

Surgery: What to Expect



Most women who have urogynecological surgery do very well and feel better afterward. Follow your surgeon's instructions regarding when it is safe to resume various activities, as well as when and how to contact the doctor's office.

About Surgery

Urogynecological surgeries include a range of operations on the pelvic area, often designed to repair pelvic organ prolapse or urinary incontinence. Surgeons who perform these types of surgeries include urogynecologists, urologists, gynecologists, and female pelvic medicine and reconstructive surgeons.

To get you ready for the procedure, your surgeon will ask about your general health and the prescribed and over-the-counter medicines and supplements that you are taking. Also discuss surgeries you have had in the past. If you have had problems with anesthesia, make sure your surgeon knows. A number of tests may also be required, such as blood tests, EKG and a chest x-ray. You may also need bladder tests done before the surgery.

Having surgery can seem like a complicated process with many unknowns. Open and honest communication with your surgeon is key to having a positive experience. Write out your questions, and take

notes during the appointment with your provider. Make sure you have all your questions answered ahead of time and know how to contact your surgeon with questions or problems after the procedure.

The Day of Surgery

These surgeries are typically performed under general or spinal anesthesia. You will need to go to an outpatient surgery center or to the hospital to have these operations.

Not all surgeries require an overnight hospital stay. Depending upon the type of surgery and your health, you may be able to go home the same day. Ask if you should plan on a hospital stay.

The morning of your operation, dress simply and leave all of your jewelry and valuables at home. When you arrive at the hospital:

- You will meet many people who may ask the same questions several times, such as confirming what surgery you are having. This is to double check for safety purposes.

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- The anesthesiologist will talk with you. Some women have general anesthesia, which means they are asleep breathing through a tube in their throat during the procedure. Or, the surgeon may recommend a spinal block together with an IV medicine to make you drowsy.
- A nurse will place an IV. You may also be given other medicines for pain or anxiety.
- You'll then be moved into an operating room.

After the operation, you will be in a recovery room for a couple of hours. When you wake up, a catheter will be in your bladder and you may have gauze material in the vagina. The gauze will be removed and your bladder will be tested to see if it is ready to empty on its own before you leave the hospital.

As many as 50 percent of women have trouble emptying the bladder immediately after this surgery. These symptoms are usually temporary. If you have trouble urinating, you will go home with a catheter to drain urine from your bladder. Or you may have to do self-catherization. You will receive instructions from your nurse. Ask your surgeon when you can stop using the catheter.

Recovering from Surgery

It may take up to six weeks to get back to your usual activity level. Right after surgery, walking is recommended to help your body get back to normal. As you feel up to it, gradually take longer walks each day.

Most women experience some pain following surgery. Your provider will discuss using pain medicines to help reduce your discomfort. Read the pain medicine directions carefully. Some cause drowsiness. Follow the precautions included on the patient education material provided by the pharmacy. It may help to write down each time you take a pain medicine—pain medicines work better if taken at scheduled intervals.

Your appetite may be poor the first few days after the surgery. Try to eat several small meals during the day. If you feel nauseated, eating bland foods may be helpful. Constipation is very common after this type of surgery. Discuss with your surgeon use of a stool softener.

While you are recovering, showers are OK. However, don't take a long bath until your provider gives you the OK to resume getting in the tub.

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Surgery Readiness Checklist

- Ask for a fact sheet about the specific surgery being recommended to you.**
- If you smoke, try to quit or decrease the amount you smoke so that your lungs are in their best shape for anesthesia. Start doing this as soon as possible and keep it going after surgery.**
- Ask about the risks of surgery and general anesthesia, such as:**
 - Bleeding, possibly requiring a blood transfusion.
 - Injury to the uterus, vagina, bladder, bowel, nerves, blood vessels, or ureter (tube from the kidney into the bladder).
 - Bad reaction to the anesthesia.
 - Possible need for a larger incision.
 - Risks of mesh, should your surgery include that material.
- Ask if the surgery requires an overnight stay. If so, take care of things beforehand:**
 - Find a baby sitter and/or pet sitter.
 - Stock up on groceries and get your housework done.
 - Find a family member, friend, or neighbor to pick you up the next day.
- Ask your surgeon how much time to stay home for recovery:**
 - Ask when you can resume normal activities.
 - Find out if you will need help around the house and time off from work.
 - If you have a physical job, ask if you will need to take a longer time off from work.
 - Take care of paperwork or whatever else your job requires for this time away.
- Complete required tests (e.g., blood tests, EKG, chest x-ray, bladder function tests).**
- Find out if a bowel prep is needed.**
- Follow the pre-op instructions provided by the surgeon's office, which may include:**
 - Seeing your primary doctor for medical clearance before surgery.
 - Stopping certain medicines and supplements before the procedure that can thin blood.
 - Needing to restrict eating and drinking fluids the evening before surgery.
 - Following directions on taking any of your routine medicines on the morning of surgery with a sip of water.
- Find out if you need to have someone pick you up from the hospital.**

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During the first six weeks, it is normal to experience light vaginal spotting or light bleeding. It's OK to wear a pad until it subsides, but do not use a tampon or douche. If the bleeding gets heavy or you have itching, foul odor, or large amounts of discharge, call your surgeon's office.

Once you feel your reflexes are back to normal, you can start driving. However, make sure you are strong enough to do an emergency stop. Talk with your surgeon. Also, don't drive while you are still taking narcotic pain medicines—they can make you drowsy.

Ask your surgeon when you need to return for a postoperative visit. At this visit, the doctor can let you know when it is safe to have sex again. When you get that OK from your doctor, you'll still need to take it slow. At first, you might experience some discomfort with sex. Vaginal dryness may be a problem. Many women find a vaginal lubricant helpful for this symptom.

After surgery, call the surgeon's office with any concerns, if you are not feeling a little better every day, or if you have a sense something is wrong. Also, write down a list of questions and take your notes with you to your follow-up appointment.

Post-Surgery Timeline

1 to 2 days after surgery:

- If you go home with a catheter, follow the instructions about how to use and care for it.
- Be up and around, but not too active. Don't be shy about asking for help.
- If your appetite is poor, try eating several small meals during the day.
- Many women experience constipation, so ask your surgeon about using a stool softener to help move your bowels.

2 to 6 weeks after surgery:

- Take it easy. Give yourself time to heal.
- Avoid lifting anything heavier than you can easily lift with one hand.
- Find out from your surgeon how long to refrain from running, lifting weights, swimming, and other exercises.
- Walking is OK and helpful for recovery.
- Stick to your pain medicine schedule—record each time you take a dose.
- Don't take baths.
- Expect light vaginal spotting or light bleeding.
- Resume driving once you feel your reflexes are back to normal. Don't drive if you are using narcotic pain medicines.

At your follow-up appointment:

- Speak with your doctor about resuming sexual activity.
- Ask about wearing a tampon during your period.
- Find out if it is okay to start taking baths or to go swimming.
- Talk with your provider about exercising.
- Get a return-to-work note, if you need one.