

How to Care for Myself After Gynecology Surgery

Department of Obstetrics and Gynecology



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

Table of Contents:

Do I need someone to stay with me?.....	3
When should I call my doctor?.....	3
What phone number should I use to call my doctor?.....	4
How do I prevent nausea?	4
What can I eat?	4
How often should I take pain medications?	5
What should I do with unused narcotic pain medication? ..	7
When should I restart taking my usual medications?.....	8
Do I need to keep using the incentive spirometer?.....	8
How do I care for my incisions?.....	8
What kind of vaginal bleeding is normal?.....	9
When will my bladder function get back to normal?.....	10
What do I need to know about bowel movements?.....	11
What is a normal energy level?.....	12
What kind of exercise can I do?.....	12
What activities can I do?.....	12
How do I follow-up with my doctor?.....	14

Do I need someone to stay with me?

If you live alone, we recommend you ask a friend or relative to stay with you until around 12pm the day after you get home. It is also good to have someone who plans to check on you in person, or by phone, every day for the first week you are home. You may also need someone to shop for you or drive you to the store during your first week home.

When should I call my doctor?

Call your doctor right away, any time of the day or night, including on weekends and holidays, if you have any of the following signs or symptoms:

- A temperature over 100.4°F (38°C)
If you don't have one, please buy a thermometer before your surgery.
- Heavy bleeding (soaking a regular pad in an hour or less)
- Severe pain in your abdomen or pelvis that the pain medication is not helping
- Chest pain or difficulty breathing
- Swelling, redness, or pain in your legs
- An incision that opens
- An incision that is red or hot
- Fluid or blood leaking from an incision
- New bruising after leaving the hospital that is large or spreading. A little bit of bruising around an incision is normal.
- Nausea and vomiting
- Heavy vaginal discharge (spotting and light discharge are normal)
- Skin rash
- Unable to urinate at all
- Pain or stinging when you pass urine
- Blood or cloudiness in your urine
- Non-stop urge to pass urine, but only dribbling when you try to go
- A sense that something is wrong

What phone number should I use to call my doctor?

- Between 8am and 5pm Monday - Friday, call the nurse at the clinic where you went to see your doctor. Clinic phone numbers are:
 - Ann Arbor Von Voigtlander Clinic: (734) 763-6295
 - Chelsea Clinic: 734-475-4003
 - Midland Clinic: (989) 837-9047
 - Northville Clinic: (248) 305-4400
 - West Ann Arbor Clinic: (734) 998-7380
- At night or on the weekend call (734) 936-6267 and ask for the gynecology resident on call. There is always someone on call to help you.

How do I prevent nausea?

The best way to prevent nausea is to eat frequent small meals. It is especially important to eat something before taking pain medication.

What can I eat?

- You can eat your regular diet after you go home. Frequent small meals are easier to digest than a few big meals.
- Eat high protein foods:
 - Beans and lentils
 - Nuts, including nut-based milks
 - Eggs
 - Dairy products (Greek yogurt is very high in protein)
 - Chicken and other meats
- Eat foods that are rich in vitamins that promote healing:
 - Bell peppers
 - Dark, green, leafy vegetables like kale and spinach
 - Broccoli
 - Sweet potatoes
 - Carrots

Squash

- Tomatoes
 - Citrus fruit
 - Berries
 - Kiwi fruit
 - Cantaloupe
 - Apricots
 - Mango
- **If you have diabetes it is very important to keep your blood sugar under good control.** Take your medicines on time and follow your diet. Check your blood sugar every day and call the doctor who helps you manage your diabetes if your blood sugar is too high.

Pain Management after Surgery

It is normal to have some pain after surgery. The goal of taking pain medications is to make you as comfortable as possible while keeping the risk of bad or bothersome side effects as low as possible. We want you to feel comfortable enough to get up, wash, get dressed, and do simple tasks in your home. Some discomfort is likely. We do not expect you to be completely free of pain.

The following recommendations are general guidelines for taking pain medications:

- Unless your doctor gives you a different plan, ibuprofen is the main medicine you will use to manage your pain.
- You may be told to add acetaminophen if ibuprofen alone does not manage your pain.
- You may also get a prescription for an opioid such as hydrocodone or oxycodone. The opioid should be added as needed to reduce pain that is not adequately relieved by ibuprofen and acetaminophen.

- Norco® contains hydrocodone and acetaminophen.
- Percocet® contains oxycodone and acetaminophen.
- Oxycodone and hydrocodone do not contain any acetaminophen.

If you cannot take acetaminophen (Tylenol®), ibuprofen (Motrin®), oxycodone, or hydrocodone, please talk to your doctor about this.

Do not take more than 3,250 mg of acetaminophen (10 Regular Strength Tylenol® pills) in one 24-hour day. Remember that many pain relievers, such as Norco® and Percocet®, also contain acetaminophen. It is important to read labels.

How do I take ibuprofen?

Stay on a schedule. You will do better if you prevent pain by taking the ibuprofen every 6 hours on a regular schedule instead of waiting until you are in pain. A typical schedule is:

- 8 am - eat breakfast and take 600 mg ibuprofen
 - 2 pm - eat a snack and take 600 mg ibuprofen
 - 8 pm - eat a snack and take 600 mg ibuprofen
 - 2 am - if you wake up on your own, eat a small snack such as a cracker and take 600 mg ibuprofen (you do not need to set an alarm clock).
- When you are doing well with ibuprofen alone, you can gradually decrease how often you take it. It is a good idea to take a 600 mg pill before you start a more tiring activity such as going shopping or for a long walk.
 - Once you get more active, you may have a day when your pain gets a little worse. If this happens, take an ibuprofen 600 mg pill. If ibuprofen does not relieve the pain, add acetaminophen 650 mg (2 Regular Strength Tylenol tablets).

What if this schedule does not control my pain?

- If ibuprofen alone, taken on an every 6-hour schedule, does not control your pain, add 650 mg acetaminophen (2 Regular Strength Tylenol tablets) in between the ibuprofen. For example, if you take ibuprofen at 2 pm and 8 pm, you would add acetaminophen at 5 pm. You can continue to alternate ibuprofen and acetaminophen on every 3-hour schedule. Do not take more than 10 Regular Strength Tylenol (325 mg) tablets in a 24-hour period.
- If alternating ibuprofen and acetaminophen does not relieve your pain, add an opioid pain medication. Take the opioid as instructed by your doctor. For example, prescriptions for oxycodone usually say, “Take 1 to 2 pills every 4 to 6 hours as needed for pain.” Use the smallest amount of opioid that you need to control your pain. Reduce the number and frequency of opioids as soon as you can.
- If your prescription is for Norco or Percocet (contains acetaminophen) substitute it for acetaminophen.
- Adding heat or ice is also very helpful and can be used any time.
- Do not push or press on your incision. It is normal for your incision to be sore for up to 6 weeks if you push on it.

Important information about opioids:

- Opioids are prescribed for short-term use and should be stopped as soon as possible after surgery.
- Take the lowest dose of opioids only as needed, and do not take more opioid medication than your doctor has prescribed.
- Common side effects and risks of opioids include drowsiness, mental confusion, dizziness, nausea, constipation, itching, dry mouth, and slowed breathing.
- Never mix opioids with alcohol, sleep aids or anti-anxiety medications. These are dangerous combinations that increase the harmful effects of opioid pain

medication. Many overdose deaths from opioids also involve at least one other drug or alcohol.

- Keep opioid medications locked away from the reach of children. This also helps prevent theft.
- It is illegal to sell or share an opioid without a prescription properly issued by a licensed health care prescriber.

What should I do with unused opioid pain medication?

Do your part to prevent opioid abuse by properly disposing of unused medication. Leftover pain medications make tempting targets for theft. They can also be dangerous if children or pets find them.

Safe Take-Back Locations

- To find an opioid drop-off location in Michigan near you, type the following into an internet search engine such as Google or Bing:
umhealth.me/takebackmap. This will take you to a web site with a map that shows all the opioid drop-off locations in Michigan.
- To find drop-off locations in other states, use
nabp.pharmacy/initiatives/awarxe/drug-disposal-locator

What do I do if there is no take-back location near me?

Because opioid pain medications may be especially harmful if they are used by someone other than the person for whom the medicine was prescribed, the FDA recommends flushing these medicines down the toilet if a medicine take-back program is not available to you. Scratch out all personal information on the prescription label of your empty pill bottle to make it unreadable and put it in your household trash.

When should I restart taking my usual medications?

- Before you leave the hospital, ask your doctor when you can restart aspirin or any blood thinning medications.

- If you use vaginal estrogen, ask when you should restart it.
- Otherwise, start back on your usual schedule as soon as you get home. Before you leave the hospital, your nurse will go over your discharge information with you. This will include what medicines you already took that day.

Do I need to keep using the incentive spirometer?

(You may not have received one, especially if you had outpatient surgery.)

Using the incentive spirometer while you are in bed in the hospital helps prevent the small airways in your lungs from collapsing and helps prevent you from getting pneumonia. If you stay in bed the first day you get home, continue to use the spirometer once an hour, the way you were taught. Once you are up and moving about, you will automatically breathe more deeply on your own and do not need to keep using the spirometer.

How do I care for my incisions?

- For incisions inside your vagina:
 - Incisions inside the vagina are closed with dissolvable stitches. When they dissolve you may see little bits of suture material that look like thin pieces of string on your underwear or on toilet tissue after wiping. This is normal.
 - Do not put anything inside the vagina, including tampons or your fingers, until your doctor evaluates you at a postop visit and tells you when it will be OK.
 - Do not have vaginal intercourse until your doctor evaluates you at a postop visit and tells you when it will be OK.
 - Do not douche.
- For incisions on your skin:
 - You may shower starting 24 hours after your surgery. If there is a dressing over the incision, remove it before your first shower or bath.

Leave the slim adhesive strips that are under the dressing in place. During the week after surgery, they will usually curl up at the edges and then come off on their own. If they are still there a week after surgery, gently remove them.

- Your incisions will heal best if they are kept clean and dry.
- To clean the incisions, first wash your hands, and then get your hands sudsy with soap and gently wash or let the sudsy water run down over the incisions.
- Dry the incisions well after washing by gently patting with a towel. You may use a blow dryer, but it must be on a low-heat setting.
- Do not put any lotion, oil, gel, or powder on or near your incisions.

What kind of vaginal bleeding is normal?

Spotting of pink or red blood from the vagina is normal. Brown-colored discharge that gradually changes to a light yellow or cream color is also normal and can last for up to 8 weeks. The brownish discharge is old blood and often has a strong odor, this is okay. **Call us if it becomes heavier or foul-smelling.**

When will my bladder function get back to normal?

- You received extra fluid through your I.V. while you were in the hospital, so it is normal to urinate (pee) more than usual when you first get home.
- It is normal for your bladder function to be different after surgery. You may notice a pause before your urine stream starts or that your urine stream is slower. This will gradually get better, but it may take up to 6 months before you are back to normal. Be patient, relax, and sit on the toilet a little longer.
- Drinking more water than usual will not help the bladder recover faster.

If you are doing self-catheterization:

- It is OK to wash, rinse, and reuse the catheters, but start each day with a new catheter. If you need more catheters, or any other supplies, please call a nurse using the clinic phone numbers in the section called “What phone number should I use to call my doctor?” Do not use the gynecology resident on call phone number for this situation.
- Go to the bathroom at least once every 4 hours while you are awake.
- Go to the bathroom often enough so that the total of the amount you urinate plus the amount you drain with the catheter is between 8 ounces (250 ml) and 13 ounces (400 ml) each time you go.
- You can stop doing self-catheterization when the amount you urinate is 150 ml or more **and** the amount you drain from your bladder after you urinate is less than 150 ml two times in a row.

If you have an in-dwelling catheter:

- Using soap and water, wash the skin around where the catheter leaves your body and the catheter tubing two times each day. Clean the outside of the tubing tips with isopropyl (rubbing) alcohol before changing bags.
- Make sure the tube is not kinked and the bag is well below the level of your bladder at all times.
- **Call a nurse**, using the clinic phone numbers in the section called “What phone number should I use to call my doctor?” if:
 - Catheter is not draining
 - Catheter falls out
 - Urine has blood in it
 - Urine smells bad
 - Urine is cloudy
 - Your temperature is over 100.4°F (38°C).

What do I need to know about bowel movements?

- Starting as soon as you get home, take 17 grams of Miralax (one capful) twice a day to keep your stool soft and prevent constipation. It is important to prevent constipation because straining can damage your stitches. Your stool should be as soft as toothpaste. If your stool gets too loose, cut back to using Miralax only once a day.
- If you used a bowel prep before surgery, it is common not to have a bowel movement on the first and second day after surgery.
- If you have not had a bowel movement by 7 p.m. on the third day after surgery, do **one** of the following at bedtime:
 - Drink 1 ounce (2 tablespoons) of Milk of Magnesia (MOM). If you have used MOM before and know you need to take 2 ounces for it to work for you, it is OK to do this, or
 - Drink 1 cup of Smooth Move Tea, or
 - Take 2 Senekot tablets.
- Go for short walks. Walking and being active will help you have a bowel movement.
- If you have not had a bowel movement by noon on the fourth day after surgery, call a nurse using the clinic phone numbers in the section called “What phone number should I use to call my doctor?” Do not use the gynecology resident on call phone number for this situation.

What is a normal energy level?

It is normal to have a decreased energy level after surgery. Listen to your body. If you need to rest, do it. Give yourself permission to take it easy. Once you settle into a normal routine at home, you will find that you slowly begin to feel better. Walking around the house and taking short walks outside will help you get back to normal.

What kind of exercise can I do?

- Exercise is important for a healthy recovery. We encourage you to begin normal physical activity, like walking, within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.
- Ask your doctor when you can start specific activities like bicycling, swimming or dancing.
- Allow your body time to heal. Do not restart a difficult exercise routine until you have had your post-op exam and your doctor says it is OK.

What activities can I do?

Listen to your body and gradually increase what you do. If you start to feel tired, sore, or in pain, lie down to rest.

- **Showers and baths:** You may shower starting 24 hours after your surgery. You may also take a bath, but do not soak for more than 10 minutes. Wash yourself and get out. Do not fill the tub above hip level. Do not get in or out of a tub without assistance. **It is very important to avoid anything that could cause you to slip and fall.**
- **Sitz bath:** You may be told to do a sitz bath. You can buy a sitz bath that sits on the toilet seat for less than \$15 at stores that sell home medical equipment such as Walgreens or Walmart. Or you can use a bath tub. If you use a tub, fill it to hip level with warm water. You can mix a tablespoon of plain Epsom Salt into the water. Do not stay in the tub for more than 10 minutes.
- **Can I douche?** No.
- **Stairs:** Walking up or down stairs is okay, but you may need some assistance at first.
- **Driving:** Do not drive while you are taking prescription pain medications. After you stop them, you may drive when you are sure you can move as

quickly as you need to in an emergency without hurting yourself. Before you drive, sit behind the wheel and practice slamming on the brakes and turning to look over your shoulder. If this hurts, wait and check again in a few more days.

- **Lifting:** Unless you are given other instructions, for 6 weeks after your surgery do not lift anything that you cannot easily lift with one hand.
- **Sex:** Do not resume any intercourse before your follow-up visit with your doctor. Start when your doctor says it is OK. When you do start, expect that things may feel different than before the surgery. The first few times may be uncomfortable. Go slowly and use lots of lubricant. You will get back to normal with time.
- **Travel:** It is best if you do not go far away from home before your postop visit with your doctor. If you have travel plans, talk to your doctor about this before your surgery.
- **Work:** The amount of time you will be off work after surgery depends on both your surgery and your job. This should have been discussed with your doctor before surgery. If you have any questions about this, call your doctor.
 - If you have **disability or work release forms** that need to be completed, and you were seen at the Von Voigtlander Clinic, please fax them to (734) 615-9735, attention: Disability Paperwork. If you were seen at one of the other clinics, use the clinic phone number in the section called “What phone number should I use to call my doctor?” to find out where to fax your paperwork.
 - Send the forms **at least a week before** you need them completed. If you need to talk with a representative regarding your disability paperwork, please call the clinic where you were seen and ask to be connected with the person who handles disability and work release forms for your doctor.

- After surgery, call if you need a back to work note before your scheduled post-op visit. Use the clinic phone numbers in the section called “What phone number should I use to call my doctor?”

How do I follow-up with my doctor?

- Check the printed hospital discharge information for the day and time of your postop follow-up visit with your doctor. If you do not find one, call to schedule one on the first business day after you are home. Use the clinic phone numbers in the section called “What phone number should I use to call my doctor?”
- If you have not already done so, sign up for the online Patient Portal. Benefits of the portal include quick access to test results, appointment scheduling, and messaging your doctor’s office. Instructions for how to sign up are included in your printed discharge information.
- If any organs or tissue were removed during your surgery, they were sent to the Pathology Lab for analysis. Pathology Lab results take about a week to come back. Your doctor may release the pathology report to your online patient portal or send it to you in a letter. Some doctors prefer to wait and discuss it with you when you come for your postop visit. If you have questions about this, ask your doctor for more details.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Diana Stetson PA-C

Reviewers: Megan Schimpf MD, Carolyn Swenson MD, Sawsan As-Sanie MD, Julie Tucker RN, Nursing staff from Mott 8E and 7W, Surgical Short Stay Unit, Mott PACU, and East Ann Arbor PACU

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last revised: 01/2019