend you plan to spend another night or two close to the hospital before you go home. For assistance with reservations, contact the Patient and Visitor Accommodations Program at (800) 544-8684.

Who will take over my care-taking duties?

If you care for someone on a regular basis, make sure someone has promised to take on that care for you after your surgery.



Linda Bartlett (Photographer)
via [Wikimedia Commons](#)



You will not be able to walk a dog on a leash, do more than light gardening, or take care of livestock.

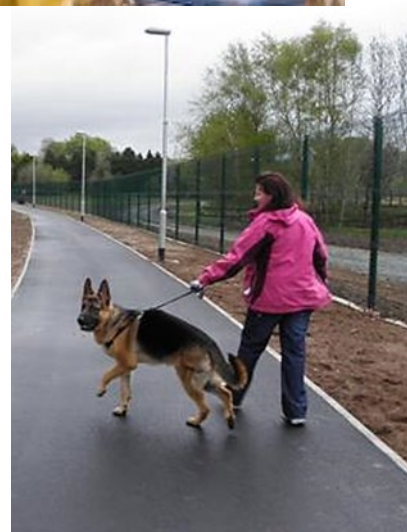


Photo © Kenneth Allen (cc-by-sa/2.0) (Cropped)



Usually, you will not be able to lift, transfer, or push anyone for 6 weeks after your surgery

Check with your doctor if you have questions about this.

Preop Clinic Visit

- You will return for a visit at one of our Preoperative Clinics 2-3 weeks before your surgery. At this visit, you will review and sign the consent form. You may get blood drawn for pre-op testing or an electrocardiogram (EKG) done to look for signs of heart disease. You will also receive more detailed education, including whether you need to stop any of your medicines before your surgery.

My Surgical Team

Our goal is for you to have a safe and successful surgery. As a referral center and a teaching hospital, we hold ourselves to very high standards. We want to provide the best care possible and are confident that working as a team is the way to do this.

Who will perform my surgery?

A team of doctors will perform your surgery. This team-based approach has been the same for many years and is very successful.

Who are the surgical team members?

- **Attending surgeon**

Your attending doctor, or surgeon, is the lead surgeon. Your doctor is present throughout the entire operation. They are always in charge of surgical planning and key decision making.

- **Fellow**

A **fellow** is a doctor who has completed medical school and their 4-year residency training in obstetrics and gynecology. They are qualified to practice on their own, but chose to get advanced training in a specialty.

- **Resident**

A **resident** is a doctor who has graduated from medical school and is getting

4 years of advanced training in obstetrics and gynecology. They are always supervised by an attending surgeon or fellow.

- **Medical Student**

A medical student has completed undergraduate studies and is training to become a doctor. If a medical student participates in your surgery, you will meet them in the preoperative area.

- **Advanced Practice Provider**

- An advanced practice provider has completed specialized training. This may include nurse practitioner, physician assistant, or midwife. These individuals do not participate in the operating room, but you may see them in the office or talk to them on the phone.

The Day of Surgery

What to expect in the Preop Holding Area

- In the preop holding area, you will meet your surgical team, including your anesthesiologist. You can ask questions and confirm the plan for anesthesia and surgery before you become drowsy.
- You will discuss the plan for postop pain management with your surgical team.
- After you have changed into a hospital gown and had your IV placed, 1 or 2 (no more than 2) companions may stay with you until it is time to go to the operating room.

What to expect in the Operating Room

- In the operating room, you will receive general anesthesia (medicine to produce deep sleep, loss of feeling and muscle relaxation). For some surgeries, you may choose spinal anesthesia (medicine injected near the spinal cord to produce loss of feeling from your abdomen to your toes). The choice of anesthesia is a decision that will be made by you and your

anesthesiologist based upon the planned surgery, your history and your wishes.

- After you are asleep, a tube (catheter) will be placed in your bladder to drain urine and monitor the amount of urine coming out during surgery. The catheter will usually be removed before you go home.
- Compression stockings will be placed on your legs to prevent blood clots in your legs during surgery. You may also get a shot in your belly, upper arm or thigh, with a small needle placed under your skin, of a blood-thinning medication called heparin. The shot can leave a small bruise.
- You will receive antibiotics through an IV in your arm.
- At the end of surgery, gauze may be put in your vagina, somewhat like a large tampon. This helps prevent bleeding immediately after surgery. You may feel a sensation of pressure in your vagina from this. It will usually be removed about 6 hours after the surgery.

What can my family and friends expect?

They will wait in the surgery family room. Wi-Fi is available. They should check with staff at the check-in desk before leaving the area. They will receive a pager which will alert them when it is time to return to the surgery family room.

After surgery, if you want this, your doctor will talk with your family or companion in the surgery family room. If you are staying overnight, they will be told when you have a hospital room. They can meet you there after you come out of recovery. No visitors are allowed in the recovery area.

Recovery after Surgery

Out-patient Recovery

I go home the same day as the surgery

You will go to the recovery room where you will be monitored until you are ready to go home.

- You will be checked to see if your bladder empties normally. It is common to temporarily have trouble completely emptying your bladder after this surgery. If you cannot empty your bladder normally, then either:
 - You will have the catheter put back in for a few more days and then come to the Urogynecology Clinic for a second check, or
 - You will be taught how to catheterize yourself with a short, straight, narrow tube. You will do this after each time you urinate (or after 4 hours if you cannot go) until you can empty your bladder normally. For most women, this takes a few days, but for some it may take weeks.
 - We know no one wants to go home with a catheter, but it is important to protect your bladder.
- Get a prescription for Miralax to use to keep your stool soft like toothpaste. You should not strain or have discomfort with bowel movements.

In-patient Recovery

I spend the night in the hospital

You will stay in the hospital for 1 night. You may stay longer if your doctor decides this is needed. While you are in the hospital you will:

- Start eating a regular (solid) diet. This may happen later on the day of your surgery or on the day after surgery. If you have special dietary needs, please tell us.
- Take medications for pain and nausea if needed.

- Get a shot, with a small needle placed under your skin, of a blood thinning medication.
- Re-start your routine medications.
- Start walking as soon as possible to help healing and recovery.
- Have compression stockings on your legs to prevent blood clots. The stockings will stay on your legs until you are up and walking.
- Be checked to see if your bladder empties normally. It is common to temporarily have trouble completely emptying your bladder after this surgery. If you cannot empty your bladder normally, then either:
 - You will have the catheter put back in for a few more days and then come to the Urogynecology Clinic for a second check, or
 - You will be taught how to catheterize yourself with a short, straight, narrow tube. You will do this after each time you urinate (or after 4 hours if you cannot go) until you can empty your bladder normally. For most women, this takes a few days, but for some it may take weeks.
 - We know no one wants to go home with a catheter, but it is important to protect your bladder.
- Use Miralax to keep your stool soft like toothpaste. You should not strain or have discomfort with bowel movements. You will get a prescription for this to use at home as well. It is normal to go home before your first bowel movement.

Pain Management after Surgery

It is normal to have some pain after surgery. The goal of managing your acute pain after surgery is to minimize your pain so you feel comfortable enough to get up, take deep breaths, wash, get dressed, and do simple tasks in your home. Some discomfort is likely. We do not expect you to be completely free of pain. Pain is usually worst the first 24-48 hours after surgery.

What can I do to relieve pain without medications?

- Apply heat with a warm compress, hot water bottle, or heating pad. Do not put anything hot directly on your skin or lie on top of it.
- Apply cooling with a cold gel pack, bag of peas, or crushed ice. Wrap in a soft cloth or towel.
- Do not push or press on your incision. It is normal for your incision to be sore for up to 6 weeks if you push on it.

What pain medications will I use?

- Unless your doctor gives you a different plan, ibuprofen and acetaminophen are the main medicines you will use to manage your pain.
 - To take 600 mg ibuprofen, take 1 prescription pill or 3 over-the-counter 200 mg pills.
 - To take 650 mg acetaminophen, take 2 over-the-counter 325 mg pills.
- You may also get a prescription for an opioid such as oxycodone or hydrocodone. The opioid should be added as needed to reduce pain that is not adequately relieved by ibuprofen and acetaminophen.
 - Norco® contains hydrocodone and acetaminophen.
 - Percocet® contains oxycodone and acetaminophen.
 - Oxycodone and hydrocodone do not contain any acetaminophen.

If you cannot take acetaminophen (Tylenol®), ibuprofen (Motrin®), oxycodone or hydrocodone, please talk to your doctor about this.

Do not take more than 4,000 mg of acetaminophen in one 24-hour day. Remember that many pain relievers, such as Norco® and Percocet®, also contain acetaminophen.

Pain Medication Schedule

Research has shown that taking pain medication on a set schedule to prevent pain is much more effective than waiting and taking it after you are in pain. You will alternate ibuprofen and acetaminophen so that you take a dose of pain medication every 3 hours. Eat something when you take ibuprofen to lower the risk of stomach irritation and indigestion.

A typical schedule is:

| | |
|-------------------|--|
| 6 am | ibuprofen 600 mg |
| 9 am | acetaminophen 650 mg |
| 12 noon | ibuprofen 600 mg |
| 3 pm | acetaminophen 650 mg |
| 6 pm | ibuprofen 600 mg |
| 9 pm | acetaminophen 650 mg |
| After 12 midnight | If you wake up, eat a small snack such as a cracker and take 600 mg ibuprofen. |

You do not need to set an alarm clock to wake you at night, but if you do wake up, stay on your every 3 hour alternating medicine schedule.

What if this schedule does not control my pain?

- If an opioid medicine was prescribed, take it as instructed. For example, prescriptions for oxycodone usually say, “Take 1 to 2 pills every 4 to 6 hours as needed for pain.”
- If your prescription is for Norco or Percocet (contains acetaminophen) substitute it for the acetaminophen.

Important information about opioids:

- Opioids are prescribed for short-term use and should be stopped as soon as possible after surgery.

- Use the smallest amount of opioid that you need to control your pain. Reduce the number and frequency of opioids as soon as you can. Do not take more opioid medication than your doctor has prescribed.
- Common side effects and risks of opioids include drowsiness, mental confusion, dizziness, nausea, constipation, itching, dry mouth, and slowed breathing.
- Never mix opioids with alcohol, sleep aids or anti-anxiety medications. These are dangerous combinations that increase the harmful effects of opioid pain medication. Many overdose deaths from opioids also involve at least one other drug or alcohol.
- Keep opioid medications locked away from the reach of children. This also helps prevent theft.
- It is illegal to sell or share an opioid without a prescription properly issued by a licensed health care prescriber.

What is the best way to stop taking pain medications?

1. Stop opioid use.
2. Stop acetaminophen.
3. Gradually decrease how often you take ibuprofen. It is a good idea to take a 600 mg pill before you start a more tiring activity such as going shopping or for a long walk.

Once you get more active, you may have a day when your pain gets a little worse. If this happens, take ibuprofen. If ibuprofen does not relieve the pain, add acetaminophen.

At Home After Surgery

When should I call my doctor?

Call your doctor right away, any time of the day or night, including on weekends and holidays, if you have any of the following signs or symptoms:

- A temperature over 100.4°F (38°C)
If you don't have one, please buy a thermometer before your surgery.
- Heavy bleeding (soaking a regular pad in an hour or less)
- Severe pain in your abdomen or pelvis that the pain medication is not helping
- Chest pain or difficulty breathing
- Swelling, redness, or pain in your legs
- An incision that opens
- An incision that is red or hot
- Fluid or blood leaking from an incision
- New bruising after leaving the hospital that is large or spreading. A little bit of bruising around an incision is normal.
- Nausea and vomiting
- Heavy vaginal discharge (spotting and light discharge are normal)
- Skin rash
- Unable to urinate at all
- Pain or stinging when you pass urine
- Blood or cloudiness in your urine
- Non-stop urge to pass urine, but only dribbling when you try to go
- A sense that something is wrong.

How do I prevent nausea?

The best way to prevent nausea is to eat frequent small meals. It is especially important to eat something before taking pain medication.

What can I eat?

- You can eat your regular diet after you go home. Frequent small meals are easier to digest than a few big meals.
- Eat high protein foods:
 - Beans and lentils
 - Nuts, including nut-based milks
 - Eggs
 - Dairy products (Greek yogurt is very high in protein)
 - Chicken and other meats
- Eat foods that are rich in vitamins that promote healing:
 - Bell peppers
 - Dark, green, leafy vegetables like kale and spinach
 - Broccoli
 - Sweet potatoes
 - Carrots
 - Squash
 - Tomatoes
 - Citrus fruit
 - Berries
 - Kiwi fruit
 - Cantaloupe
 - Apricots
 - Mango
- **If you have diabetes it is very important to keep your blood sugar under good control.** Take your medicines on time and follow your diet. Check your blood sugar every day and call the doctor who helps you manage your diabetes if your blood sugar is too high.

When should I restart taking my usual medications?

- Before you leave the hospital, ask your doctor when you can restart aspirin or any blood thinning medications.
- If you use vaginal estrogen, ask when you should restart it.
- Otherwise, start back on your usual schedule as soon as you get home. Before you leave the hospital, your nurse will go over your discharge

information with you. This will include what medicines you already took that day.

Do I need to keep using the incentive spirometer?

(You may not have received one, especially if you had outpatient surgery.)

Using the incentive spirometer while you are in bed in the hospital helps prevent the small airways in your lungs from collapsing and helps prevent you from getting pneumonia. If you stay in bed the first day you get home, continue to use the spirometer once an hour, the way you were taught. Once you are up and moving about, you will automatically breathe more deeply on your own and do not need to keep using the spirometer.

How do I care for my incisions?

- For incisions inside your vagina:
 - Incisions inside the vagina are closed with dissolvable stitches. When they dissolve you may see little bits of suture material that look like thin pieces of string on your underwear or on toilet tissue after wiping. This is normal.
 - Do not put anything inside the vagina, including tampons or your fingers, until your doctor evaluates you at a postop visit and tells you when it will be OK.
 - Do not have vaginal intercourse until your doctor evaluates you at a postop visit and tells you when it will be OK.
 - Do not douche.
- For incisions on your skin:
 - You may shower starting 24 hours after your surgery. If there is a dressing over the incision, remove it before your first shower or bath. Leave the slim adhesive strips that are under the dressing in place. During the week after surgery, they will usually curl up at the edges

and then come off on their own. If they are still there a week after surgery, gently remove them.

- Your incisions will heal best if they are kept clean and dry.
- To clean the incisions, first wash your hands, and then get your hands sudsy with soap and gently wash or let the sudsy water run down over the incisions.
- Dry the incisions well after washing by gently patting with a towel. You may use a blow dryer, but it must be on a low-heat setting.
- Do not put any lotion, oil, gel, or powder on or near your incisions.

What kind of vaginal bleeding is normal?

Spotting of pink or red blood from the vagina is normal. Brown-colored discharge that gradually changes to a light yellow or cream color is also normal and can last for up to 8 weeks. The brownish discharge is old blood and often has a strong odor, this is okay. **Call us if it becomes heavier or foul-smelling.**

When will my bladder function get back to normal?

- You received extra fluid through your I.V. while you were in the hospital, so it is normal to urinate (pee) more than usual when you first get home.
- It is normal for your bladder function to be different after surgery. You may notice a pause before your urine stream starts or that your urine stream is slower. This will gradually get better, but it may take up to 6 months before you are back to normal. Be patient, relax, and sit on the toilet a little longer.
- Drinking more water than usual will not help the bladder recover faster.

What do I need to know about bowel movements?

- Starting as soon as you get home, take 17 grams of Miralax (one capful) twice a day to keep your stool soft and prevent constipation. It is important to prevent constipation because straining can damage your stitches. Your

stool should be as soft as toothpaste. If your stool gets too loose, cut back to using Miralax only once a day.

- If you used a bowel prep before surgery, it is common not to have a bowel movement on the first and second day after surgery.
- If you have not had a bowel movement by 7 p.m. on the third day after surgery, do **one** of the following at bedtime:
 - Drink 1 ounce (2 tablespoons) of Milk of Magnesia (MOM). If you have used MOM before and know you need to take 2 ounces for it to work for you, it is OK to do this, or
 - Drink 1 cup of Smooth Move Tea, or
 - Take 2 Senekot tablets.
- Go for short walks. Walking and being active will help you have a bowel movement.
- If you have not had a bowel movement by noon on the fourth day after surgery, call the clinic where you were seen and ask to speak with a nurse. Do not use the gynecology resident on call phone number for this situation.

What is a normal energy level?

It is normal to have a decreased energy level after surgery. Listen to your body. If you need to rest, do it. Give yourself permission to take it easy. Once you settle into a normal routine at home, you will find that you slowly begin to feel better. Walking around the house and taking short walks outside will help you get back to normal.

What kind of exercise can I do?

- Exercise is important for a healthy recovery. We encourage you to begin normal physical activity, like walking, within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.

- Ask your doctor when you can start specific activities like bicycling, swimming or dancing.
- Allow your body time to heal. Do not restart a difficult exercise routine until you have had your post-op exam and your doctor says it is OK.

What activities can I do?

Listen to your body and gradually increase what you do. If you start to feel tired, sore, or in pain, lie down to rest.

- **Showers and baths:** You may shower starting 24 hours after your surgery. You may also take a bath, but do not soak for more than 10 minutes. Wash yourself and get out. Do not fill the tub above hip level. Do not get in or out of a tub without assistance. **It is very important to avoid anything that could cause you to slip and fall.**
- **Sitz bath:** You may be told to do a sitz bath. You can buy a sitz bath that sits on the toilet seat for less than \$15 at stores that sell home medical equipment such as Walgreens or Walmart. Or you can use a bath tub. If you use a tub, fill it to hip level with warm water. You can mix a tablespoon of plain Epsom Salt into the water. Do not stay in the tub for more than 10 minutes.
- **Can I douche?** No.
- **Stairs:** Walking up or down stairs is okay, but you may need some assistance at first.
- **Driving:** Do not drive while you are taking prescription pain medications. After you stop them, you may drive when you are sure you can move as quickly as you need to in an emergency without hurting yourself. Before you drive, sit behind the wheel and practice slamming on the brakes and turning to look over your shoulder. If this hurts, wait and check again in a few more days.

- **Lifting:** Unless you are given other instructions, for 6 weeks after your surgery do not lift anything that you cannot easily lift with one hand.
- **Sex:** Do not resume any intercourse before your follow-up visit with your doctor. Start when your doctor says it is OK. When you do start, expect that things may feel different than before the surgery. The first few times may be uncomfortable. Go slowly and use lots of lubricant. You will get back to normal with time.
- **Travel:** It is best if you do not go far away from home before your postop visit with your doctor. If you have travel plans, talk to your doctor about this before your surgery.
- **Work:** The amount of time you will be off work after surgery depends on both your surgery and your job. This should have been discussed with your doctor before surgery. If you have any questions about this, call your doctor.

Intermittent Self-Catheterization after Gynecology Surgery

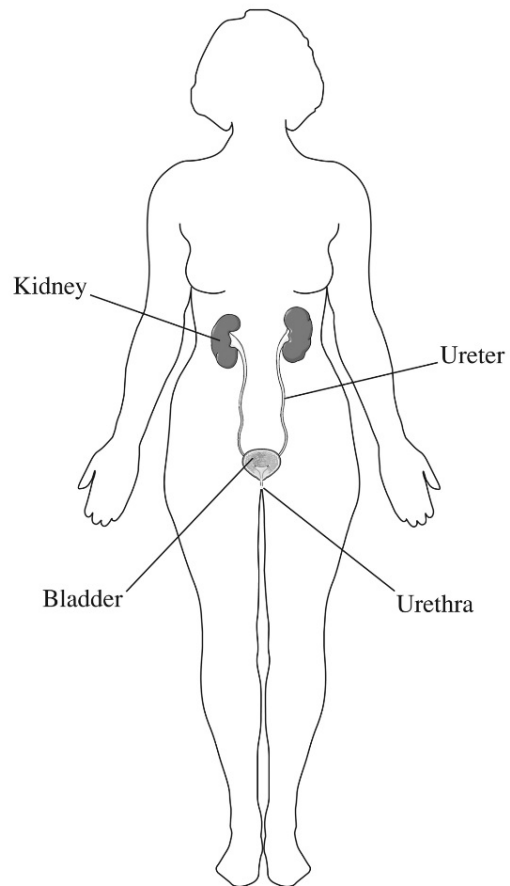
What is Intermittent Self-Catheterization (ISC)?

Intermittent Self-Catheterization (ISC) is a way to empty your bladder by using a short, straight tube called a catheter. You will insert the catheter into your bladder to allow the urine to drain out. You will empty your bladder on a regular schedule until it is emptying normally.

What is Post Void Residual (PVR)?

Urine is made in the kidneys and flows down the ureters to the bladder. Urine leaves the bladder, and your body, through the urethra.

It is normal for some urine to be left in your bladder every time you urinate. This is called the post void residual or PVR. After your surgery, a nurse will measure your PVR by either placing a probe on your lower abdomen to do an ultrasound bladder scan or by placing a catheter through your urethra into your bladder to drain the post void residual. If the PVR is too large, it can cause health problems.



Why do I need to do ISC?

Sometimes, the bladder muscles cannot work properly after gynecology surgery. The bladder muscles will recover, but this may take from a few hours to a few weeks.

Without normal bladder muscle contractions, the bladder can get too full and stretched out. The PVR will be higher than normal. This can damage the bladder, lead to infections, or cause urine to back up into the kidneys. To

prevent this, you will learn how to place a catheter through your urethra into your bladder and drain out the excess urine. You will do this until your bladder function is back to normal. We know this isn't something anyone wants to do, but we will teach you how to do this and make sure you feel comfortable with the plan before you go home.

What supplies do I need to do ISC?

You should have received the following supplies when you were discharged from the hospital:

- 5 straight 6-inch female catheters
- 24 packets of water-soluble lubricant (do not use petroleum jelly)
- 24 antiseptic towelettes
- 1 measuring unit to put under the toilet seat (it looks like a hat, so that is what it is called)
- ISC Diary (on page 34)

You will need to get your own mirror. A mirror with a stand to hold it up is best.

How do I perform ISC?

Set out the following equipment on a clean surface near the toilet so you can easily reach it:

- 2 catheters, one to use and one for backup in case you need it
- 2 lubricant packets, one to use and one for backup
- 2 towelettes, one to use and one for backup. If you run out of towelettes, you can use a soft washcloth with unscented soap.
- Mirror
- Measuring hat
 - If you cannot easily drain into the hat while sitting on the toilet, and you are going to drain into a container placed between your legs, put out the container.

- Also put out the hat. Even if you do not drain directly into the hat, you will still use it to measure the amount of urine you drain, so you will need it.
- Diary and pen or pencil

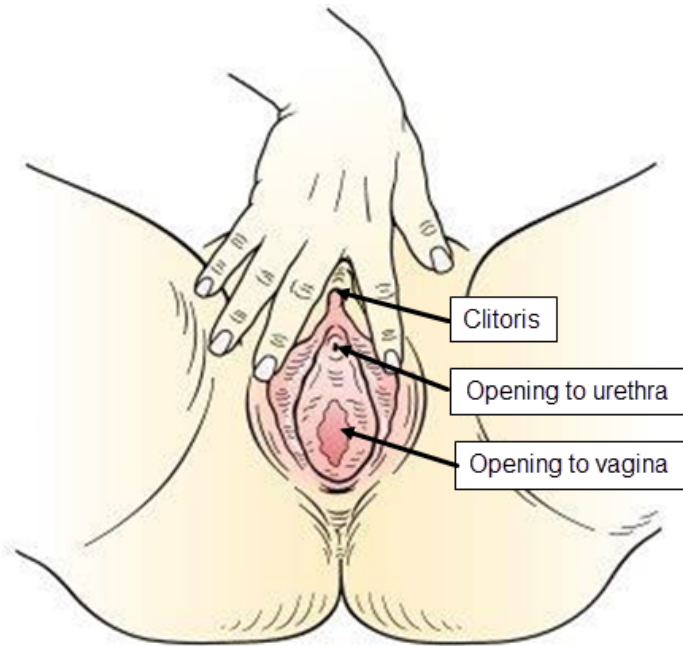
First, try to urinate on your own:

1. Place the hat under the toilet seat, sit down, and try to urinate. Allow a few minutes to give yourself time to relax and let your bladder do its job. Do not put toilet paper in the hat.
2. Measure how much urine is in the hat, then dump the urine into the toilet and rinse out the hat. Replace it under the toilet seat.
3. Wash your hands well with soap and water, and dry them with a clean towel.
4. Record the date, time, and amount you urinated in the column labelled “**Amount You Urinate**” in the diary on the last page of this handout.

Next, follow these instructions for doing ISC:

1. Open a lubricant pouch so it is ready to be used.
2. Take the catheter out of its package and inspect it. Do not use if it is damaged.
3. Put the tip of the catheter into the opened lubricant packet. Leave this on a clean surface within easy reach.
4. Position yourself so that you are seated comfortably with your legs apart. Most women sit on the toilet so that they can drain the urine into the hat under the toilet seat. You may find it easier to sit on a chair or the edge of a bed and drain the urine in to a container held between your legs. Put a mirror on a chair or stool in front of you, positioned so that you can easily

adjust it to see the opening to your urethra. Remember that the urethral

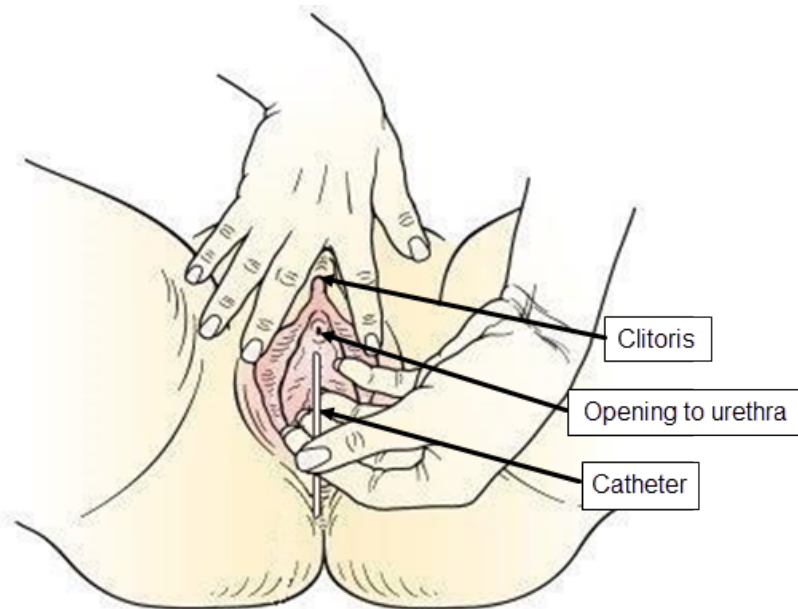


opening is between the clitoris and the vaginal opening.

5. Use one hand to separate the labia as shown in the picture. Adjust the mirror as needed so that you can see the opening to the urethra. Hold an opened towelette or wash cloth in the other hand and use it to wipe the

skin clean, starting above the urethral opening and wiping toward the anus. Do **not** wipe from the anus toward the urethral opening.

6. Pick up the catheter and shake it out of the lubricant packet. Insert the catheter into the urethra and gently push it in to the bladder until urine begins to flow. Direct the catheter so the urine will flow into the hat under the toilet seat or the container between your legs.



7. When the urine flow stops, gently move the catheter around a little to see if more urine will come out. If it does, wait until it stops. Then slowly remove the catheter. If urine flow restarts while

removing the catheter, wait until it stops, and then continue to remove the catheter.

8. If you drain the urine into a container held between your legs, pour the urine into the hat to measure it.
9. Wash your hands and the catheter with soap and water. Rinse the catheter well and store it in a clean, dry place. It is **ok** to use a catheter more than once each day. When you are re-using a catheter, wash it with soap and water and rinse it well both before and after each use. You should open a new catheter the first time you do ISC each morning and throw the old one away.
10. Measure the PVR (the amount of urine you drained with the catheter) and record it in the diary in the **“Post Void Residual”** column.
11. Add together the amount of the **“Post Void Residual”** and the **“Amount your Urinate”**. Record this total amount in the last column of the table.

What do I do if no urine comes out?

1. Use the hand mirror to find the vaginal opening and the urethral opening.
2. If the catheter is in the urethra, gently push it farther in until urine comes out. You may need to change the angle a little.
3. If the catheter is in the vagina, leave it there as a marker so you don't do it again. Open a new catheter and lubricant packet, dip the tip of the catheter in the lubricant and then insert the catheter through the urethral opening.

When can I stop doing ISC?

You can stop when the amount you urinate is 150 mL (milliliters) or more **and** the amount of the post void residual measured in the hat is less than 150 mL, two times in a row.

How often should I go to the bathroom?

Go to the toilet when you feel the urge to urinate. Always try to urinate before doing ISC. Allow yourself time to relax.

If it has been 4 hours since the last time you urinated, and you still do not feel any urge to urinate, try sitting on the toilet.

- If no urine comes out, put 0 (zero) in the diary in the **“Amount You Urinate”** column.
- Do ISC.
- Measure how much you drained with the catheter and put this amount in the **“Post Void Residual”** column.

Do not wait more than 4 hours in between emptying your bladder. If the total amount you urinate plus the post void residual is more than 500 mL, shorten the time in between emptying your bladder by an hour, for example from 4 to 3 hours. The goal is to prevent your bladder from getting overly full.

Should I do ISC before I go to bed?

Yes, you should try to urinate and do ISC before you go to bed. If the total of the amount you urinate plus the post void residual is usually more than 500 mL when you first get up in the morning, set an alarm to get up once in the night to urinate and do ISC.

What color should my urine be?

During the first few days after surgery, your urine may be orange colored. This is caused by medicine that may have been given to you during your surgery. After one or two days, the urine should be light yellow. If it is very dark yellow, drink more water. If your urine looks like clear water, drink less.

How much should I drink?

Do not drink more than 60 ounces of fluids per day. This includes all kinds of fluids such as coffee, tea, water, juice, and pop.

The bladder needs time to recover from surgery. Drinking more liquid does not help your bladder get better faster. Drink and eat normally.

When should I call for help?

Call a nurse at the clinic where you went to see your doctor if:

- Urine is bloody
- Urine has a foul (bad) odor
- Urine is cloudy
- Temperature is over 100.4 ° F (38° C)
- You cannot easily push the catheter in to the bladder
- You have very strong urgency that does not go away after you urinate, no matter how many times you go
- You suddenly start leaking urine

Self-catheterization video:

You can view a video showing you how to do intermittent self-catheterization by visiting: www.sgsonline.org/a-guide-to-female-clean-intermittent-self-catheterization. Be aware that the video is not animation. A woman demonstrates how to self-catheterize herself.

| Date | Time | Amount You Urinate | Post Void Residual (Amount You Drain with Catheter) | Total: Amount You Urinate plus Post Void Residual (PVR) |
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Caring for My Indwelling Catheter after Gynecology Surgery

Why do I need an indwelling catheter?

We know that no one wants to go home with a catheter, but it is important to protect your bladder while it is healing. This is a temporary step in your recovery.

How can I make sure the catheter keeps working?

1. Always keep the bag below the level of your bladder.
2. Make sure the tube is not kinked and that urine is flowing into the bag.
3. Place the leg bag below your knee. If you place it above the knee, the urine will not drain into the bag as it should.

When should I drain the leg bag?

Drain the leg bag when:

- It is a little more than half full
- It feels heavy on your leg

How do I drain the leg bag?

1. Wash your hands with soap and water
2. Take the bag off your leg
3. Aim the drainage tube toward the toilet (Figure A).



Figure A

4. Open the clamp and let urine drain into the toilet (Figure B).



Figure B

5. When the bag is empty, close the clamp.
6. Dry the end of the drainage tube with some toilet paper.
7. Put the leg bag back on your leg.

When should I drain the overnight bag?

Drain the overnight bag when you first get up in the morning. Usually you will change to the leg bag after you drain the overnight bag. If you continue to use the overnight bag while you are awake, drain it when it is a little more than half full or is heavy to lift.

How do I drain the overnight bag?

1. Wash your hands with soap and water.
2. Lift the bag up and hold it near the toilet.
3. Squeeze the hard, plastic pieces on either side of the drainage tube and pull it out of the clear holder (Figures C and D).



Figure C



Figure D

4. Aim the drainage tube toward the toilet.
5. Open the clamp and let urine drain into the toilet (Figures E and F).



Figure E



Figure F

6. When the bag is empty, close the clamp
7. Push the drainage tube back into the clear holder.

How do I change collection bags?

You will go home with the catheter attached to a leg bag. Before bedtime, switch to an overnight bag so that you are using a bag that will stay below the level of your bladder while you are in bed. It is important to keep the tips clean while changing bags to lower the risk of infection.

Follow these steps to change from a leg bag to an overnight bag:

1. Wash your hands with soap and water
2. Lay clean towel on counter.
3. Put supplies on towel (Figure G):
 - a. Overnight bag
 - b. 3 alcohol swabs with packets opened and swab sitting on the packet
 - c. 1 alcohol swab packet that is pouched open

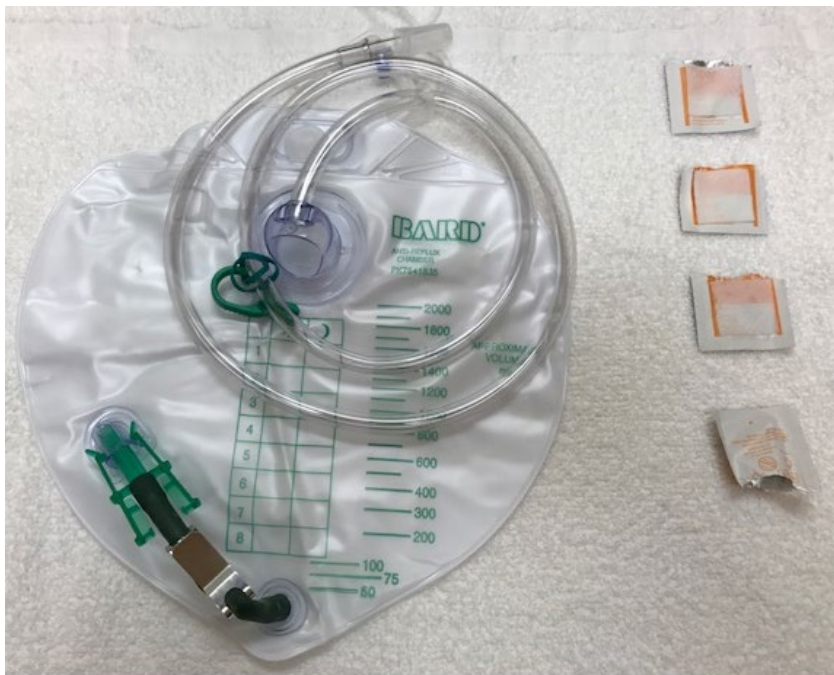


Figure G

4. Remove cap from the connector on the overnight bag. Put it in the pink plastic bin (Figure H).



Figure H

5. Clean the connector with one of the alcohol swabs and then lay it down on another swab (Figures I and J).

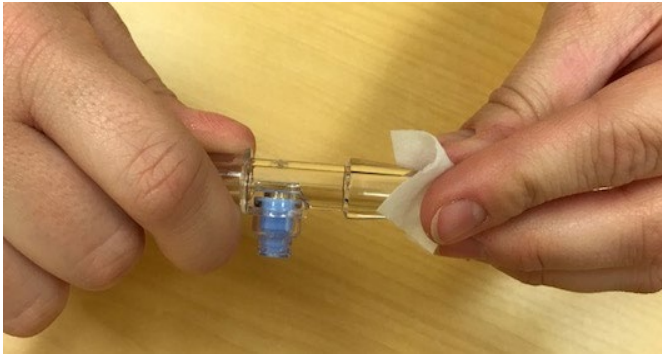


Figure I

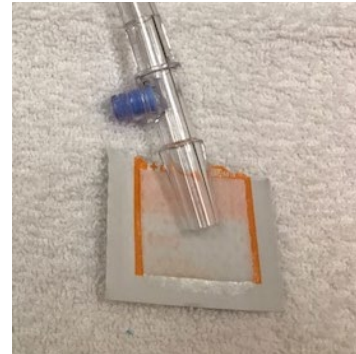


Figure J

6. Pinch the catheter tubing shut (Figures K and L).



Figure K



Figure L

7. Remove the connector on the leg bag and place it between your fingers so you can hold it while you do the next two steps (Figure M).



Figure M

8. Push the connector on the overnight bag into the catheter tubing (Figure N).



Figure N

9. Put the overnight bag on the floor. Remember to always keep it below your knee.

10. Clean the connector on the leg bag with an alcohol swab and then put it in the pouched alcohol swab packet and tighten the packet around it (Figures O and P).



Figure O



Figure P

11. Wipe the outside of the leg bag and tubing clean with a baby wipe or a moist, soapy washcloth. Dry it with a clean cloth and put it in the pink plastic basin (Figure Q).



Figure Q

The steps for changing from an overnight bag to a leg bag are the same except for Step 10. Because the overnight bag comes with a cover for the connector, after cleaning the connector with an alcohol swab, you can put the cover back on instead of using the alcohol wipe pouch (Figure R).

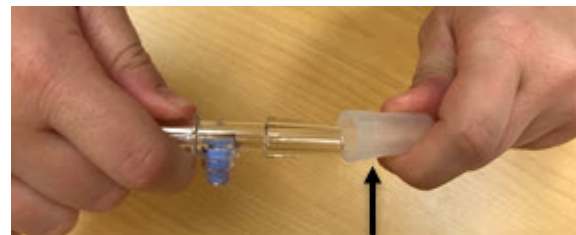


Figure R

Connector
cover

How do I clean my catheter?

It is very important to keep your catheter clean to lower the risk of infection. Clean the skin around the catheter and the catheter tubing two times each day.

Use the following supplies each time:

1. 2 clean, soft washcloths
2. Soap that will not irritate your skin. An unscented soap is best.

Cleaning steps:

1. Wash your hands with soap and water.
2. Wet one of the cloths with soap and water, then gently clean the skin around the place where the catheter leaves your body. Rinse the washcloth with

water until the soap is gone and then clean the soap off your skin with the wet washcloth. If you are in the shower, you can let the shower water flow over your skin to rinse off the soap.

3. Wet the second cloth with soap and water, then clean the catheter tubing, starting near where it leaves the body, and continuing down to where it attaches to the urine collection bag. Handle the tube gently, **do not pull or tug** the tubing. Rinse with a wet cloth or shower water.

How do I take care of the bag when I shower?

It is best to shower while you are still using the overnight bag. Drain the bag before you get into the shower. Put the bag on the floor of the shower stall or tub near where you are standing. Be careful not to twist or pull on the tubing or bag while you are showering. Pick up the bag before you step out of the shower. Put it on a clean towel on the floor. Dry yourself, the tubing, and the bag.

What color should my urine be?

During the first few days after surgery, your urine may be orange colored. This is caused by medicine that you may have received during your surgery. After one or two days, your urine should be light yellow. If it is very dark yellow, drink more water. If your urine looks like water, drink less.

How much should I drink?

Do not drink more than 60 ounces of fluids per day. This includes all kinds of fluids such as coffee, tea, water, juice, and pop.

When should I call for help?

Call a nurse at the clinic where you went to see your doctor if:

- Urine is bloody
- Urine has a foul (bad) odor

- Urine is cloudy
- Temperature is over 100.4 ° F (38° C)
- Your catheter falls out
- Your catheter is not draining.

Opioid Disposal

Do your part to prevent opioid abuse by properly disposing of unused medication. Leftover pain medications make tempting targets for theft. They can also be dangerous if children or pets find them.

The Michigan Department of Environment Quality does not recommend flushing unwanted medications down the drain or toilet because they can pollute our water and harm animals and people. Disposal in the trash may create an opportunity for illegal use or accidental poisoning. It is important to dispose of old medications properly. The **safest way** to dispose of old medications is to take them to an authorized “Take-Back” program in your area. A Take-Back program is a place that is authorized to receive unused medications. Some communities have Take-Back events, where people can bring back unused medications to a specific location on a specific day and time.

Safe Take-Back Locations

- To find a Take-Back location near you in Michigan, type the following into an internet search engine such as Google or Bing:
michigan-open.org/takebackmap. This will take you to a map that shows all the Take-Back program locations in Michigan. You can find the one nearest to you by typing in your town’s name or your zip code.

- If you do not have access to the internet, call your county health department, local police department, or a Michigan State Police post for information about Take-Back programs in your area.
- To find drop-off locations in other states, use nabp.pharmacy/initiatives/awarex/drug-disposal-locator.

What do I do if there is no Take-Back location near me?

If you are not able to find a program in your area follow these steps as a last resort:

- Mix opioids (do not crush) with used coffee grounds or kitty litter in a plastic bag and put in your household trash.
- Scratch out personal information on the prescription label and dispose of the original container.

Do not flush opioids down the toilet.

For more information, go to michmed.org/MmA6N.

Postop Visit

- Check the printed hospital discharge information for the day and time of your postop visit with your doctor. If you do not find this information, on the first business day after you are home, call the clinic to schedule your postop visit.
- If you have not already done so, sign up for the online Patient Portal, MyUofMHealth or download the app. Benefits of the portal include quick access to test results, appointment scheduling, and messaging your doctor's office. Instructions for how to sign up are included in your printed discharge information.
- If any organs or tissue were removed during your surgery, they were sent to the Pathology Lab for analysis. Pathology Lab results take about a week to come back. Your doctor may release the pathology report to your online patient portal or send it to you in a letter. Some doctors prefer to wait and discuss it with you when you come for your postop visit. If you have questions about this, ask your doctor for more details.
- At your postop visit, our doctor will give you a copy of the operative report and, if you don't already have it, the pathology report. Ask for a return-to-work letter if you need one.
- We constantly strive to make your surgical experience the best possible one. Please use the next page to make notes about what we did well and what we can improve. Share your thoughts with your surgeon at your postop visit. We want to hear back from you.

How Did We Do?

Our goal at Michigan Medicine is to continually improve the care our patients receive. We value your feedback and will use it to improve care.

What did we do well?

What can we do better?

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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[fotografixx], [young woman pushing senior lady in wheelchair through a park] via Getty Images

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