

# Instructions for Reconstructive Surgery

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## Pre-Operative Instructions for Reconstructive Surgery

- Start pre-operative bowel prep the night before surgery. Eat only clear liquid diet day before surgery. Sodas, broth, jello, and tea are okay. Instructions are included in this letter.
- Nothing after midnight night before surgery.
- Use betadine vaginal douche for 3 nights prior to surgery. Instructions are included in this letter.
- Stop all blood thinning medications such as Aspirin, Elmiron, Ibuprofen, Aleve, St. John's Wort, and Vitamin E two weeks prior to surgery. Notify our office if you are on Coumadin (warfarin), Heparin, or Plavix so we can coordinate with your physician.
- Take your routine medications the morning of surgery with a sip of water unless otherwise instructed by anesthesia personnel at your pre-op appointment.

## Post-Operative Instructions for Reconstructive Surgery

- There is a possibility you will go home from the hospital with a catheter in place. You might experience bladder spasms and leaking around the catheter. If you have troublesome spasms, please call our office and we can give you medication to calm these spasms. You will return to clinic one week post-op for catheter removal and a voiding trial.
- Walk after surgery to aid healing and bowel movements. The more you walk, the faster your pain will decrease.
- Surgery is a constipating experience. Prevent constipation with walking, Colace, fiber, and water. If needed you can add Milk of Magnesia. We do not want you to strain at all, so do whatever it takes to avoid constipation.
- In the early post-operative period, it is not important to eat a lot, but it is vitally important that you drink plenty of non-alcoholic, non-caffeinated fluids. If you are unable to tolerate fluids because of nausea and vomiting, you need to contact us or go to the Emergency Room for

- evaluation. Some nausea is common, but you should be able to hold fluids.
- If you need to go the ER for any reason after surgery, go the closest ER to prevent delaying care.
- Post-op vaginal bleeding is normal and may occur for up to 6 weeks. Call office if saturating a thick maxi pad every hour or more frequently.
- Call office if you develop a brown or green, watery, odorous discharge as this may be a sign of a vaginal infection. Call office if you have a fever greater than 100.4.
- No lifting greater than 5 pounds (equivalent to 1/2 gallon of milk). Avoiding lifting laundry.
- No pushing, no pulling, no tugging and no bending. This includes no vacuuming.
- Limit stair climbing to once a day. If you must use stairs, walk slowly and deliberately.
- Nothing in the vagina for 6 weeks, including sexual intercourse.
- Avoid tub baths or sitting in water such as swimming pool for 6 weeks.
- No driving for two weeks or until you stop pain medication.
- Postoperatively you will be given an anti-inflammatory such as Mobic, Motrin, or Celebrex. Please take this for 2 weeks postoperatively even if you are not taking narcotic pain medication. You will also be given a prescription for narcotic pain medication such as Percocet or Mepergan. Remember that narcotics can be constipating and can cause drowsiness or nausea.

### Questions?

Contact the Center for Pelvic Health  
4601 Carothers Parkway Ste 350  
Franklin, TN 37067  
[www.centerforpelvichealth.com](http://www.centerforpelvichealth.com)  
Phone : 615-284-4664 Fax: 615-284-4668



**Center for  
Pelvic Health**

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