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## Information for Women Undergoing Pelvic Surgery

### Goals of Surgery

The goal of your surgery is to improve the problems which you have been having due to the loss of support of your pelvic organs. With your pelvic organs in their normal position, you should have normal bladder, bowel, and sexual function. You should be able to engage in the activities which you enjoy including exercise and social activities. If you are experiencing problems with bladder or bowel control, your control should improve.

### Risks of surgery

The risks of pelvic surgery are very low, but any type of surgery has risks. Risks of surgery include bleeding which may require transfusion, injury to intestines, bladder, tubes from the kidneys, or nerves to the legs, or blood clots, which could be fatal or result in damaging conditions such as stroke or heart attack. Due to the risk of transmitting diseases such as hepatitis or AIDS, blood is only given in life-or-death situations. Good healing occurs in the vast majority of women, but occasionally infection or erosion of surgical materials may occur. This can result in pain with sex & may require further surgery. Fortunately, all of these events are rare and occur in less than 1 in 100 or 1,000 cases.

Vaginal prolapse is usually due to weakened or damaged pelvic tissues. Surgery can usually repair the damaged tissues, but it will not make the tissues stronger. Because of this, it is possible that you may develop prolapse or leakage problems in the future. You can reduce this risk by making sure that you take it easy during your recovery and let your tissues heal.

### Preparing for Your Surgery

Your surgeon will discuss your surgery at your office visit. Our scheduling office will contact you in the next week to set up your surgery, contact your insurance company, & mail your paperwork to you. **It is important to bring these forms to the hospital the day of your surgery.** The anesthesia department will contact you, and you may have some laboratory tests performed. Our staff will complete one set of disability/FMLA forms for you at no charge.

You should have a light lunch and dinner the day prior to surgery, and it is important to drink plenty of fluids. Generally, you should not eat or drink after midnight. The anesthesiologist will let you know if you should take any medications the morning of your surgery. While it is normal to be a little nervous about going through surgery, you should try to get a good night's sleep. You do not usually need to take an enema, but you should try to have a bowel movement the morning of surgery.

### The Day of Surgery

You will receive information about where and when to arrive on the day of your surgery, as well as whether you should take any medicines. You will have an intravenous ("IV") line placed prior to surgery and you will usually receive some medication to help you relax. Your surgeon will usually speak with you prior to surgery. When your surgery is complete, your surgeon will let your family or friends know that you are doing fine.

### After Surgery

You will be fairly sleepy right after your surgery, and will be given pain medications to keep you comfortable through your IV. You will be able to see your family in your room within a couple hours. There will be some gauze in your vagina and a catheter draining your bladder overnight. You will have stockings on your legs to prevent blood clots. You will be cared for by a team of excellent nurses who are specialized in helping women

to recover from pelvic surgery. If you are staying overnight, It is very important to have good pain control and get a good night's sleep. You may ask for a sleeping pill if needed.

## **Going Home**

If you are having same-day surgery you will be able to go home a few hours after your surgery. If you stay overnight you will be able to go home after lunch the next day, as long as you are drinking and eating. If you do have gauze in your vagina and a catheter draining your bladder after the surgery, your nurse will remove the vaginal packing & make sure that your bladder can empty before you go home. She will fill your bladder & then remove the catheter. She will then have you go to the bathroom when you have an urge to go. It is important to relax & not to strain when you are trying to empty your bladder. Your nurse will measure how much you void. When you are able to empty without much left inside, that tells us that your bladder is working fine and you will not need a catheter to go home. Sometimes, it takes your bladder a few days to be able to empty, & you will go home with a catheter. You will come into the office to make sure that you are emptying.

You will be given a prescription for narcotic pain medication, & a medicine to use vaginally for 6 weeks to help the tissues heal. You may also use something like ibuprofen (such as "Motrin," "Nuprin," or "Advil") 3 to 4 times per day. It is important not to strain while emptying. You should avoid constipation and use a stool softener (such as colace) for at least a month. Adequate fluid intake and fiber use (such as Benefiber), are also useful in avoiding constipation. Other prescriptions will be determined by you and your surgeon. Generally, you may resume your usual medications the day after surgery.

## **Recovery- What to Expect**

With proper healing, you should be able to resume your usual activities in about 4 -6 weeks. If you have an abdominal incision, you should remove the paper strips in a week. You can remove any bandaids from your inner thighs or abdomen in 2 days. You may shower, but should not take a tub bath for 2 weeks. If you are having vaginal discharge or spotting, that is a sign that your incisions are still healing, and you should not tub bathe yet. Eat a well-balanced diet and get plenty of rest. You should not lift more than 10 to 15 pounds (about a gallon of milk) for the first 4 weeks, especially while bending. This includes avoiding fun things like laundry and vacuuming. You may walk and use stairs slowly. You should not drive for a few to several days until you can move around comfortably without using narcotic pain pills. You may have vaginal spotting similar to a period for a couple of weeks – use sanitary pads, not tampons. You should not have sex until you are seen at your post-operative visit. After 4-6 weeks you can start exercising, but get back into it slowly so that you do not strain a muscle or joint. A good rule of thumb is to start doing about ¼ of what you were doing prior to surgery, and to increase that by about ¼ each week after that. Depending on whether you strain and lift a lot, you may return to work in 2 to 4 weeks. If you strain a lot at work, you may need more time. You may notice that your bladder takes a little longer to empty, and you may experience some urgency and frequency as your bladder adjusts to its new position- this usually improves with time.

## **Follow-up**

If you go home with a catheter in your bladder, you will be seen in the office in a few days to see if you are able to void. You will be instructed on when to return to the office for a voiding trial. You will see your surgeon about a month or so after surgery to see how things are healing.

You will be given a list of things to watch for when you leave the hospital. These include vomiting, fever >100.5, and heavy bleeding (more than a period).

**You should feel free to call with any questions or problems: (828) 670-5665 (extension 313 or 315).**

***We hope that you have a good surgical experience and a smooth recovery!***