



This information packet will help you prepare for your upcoming vaginal or robotic/laparoscopic surgery. We encourage you to review this information before surgery and have it available as a reference after surgery.

In the month leading up to surgery

- Your doctor may want you to do some medical tests before your procedure (such as blood work or a chest x-ray). If you have these tests done at another location outside of your surgeon's health system, then you must have the results faxed to us.
- You may be asked to have a clearance letter from your primary medical doctor. In addition, if you have a history of heart or lung disease, you may need a clearance letter from your cardiologist and/or pulmonologist. If your preoperative clearance is done outside of your surgeon's office, the letters must be faxed to your surgeon's office at least seven days prior to surgery.
- We recommend you stop smoking cigarettes as soon as you decide to have surgery. Even a short period of not smoking can improve healing and reduce the risks of complications after surgery.
- Avoid drinking alcohol in the week leading up to surgery. If you use alcohol regularly then stopping suddenly could be dangerous. Let your surgeon and primary care doctor know if you drink more than 14 drinks per week or are unable to stop drinking.
- If prescribed, please start using vaginal estrogen (which can be prescribed as either an estrogen cream, an estrogen ring, or an estrogen suppository). The cream is placed in the vagina with a finger three-times per week in the evening. The vaginal suppositories are placed in the vagina twice per week. Please ask your surgeon if you are to continue using estrogen after surgery.
- Stop any blood thinners (such as Plavix, Coumadin, Effient, Brilinta, Ticlid, Persantine, Pradaxa, Eliquis, or Xarelto) prior to surgery. Your doctor will tell you when to stop these medications. **You must discuss stopping these medications with the doctor who prescribes them (especially your cardiologist).**
 - You may continue taking low-dose aspirin (81mg)
- Stop taking all herbal medications, supplements and vitamins **one week** before surgery, including vitamin E, fish oil, garlic, and ginkgo biloba.

Please ask your surgeon if you need to stop taking ibuprofen-containing medications or other non-steroidal anti-inflammatory medications (NSAIDS) at least **one week** before surgery. Medications for arthritis often contain these drugs.

The day before surgery

- **You may be asked to take a bowel prep. If so, please drink only clear liquids for dinner and take 0.5 – two bottles of magnesium citrate starting at 4:00 - 6:00 p.m. until stools are clear.** Magnesium citrate is available over-the-counter, but a prescription would have been sent to your pharmacy.
- **The night before surgery, if instructed to at your last visit, please shower using antiseptic skin cleanser such as chlorhexidine wipes, chlorhexidine soap, or Dial soap.**
- Pack a set of comfortable loose fitting clothing to go home in. This includes loose underwear. You may also want to bring sanitary napkins or incontinence pads. Please leave all valuables and jewelry at home.
- You must arrange for a responsible adult to transport you to and from the hospital. You cannot be discharged home unless you have an adult to take you home.
- **Do not eat or drink anything after midnight.**

The morning of surgery

- If you were instructed to take any medications on the day of surgery, you may do so with a small sip of water.
- Do not eat or drink anything on the day of your surgery, including gum or hard candy. Please do not smoke or vape on the day of your surgery.
- You may brush your teeth, but do not swallow any water.
- You may shower or bathe.
- Bring your insurance card and personal identification information with you to the hospital or surgical center.
- You should consider appointing a healthcare proxy. This is the person who will speak for you if you are unable to communicate. You may discuss this with your nurse once you arrive at the hospital. If you have already done this, or have an advanced directive, bring this paperwork with you for your surgery.
- If you have obstructive sleep apnea (OSA), please bring your breathing mask with you to the hospital.
- Please remove all metal objects, including jewelry and piercings. You will have to remove hearing aids, dentures, eyeglasses, wigs, and any other prosthetic devices before you are taken to the operating room.
- Surgery times may vary based on emergencies or surgeries that take place before yours. The operating room staff will keep you informed of any changes that may occur on the day of your procedure. We appreciate your patience if surgery is delayed.
- Please arrive on time.

Hospital instructions for family and friends

- Your family may accompany you in the preoperative holding area and will be given instructions on where they can wait during surgery.
- Depending on the situation and limitations due to COVID-19, your family may be able to visit you in the recovery room once you are fully awake, usually no more than two hours after the surgery is over.
- Your family may be able to visit you when you are in your hospital room and can learn about visiting hours from the nursing staff on the floor.

In the hospital after surgery

- After surgery, you will spend a few hours in the recovery room as you continue to wake up from anesthesia. If you are staying overnight in the hospital, you will be transferred to a hospital room later that day.
- You will be given oral and intravenous pain medications that you can use as needed. Most oral pain medications take about one hour for full effect.
- Most patients are able to start eating and drinking a light diet the night of surgery.
- You will be instructed to walk at least every two hours, starting as early as the night of your surgery.
- The nurses will periodically check on you and record your vital signs, urine output and pain level. You may have some blood drawn the morning after your surgery.
- Most patients can often be discharged home the day of or the day after surgery.

Before you are discharged

- Most patients will be given the chance to try to urinate prior to discharge. It is not uncommon to fail to urinate immediately after surgery. If you are unable to urinate after surgery, you will be discharged home with a drainage tube in your bladder (Foley catheter) which will be removed in several days to a week after surgery. You will be given instructions on how this will be done if necessary.



- If you have a catheter and/or surgical drain, you will be taught how to care for your catheter and drain.
- You will receive a copy of your discharge instructions.
- If you have a long trip home, make sure you take breaks, and stand up and walk every 45 minutes.

At home after surgery

I. Activity

- No heavy lifting (more than 10 pounds) for six weeks. This includes pets and children.
- No vigorous activity for four to six weeks such as running, tennis or golfing. You may not push anything heavy (> 20 lbs), such as a lawnmower.
- No intercourse until indicated by your surgeon (usually four to six weeks).
- You are encouraged to walk regularly. Climbing stairs is allowed.
- You may shower after 48 hours.
- No soaking, hot tubs, swimming pools or baths until all the tubes (such as the catheter and drain) are removed and four to six weeks have passed from surgery.
- You may ride in a car but no driving until the catheter is removed and you are not taking any pain medications (usually about two weeks).
- Do not ride a bicycle for three months after surgery.

II. Diet

- You may eat a normal diet and are encouraged to stay well hydrated.
- You may consume alcohol in moderation (no more than one drink per night), but only if you are not taking pain medications.
- Avoid straining for bowel movements.

III. Wound care

a. Skin

- Your incisions are closed with skin glue or SteriStrips, which will slowly come off over several weeks. You may shower and gently wash the incisions with warm, soapy water.
- For robotic/laparoscopic surgery, some bruising and skin discoloration is normal around the incisions.
- It is common to have more pain at one of the port sites. This is because it is common to place one larger port during the surgery. This large port stretches your muscles more.

b. Vagina

- Please do not place anything in the vagina other than vaginal cream or suppositories until your surgeon states it is safe to do so.
- It is normal to have some bloody discharge on and off from the vagina for four to six weeks.
- You may feel sutures in the vagina for up to three months.
- If you develop foul-smelling large volume discharge, please call the office.

IV. When to seek medical attention

- If you experience fevers >101.5 degrees, nausea, vomiting, redness around your incisions, drainage from the incisions, chest pain, shortness of breath, inability to urinate, abdominal pain during urination, leg swelling, or any other concerning symptom, **call your surgeon's office immediately or come to the emergency room.**

Medications

- Pain is different for every patient. After vaginal surgery for prolapse, it is very common to feel pain in the bottom area and in the vagina.

- You may have mild to moderate pain for the first several days after surgery, such as abdominal pain or bloating, or pain around the incisions. You are encouraged to treat mild pain first with Tylenol (acetaminophen) or ibuprofen (Advil, Motrin). If you have moderate pain, you can use the prescribed medication as directed. If you have severe pain despite these medications, please call your surgeon.
- You may experience bladder spasms as a result of irritation from your catheter. This can create a sensation of having to urinate. This often improves by itself over time, but if it continues to be bothersome, please call your surgeon.
- Patients can often become constipated after this type of surgery. **Please take Miralax daily, senna two tablets at night, and Colace 100 mg three times per day for the first four weeks. If your physician gives you a different bowel regimen, please follow the prescribed regimen.** These medications are over-the-counter. If the stools are too soft or runny you can decrease the Colace to once or twice per day. You should avoid straining with bowel movements.
- If you do not have a bowel movement in two days you may take magnesium citrate 0.5 – one bottle. If no bowel movement after this please call your surgeon's office.
- If you take blood thinners, ask your doctor when you may resume them after surgery.

Catheter care

- The catheter is held in place by a balloon that is inflated in your bladder. Be careful not to tug on the catheter, and be mindful that the catheter is secured to your upper thigh.
- Do not be alarmed if you experience urinary leakage around the catheter, as this often occurs as a result of bladder spasms.
- You may get the catheter wet, but try and keep the catheter secure device on your thigh dry. If this holder falls off, you may replace it with another one or use strong medical tape to secure the catheter to your leg.
- If the catheter stops draining ensure that the tubing is not kinked or blocked, and contact your surgeon immediately.
- It is normal to see a small amount of blood or mucous draining around or through your catheter.
- You should change the drainage bags (night bag and leg bag) as directed. To change the drainage bag, first empty the bag you currently have attached. Then wash your hands with soap and water, separate the catheter from the tubing of the drainage bag, and attach the other drainage bag. If using a leg bag, make sure it is attached to your leg with the elastic straps.
- Keep the drainage bags below the level of your waist at all times.
- You may clean the drainage bags with soap and water. If your catheter bag has a bad odor, fill it halfway with a mixture of 1-part white vinegar and 3-parts water. Shake bag, let sit for 15 minutes, empty, rinse with cool water and then hang to dry.

Follow-up

- You will be given a follow-up appointment after surgery. If you have not received one, please call the office to arrange a time for this appointment.

Recovery

- Recovery after surgery is different for every patient.
- **Return to work:** You may gradually start performing sedentary office duties within two to four weeks following your surgery, as tolerated. It is reasonable to resume work-related travel by four weeks. No heavy lifting for at least six weeks. If required, please send in any disability papers that need to be completed.