

Urogynecology and Reconstructive Pelvic Surgery

Remember to Read Your “My Surgery Guide”

This information is about your surgery and can help you know what our care plan is for you.

You have the right to help plan your care, learn about your health condition and treatment, and talk with your caregivers.

You always have the right to refuse treatment.

Call if you have any questions, concerns or if you cannot make your surgery appointment.

A member of our team can talk with you at any time. We are here 7 days a week and 24 hours a day.

**(773) 795-URPS
(8777)**

Carefully read over this information to plan for before and after surgery.

Medical Leave of Absence

If you are working, you will need to take a medical leave of absence for the time after this surgery. Check with your job to see if you need to fill out Family Leave of Absence forms (FMLA).

If these are needed, fax the forms to (773) 834-2713 or send to efax@bsd.uchicago.edu. Be sure to give our staff at least 1 week before the forms must be returned.

Tell us the date you plan to return to work and a fax number to return the forms. Be sure to confirm with your work that they received the forms from us.

Plan for Follow Up Appointments

Make appointments with our office for 2 weeks and 14 weeks after your surgery.

Plan Appointments Before Surgery

Before surgery, you will need to:

- Talk with your surgeon about the surgery and its risks.
- You will need to sign a consent form giving your permission for surgery.
- Talk with our nurses about the surgery to know what to prepare for.
- Have a bladder evaluation that may include testing for urinary incontinence (not being able to hold your urine).
- Have a health evaluation with your primary care doctor or our anesthesia clinic.

Your doctor will tell you if you need to stop taking any medications before surgery and if you need to take any on the morning of surgery.

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Plan For Going Home

- Most patients go home the day of surgery, depending on how they feel.
- Tell your nurse if you have concerns about going home.
You will need someone to drive you.

2 Days Before Your Surgery

- Eat more carbohydrate rich foods including pasta, rice, cereals, bread, beans, lentils, milk and fruit.
- **Follow the Food and Drink Instructions from your care team.**

1 Day Before Your Surgery

- **A nurse will call you to tell you what time to come to the hospital.**
They will call on Friday if your surgery is on Monday.
- The night before surgery, follow the instructions to clean your skin with the CHG wipes.

6 Hours Before Arriving at the Hospital

- The morning of your surgery, clean your skin with the left over CHG wipes.
- **Stop eating all solid foods from now until the time you are told to arrive.**
- Keep drinking clear liquids including water, soda, cranberry juice, black coffee and tea (No milk, creamer, or honey)
- Drink 4 cups (32 ounces) of Gatorade. If your surgery is early in the morning, drink the Gatorade before going to bed.

2 Hours Before Arriving at the Hospital

- Drink 1 cup (8 ounces) of Gatorade
- Take any medication as instructed by your doctor and the following:
 - Tylenol: 1000 mg with a sip of water
 - Ibuprofen: 600 mg with a sip of water
 - Pyridium: 200 mg with a sip of water
- Do not eat or drink anything else until after your surgery.
- **Complete the Checklist Before Surgery in your My Surgery Guide.**

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Arriving for Surgery

Your surgery will be at 1 of these locations.

Center for Care and Discovery (CCD)

5700 South Maryland Ave. Chicago, IL 60637.

- Use valet parking or Park in Parking A or B garage. Parking B is closest to CCD.
- Go to the 7th floor Sky lobby patient reception desk to check in.

Hawthorne Surgery Center

240 Center Drive, Vernon Hills, IL 60061. Check in at the main entrance.

UChicago Medicine Advent Health Hinsdale

120 North Oak Street, Hinsdale, IL 60521. The day before surgery, a nurse from the operating room will tell you where to check in.

After Your Surgery

- You will be taken to the recovery room until you are fully awake. You will be watched closely for any problems.
- **After recovery you will go home.**
- In most cases, you will have a voiding trial when you feel like you are awake and alert. Your nurse will fill your bladder using a catheter that you will have in place from your surgery. You will try to empty your bladder.

If you can make the correct amount of urine, you will pass the voiding trial. If not, your bladder will need more care for a few days after surgery. Most people pass their voiding trials after surgery (about 70 percent).

At Home After Your Surgery

Recovery from surgery is different for every patient. The first few days after the surgery, you may get tired very easily and feel sluggish, sore, and a bit off. This will get better over the next few weeks.

Plan to rest often, but do not stay in bed. Staying in bed can increase your risk of dangerous blood clots. It is very important to take deep breaths, get up and walk around during your recovery.

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At Home After Your Surgery (Continued)

Bladder Care:

Your bladder may need extra care right away after surgery. If you are urinating properly after surgery (and pass your voiding trial), it is normal to feel some mild burning with urination the first few times you void after the catheter is removed. This often goes away after a day.

If you do not pass your voiding trial, refer to the handout given to you about post-operative urinary retention (POUR) and follow those instructions.

If you still have burning with urination or see other symptoms like feeling ill or feverish, or see blood in your urine, call our office. Urinary tract infections are more likely to happen after surgery, but they are not common.

If you were urinating normally when you left the hospital, but start to have difficulty with urination, including the urge to void without being able to release all your urine, call our office at (773) 795-8777. Patients may develop POUR even after first passing the voiding trial at the hospital.

Managing Your Pain

We are committed to making sure that you are as comfortable as possible after surgery. You will have some pain during your recovery. The pain gets better over the first few days to 2 weeks. You may feel a low level of pain for slightly longer.

Talk to your doctor about any pain you have at each follow up visit. **Call your doctor if your pain does not get better taking the medications below.**

You will be given prescriptions for pain relieving medications before your surgery. Take these medications as prescribed. Be sure to tell us if you are allergic to any of these medications or if they affect you in a bad way so we can prescribe something different for you. The pain medications may include:

Acetaminophen (Tylenol): Use this as one of your main pain medications after surgery. You may take 650 mg every 6 hours as needed. Do not take more than 3000 mg in 24 hours. If you are having a lot of pain, we recommend taking this medication every 6 hours around the clock.

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Managing Your Pain

Non-steroidal anti-inflammatory medications (NSAIDs): These include medications such as Ibuprofen (Motrin, Advil), Naproxen (Aleve, Naprosyn), or Celecoxib (Celebrex). These medications must be taken with food (Do not take on an empty stomach).

- This can be one of your main pain medications unless you have medical problems and your doctor tells you not to take it.
- You may take 600mg every 6 hours as needed.
- Do not take more than 3200 mg in 24 hours.
- If you have a lot of pain, we recommend taking this medication every 6 hours.

Tramadol (Ultram): This medication is a narcotic and is to be used as your secondary pain medication. If you are taking Tylenol and NSAIDS all day at different times and you are still in pain, you may also take Tramadol. Always take Tramadol on a full stomach.

You may take this medication every 6 hours as needed for pain (as prescribed).

As a narcotic, Tramadol can cause constipation. You may need to take more stool softeners if you take Tramadol. Other side effects may include nausea, vomiting, feeling lightheaded or dizzy.

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Pain Scale

<p>You feel normal. Treatment is not needed.</p>	<p>Pain is annoying but does not keep you from daily activity.</p>	<p>Pain keeps you from normal activity. You need something for your pain.</p>	<p>Pain keeps you from doing any activity.</p>							
0	1	2	3	4	5	6	7	8	9	10
<p>Mild Pain Controlled</p>				<p>Moderate Pain Not Controlled</p>			<p>Severe (very bad) Pain</p>			

Managing Your Pain

We want your pain to be a level 4 or less for the first few days after surgery. Following the recommendations in this section will help you control your pain. Your pain will lessen over time and you will need less medication each day.

Day 1 to 3 at Home

In the first 24 hours, you will take Acetaminophen (Tylenol) and an NSAID like Ibuprofen (Motrin, Advil) in a planned way.

Take Acetaminophen every 6 hours and the NSAID every 6 hours. Go back and forth changing what medication you take. You will take one then the other every 3 hours. See the sample pain medication plan below.

Sample pain medication plan:

- 9am Acetaminophen
- 12 noon NSAID (with food)
- 3pm Acetaminophen
- 6pm NSAID (with food)
- And so on ...
- If your pain is 5 out of 10 or worse, you can take stronger pain medications (like Tramadol) as prescribed.
- Keep taking the NSAIDs and Acetaminophen at the same time.
- If you are also prescribed a narcotic that has Acetaminophen (Norco, Percocet, Tylenol #3), each tablet has 325 mg of Acetaminophen.
- **Reminder: Do not** take more than 3000 mg total of acetaminophen, or 3200 mg of ibuprofen, in 24 hours.

If you are prescribed other medications, follow your doctor's direction on when and how to take them.

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Day 4 and Beyond at Home

- You will likely still need to take Acetaminophen or NSAIDs. You can start to space this out as needed.
- You will not need the stronger pain medications as much. Most people do not use any at all.
- If you are still having pain that is not better with medication, call the office at (773) 795-8777.

Non-Pain Medication Options

Pain can be from many different things. Here are tips to help with different kinds of pain:

- **Chewing gum** helps with the return of bowel function and prevents gas pain.
- **Deep breathing** and listening to music or using other mindfulness mobile apps may help to not focus on your pain.
- If you have had laparoscopic or robotic surgery (surgery using short narrow tubes and a camera to see inside your body), you may have pain around your incision (cuts in the skin for surgery). When coughing, laughing or sneezing, **use a pillow or your hands** against your stomach. An abdominal binder may be helpful.
- **Ice packs may help with incision pain.** Make sure ice pack is cleaned very well before coming in contact with any of your incisions.
- After laparoscopy or robotic surgery, **some patients may have pain in their shoulders.** This will likely end in 12 to 24 hours.

Wound Care

If you had laparoscopic or robotic surgery:

You will likely have skin glue over your incisions. This will begin to flake off after a few days. You do not need to do anything for the care of these incisions.

If you had vaginal surgery:

You will likely have stitches that dissolve in the vagina. You may see a stitch in the toilet or on toilet tissue during the healing process. Do not be alarmed, this is normal. You may also have a vaginal discharge as the stitches dissolve. You do not need to do anything to care for these stitches.

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Food and Drink

- Unless you are told differently, you may go back to your regular diet right after surgery, as you feel more like eating.
- Do not drink alcohol when taking prescription pain medications.

Constipation (problems having a bowel movement)

It is very common to have some constipation after any surgery. Taking narcotic pain medications also cause constipation.

Stool softeners may be needed to help with the following:

- Having a bowel movement within the first 3 days after surgery
- Not straining to have a bowel movement.
- Consistency of the stool is like firm toothpaste.

We do not want you to have diarrhea (loose or watery stools) or constipation. Take stool softeners as needed based on stool consistency. If you begin having diarrhea, stop taking the stool softener.

Docusate (Colace): this is the milder stool softener. You can take 1 tablet (100 mg) by mouth twice a day as needed.

Polyethylene glycol (Miralax): take 1 scoop in 8 ounces water or juice 1 to 2 times a day until you have your first bowel movement.

If you have not had a bowel movement 5 days after your surgery, call our office (773) 795-8777 for more help on what to do.

Activity

On the day of your surgery, you can go back to your regular daily activities, such as walking and climbing stairs.

Exercise including lifting, running, high impact aerobic activity, sit-ups: You may go back to these activities as soon as you feel up to doing them. If you have had a mid-urethral sling, do not go bicycle or horseback riding for 2 weeks.

Showering and bathing: You may shower or bathe any time after surgery.

Swimming and hot tubs: You may begin swimming in public pools and go in hot tubs 2 weeks after surgery. **Do not go in public pools or hot tubs if you are bleeding.**

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Activity (continued)

Driving: You may ride in the car when someone else is driving. Do not drive if you are still on prescription pain medications. Wait to drive until your pain has gone away and you can drive safely. Be sure to wear your seat belt.

Travel (airplane or train): Do not plan any long trips for the first 2 weeks after surgery, unless you have talked to your surgeon. After the first 2 weeks, you may travel by airplane, train or automobile if you feel up to it.

Sexual Intercourse: Do not have anything in your vagina for **4 weeks after mid-urethral sling surgery** and for **6 weeks after a prolapse surgery** as your tissues are healing. This includes intercourse, tampons, douching, and so on. You will most likely have some spotting of blood from your vagina for the first several weeks after surgery.

Return Appointment

Follow up appointments for 2 weeks after your surgery are planned before surgery. Call us at (773) 795-8777 with any problems or questions before your follow up visit.

When to Call Your Doctor

If you have any of the following symptoms after surgery, tell your doctor:

- Fever over 101 degrees Fahrenheit
- Pain that gets worse and is not controlled with prescribed pain medication
- Ongoing throwing up or feeling like you want to throw up
- Heavy vaginal bleeding (soaking a pad every hour)
- Drainage from your incision
- Redness or heat of the skin around your incision.
Some bruising around the incision is normal.
- If you are not able to have a bowel movement 5 days after surgery.
- You have any other concerns

For prescription refills, call our office Monday to Friday between 8am and 5pm.

Get Care Right Away or Call 911

- If you feel lightheaded, short of breath or have chest pain.
- If your arm or leg feels warm, tender, and painful. It may look swollen or red.