

THE UROLOGY GROUP

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ROBOTIC SACROCOLPOPEXY POSTOPERATIVE INSTRUCTIONS

CLOTHING: After surgery, your abdomen may be bloated, and it can be difficult to fit into your regular pants. Bring a pair of comfortable pants that have a loose waistband to go home.

ACTIVITY: Get up and walk **the day of surgery**. Walk **six** times daily starting the day after surgery. You may be up and about as much as you like. You may go up and down stairs. You may take walks outside. Gradually increase the amount you walk each day. You may tire easily with minimal activity and find that you require an occasional nap. Your energy will return over the course of six to twelve weeks.

Avoid strenuous activities for six weeks, such as strenuous housework, gardening, lifting weights, or jogging. Do not lift more than ten pounds for six weeks.

PELVIC REST: Vaginal spotting is normal for one to two weeks. Do not put anything in the vagina for eight weeks. Do not have sexual relations, douche or use a tampon for eight weeks. Avoid biking, motorcycle rides or horseback riding for eight weeks.

DIET: You may eat your regular diet. Your appetite may be decreased the first several days at home. Drink plenty of fluids. Eat plenty of vegetables and fruits to promote healing and avoid constipation.

MEDICATION: Resume your regular medications or as instructed at the hospital.

PAIN MEDICATION: Medication to be taken by mouth may be prescribed for you. Narcotic pain medications are constipating and therefore should be discontinued as soon as possible.

Ibuprofen (Advil, Aleve) is an anti-inflammatory and may reduce discomfort after surgery. This is available at any drug store without a prescription. Maximum dose is 3200 mg per day. Ask your doctor if you have history of poor kidney function

Acetaminophen (Tylenol) helps decrease discomfort after surgery. This is available at any drug store without a prescription. Some narcotic pain medicines also contain acetaminophen. Maximum dose is 4000 mg per day. Ask your doctor if you have history of poor liver function.

STOOL SOFTENER: Anesthesia, surgery and narcotic pain medication all increase your risk for constipation. Constipation and straining to have a bowel movement puts stress on the surgery site and can impair healing. If taking prescription pain medication, be sure to take an over the counter stool softener or laxative such as Colace (docusate), Senokot or SennaGen (senna), Dulcolax (bisacodyl), Miralax (polyethylene glycol), Milk of Magnesia (magnesium hydroxide). Decrease or hold the medication if loose stools or diarrhea.

BATHING: Remove the dressings two days after surgery. Take a shower as normally as you do. Do not take a bath for one week. Let warm, soapy water run over the incision, then pat dry once. Keep the incisions clean and dry. You do not need to put any dressing on the incision. You may put a band-aid or over the counter gauze on the incision if the incision produces some spotting.

URINARY CATHETER: Surgery and anesthesia may cause slow the bladder function. A long, thin tube called a Foley catheter will be placed in the bladder at the time of surgery. This is typically removed at 6:00 am the following morning. Let your nurse know once you have urinated. After you urinate, your nurse will perform a bladder scan or ultrasound.

If your bladder function has not yet returned, a catheter will be replaced in the bladder. You will go home with this catheter. The catheter drains to a bag worn on the thigh during the day and a large bag at night. The nurse will instruct you on catheter care before discharge from the hospital.

The catheter is typically removed in the office in three to seven days. The catheter is removed at a Nurse Visit typically around 9:00 am. You will return to the office at 1:30 pm the same day for a Nurse Visit to perform a bladder scan ultrasound to see if the bladder function has returned.

It is very important to make sure the catheter drains well. The catheter always needs to be well secured to the thigh without any pulling or tugging on the catheter. The drainage bag should always be lower than your bladder.

While the catheter is in, you may have some leakage of urine around the catheter. This may be more noticeable with bowel movement. You may wear a pad in the underwear for protection.

While the catheter is in, you may note bladder spasms. Bladder spasms may include mild to severe bladder pain or cramps, the sudden urgent need to urinate, or a burning sensation. These are common and should resolve once the catheter is removed.

Minimize prescription pain medicine and avoid constipation to speed the return of bladder function.

Do not drive or take baths while the catheter is in place.

FOLLOW-UP APPOINTMENTS

One week: Nurse visit in one week in the urologist's office to remove skin staples and place steri strips (strong band-aids). The steri strips will fall off on their own in one to two weeks. You may shower with these in place. You may remove the steri strips at two weeks if they have not fallen off on their own

Two weeks: Follow up appointment with your gynecologist at two weeks to review the hysterectomy report.

Six weeks: Follow up appointment with your urologist for a pelvic exam to check the repair.

Long term: Follow your gynecologist's recommendation for pap smears if your cervix was left in place.

THINGS YOU MAY ENCOUNTER AFTER SURGERY

Bruises around the incision sites: These are common and should not alarm you. They will resolve over time.

Abdominal distention, constipation or bloating: Make sure you are taking your stool softener as directed. If you don't have a bowel movement or pass gas or are feeling uncomfortable 24 hours after surgery, try taking Milk of Magnesia as directed on the bottle. If, after two doses of Milk of Magnesia, you still have not had a bowel movement, call our office. Do not use an enema.

CONTACT US IMMEDIATELY IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING

- Temperature over 101°F
- Inability to urinate
- Nausea/vomiting
- Pain not relieved with pain medication
- Pain or swelling in one calf
- Urine stops draining into the drainage bag if catheter is in place

MAINTAIN A HEALTHY PELVIC FLOOR AND PREVENT RECURRENCE:

Continue estrogen cream three nights a week for at least three months if the medication was started preop.

Continue Kegel exercises three times daily, ten repetitions each.

Reach and stay at a health weight.

Avoid smoking.

Avoid chronic cough.

Avoid chronic heavy lifting. Exercise is healthy for you but avoid squats or lunges at the gym.