Post-Operative Instructions for Major Abdominal or Vaginal Surgery

Pain Control

It is important to take a stool softener, such as Colace, while taking narcotic pain medication such as Percocet or Vicodin. Plan ahead by purchasing a stool softener before your surgery.

While taking pain medication, please follow your physician’s instructions.

You may take “over the counter” pain relievers that do not contain aspirin such as acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). Do not exceed the daily recommended dose.

Note: If the pain is not relieved by pain medication, becomes worse or you have difficulty breathing, call your physician.

Incision Care – only relevant for abdominal surgery (not vaginal surgery)

Check your incision daily.

A small amount of blood or clear drainage from the incisions is normal and not a cause for concern.

Your incisions may be itchy for a few days. This is part of the normal healing process.

As your incision heals, it will change in color and may become numb for several weeks.

The sutures from your surgery will dissolve in about six to eight weeks. They do not need to be removed. Occasionally, a suture will be visible above the skin. The doctor can remove it at your post-operative visit.

You may have steri-strips covering your incision. The steri-strips covering your incision will usually fall off on their own. As the edges curl up, you can trim them.

Note: If you notice any redness, swelling, heavy drainage or bleeding, call your physician.

Nutrition:

You may eat whatever you want.
Drink 6-8 glasses of water daily.
**Bowel Function**

For the first several days after surgery, the bowel is usually less active. You may not have a regular bowel movement right away depending on pre-op bowel prep or pain medication use.

Percocet, Vicodin, Tylenol #3 or any other narcotic pain medication will increase constipation.

Regular bowel movements may be less frequent.

If constipation should occur:
- Drink more fluids
- Continue to take a stool softener until constipation resolves.
- Add fruit and bran to your diet.
- Take a mild laxative such as Milk of Magnesia.

**Activity**

It is normal to feel fatigued for a few weeks after surgery and not a cause for concern. Listen to your body and do not overdo it.

Walking is encouraged immediately after surgery, as tolerated. Climbing stairs, as tolerated, is permitted.

**No strenuous activities** such as heavy lifting (greater than 10 pounds, or a gallon of milk), pushing or pulling for six weeks.

Do not drive for two weeks, while taking prescription pain medication or if your level of discomfort will inhibit your ability to operate a motor vehicle safely.

Return to work and routine exercise is usually permitted in about six weeks. Recovery times vary from patient to patient. Your doctor will make recommendations based on your specific case. During this time period refrain from exercise or physical activity that might put strain on your abdominal muscles, such as sit-ups, push-ups, aerobics, running or lifting anything heavier than 10 pounds (a gallon of milk).

You may shower and let water run over the incision. Pat incisions dry. Do not rub incisions with a washcloth or towel.

You may take a bath after six weeks. You must also wait six weeks to go into a swimming pool, hot tub or the ocean.

**Vaginal Bleeding**

Light vaginal bleeding or spotting for up to a week is common.

**Note:** If you have heavy, bright red vaginal bleeding, call your physician. Bleeding that fills a pad in one hour is considered heavy bleeding.

**Sexual Intercourse**

If you had a hysterectomy, avoid placing anything in the vagina for six weeks (i.e. tampons, douching, sexual intercourse).

For all other abdominal surgeries, you may have intercourse once you have seen your doctor for the post-operative visit.

**Follow-up Appointment**

You should have a follow-up post-operative appointment in 1-2 weeks and again at 6 weeks postoperatively.

If you do not already have an appointment, please call the office to schedule one.
Call The Office If You Are Experiencing:

A fever higher than 100.4 degrees F.

Increasing pain not controlled by pain medication.

Inability to eat or drink without vomiting

Redness & tenderness at the incision site or a large amount of drainage.

Heavy, bright red vaginal bleeding or foul smelling discharge. You can expect to have a small amount of reddish-brown colored discharge for up to 1-2 weeks. Do not be alarmed by this.

Office Telephone Number is (309) 692-6838