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FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

STRESS INCONTINENCE PROLAPSE OVERACTIVE BLADDER HORMONE REPLACEMENT THERAPY

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Patient Guidelines Following Major Surgery

Please be aware that these generalized guidelines may not reflect recommendations for your recovery following surgery. If you have any questions, please contact my office at 713-512-7810.

- 1. Binder**—the abdominal binder will help reduce abdominal discomfort. It is not required for healing. Use it if you like it. If you do not like it, you do not have to use it.
- 2. Heating pad**—heating pad often feels great on the abdomen after surgery. It, like the binder, is not necessary. Use it if you like it. If you do not like it, you do not have to use it.
- 3. Ice** - If you had any surgical procedure neighboring the opening of the vagina or rectum, ice on the area for the next 24 hours may help diminish pain. It is not generally necessary but may be a comfort. Beyond the first 24 hours, SITZ baths can also be comforting in the area.
- 4. Bathing**—please proceed with just showers for right now. Avoid tub baths for 2 weeks to allow incisions to heal and reduce the risk of infection. It is okay to get soapy water around all your incisions including the open the vagina (even if the catheter is there).
- 5. Vaginal bleeding**—vaginal bleeding is normal and expected after most gynecological surgeries. Due to the moist environment of the vagina, spotting or bleeding can persist for up to 4 to 6 weeks after surgery. It may start and stop during that time. Ultimately, once you have gotten up for the day and have been moving around, typically a thin pad should be all that you need to control any bleeding issues.
- 6. Diet**—it is fine to resume your normal diet that you had prior to surgery. Please use your commonsense and avoid foods that you know are constipating.
- 7. Constipation**—MiraLAX 34 g of powder dissolved in water taken once daily until regular bowel movements is recommended. Start it the day AFTER your surgery. It may take up to 3 days before your first bowel movement. If 3 days of past you have not had a bowel movement, please contact my office so we may give you some alternative options for addressing constipation issues. **It is important to avoid constipation during your recovery.** If you have a history of chronic constipation, please work directly with your doctor who treats this condition. If you develop constipation after surgery, please let my office know. Simple options to treat

constipation (once you start having bowel movements) include the use of a stool softener (such as colace), a laxative (such as dulcolax or Miralax), or recommendation from a compounding pharmacy (such as Magnolia Pharmacy, who can send you treatments by mail). Enemas should not be used unless you have been specifically told by your doctor to do so.

8. Ambulation—it is not recommended that you pursue aggressive bed rest after surgery. This can encourage blood clots. Please get up and move around when you can. If you need to take a break, it is okay to take a break.

9. Stairs—it is okay to go up and down stairs when you get home. It is advisable to have somebody with you the first time you go up the stairs and the first time you go down the stairs just to make sure that you are comfortable navigating the stairs.

10. Driving—you may resume driving when you feel that you are capable of safely doing so. Driving will not necessarily have any negative effect on your surgery. The key thing to remember is you do not want to be so sore that it prevents you from quickly hitting the brakes if you have to. Again, please use your commonsense on determining when you feel like he can safely drive. Most people report that they can drive within about 3 to 4 days after the surgery. Some people feel they can drive sooner and others feel like it takes a few more days before they feel comfortable driving.

11. Discharge medications—the following list are the typical discharge medications that are provided. We have found that some pharmacies would not prescribe the over-the-counter medications that were prescribed to you. This list can be used as a reference for how to take your medications:

–Acetaminophen 500 mg tablets (“Extra Strength Tylenol”): Use this as your main pain medication. Take 2 tablets (1000 mg) every 8 hours as needed for pain. **I would recommend that you take them around-the-clock for the first 1 to 2 days during your recovery process.** After that, you can start taking them on an as-needed basis. Do not exceed 4000 mg of acetaminophen in 24 hours. Doing so could possibly cause a fatal liver injury.

–Tramadol 50 mg tablets: Take 1 to 2 tablets every 6 hours as needed for breakthrough pain. **Consider taking it on a scheduled basis for the first 24 hours after your surgery to help with pain control.** After the first 24 hours, change to taking it on an as-needed basis. Use this only as your backup pain medication and not your primary medication.

–Ondansetron 4 mg dissolving tablets: This is a generic form of Zofran which can be used for nausea. Place 1 tablet underneath your tongue and let it dissolve. You can take it every 4-6 hours as needed for nausea if you feel queasy.

–MiraLAX: dissolve 34 g of powder in water intake once daily until regular bowel movements. Start this the day AFTER surgery.

–Nitrofurantoin 100 mg tablets: Take 1 tablet twice daily for approximately 7 days. This is to attempt to reduce the risk of a bladder infection following surgery.

12. Incisions - if you have abdominal incisions, there may be either bandages (Steri-Strips) or skin glue covering some or all of the incisions. The incisions themselves are held together with stitches that will dissolve on their own.

- If bandages are on the incisions, they may fall off at any time. You can shower and gently clean the incision sites with the bandages in place. If the bandages have not fallen off on their own, please remove them no later than 1 week after the surgery.
- If skin glue is on the incisions, the glue will flake off on its own over time. You can shower and clean the incisions with the skin glue in place.

13. Catheter - if you went home with a catheter, please contact the office to set up a time to have it removed. While the catheter is in place, it is fine to shower and clean the skin immediately next to the urethra (where the catheter goes into your body). My office will work to coordinate an appropriate date and location for you. While the catheter is in place, you can take **AZO Standard** (Phenazopyridine) to reduce irritation or discomfort from the catheter.

14. Restrictions—please review the restrictions that we have previously discussed during your recovery process. In general, most surgeries require 6 weeks of restrictions which include no heavy lifting greater than 10 pounds. You should also avoid unnecessary straining. You will strain getting in and out of a car, up off the floor, and and out of bed. That is okay. Straining examples that I am referring to would be more like moving a kitchen table by yourself or trying to hold back your dog from chasing the cat. Casual walking is fine immediately after surgery. However, do not power walk or get on a treadmill. Please do not get on a bicycle including stationary bicycles. Do not get in a swimming pool or swim. Do not engage in vaginal intercourse or anal intercourse. If you are unsure of any other issues regarding restrictions, please contact my office.

14. Follow-up—at the time your surgery was scheduled, we typically scheduled your follow-up visits. If you do not recall when they are scheduled, please contact my office. In general, we typically tend to see our patients back at 6 weeks and again in 6 months unless other arrangements were made with you.

If you need to contact me, please call: 713-512-7810

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