

Discharge Instructions After Prolapse Surgery

Please read the following information so that you will be able to take care of yourself after leaving the hospital. Any questions you may have while at home can be answered by calling:

General Surgery

Dr. Finlayson 734-647-9710
Dr. Burney 734-936-6025

Gynecology/Urology

Dr. Fenner/Dr. Delancey 734-763-6295 or Nurse 734-763-6295

Michigan Bowel Control Program Nurses 734-615-7380 or 1-877-462-6935

24-hour On-Call Resident (Your General Surgery or Urology-Gynecology service) 734-936-6266

When to call for advice

- If you have a fever greater than 100.5°F for 24 hours.
- If you notice foul smelling drainage.
- A change in over-all health status, including nausea, vomiting, chills, profuse sweating, diarrhea, constipation, or increased swelling at the surgery site.
- Significant increase in abdominal or pelvic pain.

Incision and Bladder Care

- If you have an abdominal incision, it is perfectly alright to shower or bathe. Keep it clean but avoid scrubbing it.
- If you are catheterizing yourself, continue this until the amount in your bladder after voiding is 100 cc (you *may* have to do this 3 times a day for several months).

Activity

- You should avoid straining, pushing, pulling, or twisting. Lifting things is OK if you can do it without straining. Stair climbing is fine; use hand rail for support.
- Walking is encouraged for exercise. Be careful to avoid slippery surfaces (i.e., snow or ice) because falling can be very painful.
- You may drive when you are not having pain and no longer taking narcotic pain medications.
- Sexual intercourse should be delayed until after your post-op visit, and should be discussed with your doctor during the postoperative visit.

Postoperative Constipation and Pain

- Narcotic pain medications should be avoided. A non-steroidal pain medication, such as ibuprofen or naproxen (Motrin, Advil), or acetaminophen (Tylenol) taken regularly is preferred.
- Sitz baths for 10 minutes 3 times a day will help relieve pain.
- To avoid constipation, drink 1-2 quarts of decaffeinated fluids every day. Eat a fiber-rich diet; 25-35 grams of fiber is a normal daily intake.
- Taking a stool softener is perfectly alright. If you are taking narcotic pain medications, however, you may also need a stimulant such as senna or MOM.
- You may use Milk of Magnesia or citrate of magnesium to help resume normal bowel function if you have no bowel movement by the third day after surgery.
- Do not use enemas or place anything into the rectum if you had rectal prolapse surgery.
- You may use enemas or suppositories if you did NOT have rectal prolapse surgery.

Lifestyle Changes

- Constipation and straining to empty the bowels may have contributed to your prolapse. You must avoid straining and, if recommended by your doctor, remain on a high-fiber diet and drink eight 8-ounce glasses of decaffeinated fluids per day to keep your bowels soft.
 - Lifting and pushing heavy objects (refrigerators, cars, big boxes) increases stress on the pelvic floor. It is wise to avoid these strenuous activities.
 - Exercises that involve impact (running, high impact aerobics, jumping jacks, jumping rope) also stress the pelvic floor. Until your doctor tells you it is safe to engage in these exercises, they should be avoided.
- Your postoperative appointments will be in about 2 weeks for General Surgery and in about 4-6 weeks for the Urology/Gynecology.

Information provided by the Michigan Bowel Control Program, December, 2008