



Minor Outpatient Surgery POST-OPERATIVE CARE INSTRUCTIONS

Red M. Alinsod, M.D., FACOG, ACGE

Office (949) 499-5311

info@urogyn.org

Congratulations on having outpatient surgery. This includes labial/vulvar surgery, hemorrhoidectomy, laparoscopy, hysteroscopy, endometrial ablation, D&C, mesh excision, band release. It is now up to you to ensure that healing occurs properly. For the next six to eight weeks, these instructions should be followed as carefully as possible. Be sure to let us know if you have fevers, severe pelvic or abdominal pain, excess bleeding. Call or email us for any questions.

PLEASE REVIEW AND FOLLOW THESE INSTRUCTIONS

Weeks 1- 2 Call us within two days of getting home and let us know how you are doing. Pamper yourself early on. Be aware that you may experience pain, pulling, or discomfort. Your abdomen may be sore after a laparoscopy. You may spot blood or have vaginal discharge. This is normal and will lessen within a few weeks. Absorbable sutures start turning to a liquid at 10 -14 days so vaginal discharge may even increase at the two week point. If you are unable to urinate please call us right away. Wear a light pad and keep your vaginal area clean and dry. You may bath or shower. Use soap and water and dry your wounds with light dabbing action. A hand sprayer is helpful to keep discharge and debris from accumulating. If you had a labial surgery or Ellman resurfacing, clean off the whitish discharge many times daily. Use your estrogen cream on your surgical site daily to encourage healing and place a wide band-aid to cover the clitoral area to avoid irritation. Use the scar cream a couple of times a day if this was given to you. The estrogen cream is used nightly and the scar cream is used in the day. Those who undergo hysteroscopy, laparoscopy, D&C need not use any estrogen cream or scar cream. Please purchase mini pads prior to surgery, for discharge.

For those undergoing hysteroscopy, endometrial ablation, D&C, mesh excision, or band release you can return to normal activities the next day. However, avoid intercourse for about six weeks. You may drive unless you are under the influence of anesthetics or narcotic pain medications. You may spot a little bit or have something similar to a light period especially if you get very physical and exercise. You will definitely have watery discharge for up to a month. You may even cramp and need Ibuprofen or Naproxen for the discomfort. For those undergoing mesh excision you will want to use estrogen cream vaginally for a couple of months and avoid intercourse, tampons, or dilators during this healing time. For those undergoing a laparoscopy your abdominal wounds will take six weeks to heal. You will probably feel fairly normal within two weeks. However, for the first two weeks, you should relax and take it easy. Limit your activities to very light work or deskwork. No heavy duty household activities!

Take a vitamin every day for 3 months following surgery to ensure you have excellent nutrition. Use pain medications when you need it. Finish your antibiotics. Use your estrogen cream daily to aid in healing and regeneration of new skin. It is very important to take a stool softener to reduce the risk of straining during elimination. Use the following for stool softening: Milk of Magnesia (2 tbsp by mouth, once a day), Colace (100mg by mouth, twice a day), Fibercon 2 tablets by mouth twice a day or Metamucil daily, Dulcolax suppositories as needed and Fleets Enema as needed. It is also very important not to strain these newly reconstructed tissues and to control any coughing aggressively with medications such as Robitussin DM or Phenergan with Codeine. Call us if you need a prescription called into your pharmacy.

Weeks 2 - 4 Follow up at 2 weeks. Gradually increase your physical activities and exercise levels.

Weeks 4 - 8 Follow up at 6 weeks. Gradually resume normal activities. If you are still sore or certain activities are still uncomfortable, wait an additional week or two before resuming.