



# PETER M. LOTZE, MD

FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

STRESS INCONTINENCE PROLAPSE OVERACTIVE BLADDER HORMONE REPLACEMENT THERAPY

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## **Patient Guidelines Following Sling Surgery**

*Please be aware that these generalized guidelines may not reflect recommendations for your recovery following surgery. If you have any questions, please contact my office at 713-512-7810.*

**1. Heating Pad** – A heating pad often feels great on the abdomen after surgery. It is not necessary but use it if you like it. If you do not like it, you do not have to use it.

**2. Bathing** – Please proceed with just showers for right now. Avoid tub baths for **2 weeks** to allow incisions to heal and reduce the risk of infection. It is okay to get soapy water around all your incisions including the opening of the vagina (even if a catheter is there).

**3. Vaginal Bleeding** – Vaginal bleeding is normal and expected after most gynecological surgeries. Due to the moist environment of the vagina, spotting or bleeding can persist for up to 4 to 6 weeks after surgery. It may start and stop during that time. Ultimately, once you have gotten up for the day and have been moving around, typically a thin pad should be all that you need to control any bleeding issues.

**4. Diet** – It is fine to resume your normal diet that you had prior to surgery. Please use your common sense and avoid foods that you know are constipating.

**5. Ambulation** – It is not recommended that you pursue bed rest after surgery. This can encourage blood clots. You are free to move around as you wish.

**6. Stairs** – It is okay to go up and down stairs when you get home. It is advisable to have somebody with you the first time you go up the stairs and the first time you go down the stairs just to make sure that you are comfortable navigating the stairs.

**7. Driving** – You may resume driving as soon as the next day if you feel that you are capable of safely doing so. Driving will not necessarily have any negative effect on your surgery. The key thing to remember is you do not want to be so sore that it prevents you from quickly hitting the brakes if you need to. Again, please use your common sense on determining when you feel like you can safely drive. Most people report that they can drive within about 1 day after the surgery.

**8. Discharge Medications** – The following list includes the various discharge medications that may be provided. We have found that some pharmacies would not prescribe the over-the-counter medications that were prescribed to you. This list can be used as a reference for how to take your medications:

- **Acetaminophen 500 mg tablets (“Extra Strength Tylenol”)**: Use this as your main pain medication. Take 2 tablets (1000 mg) every 8 hours as needed for pain. **I would recommend that you take this around-the-clock for the first 1 to 2 days during your recovery process.** After that, you can start taking them on an as-needed basis. Do not exceed 4000 mg of acetaminophen in 24 hours. Doing so could possibly cause a fatal liver injury.
- **Toradol (Ketorolac) 10 mg tablets**: Take 1 tablet every 6 hours as needed for pain.
- **Tramadol 50 mg tablets**: This may occasionally be prescribed if you cannot tolerate Toradol (Ketorolac). Take 1 to 2 tablets every 6 hours as needed for breakthrough pain. **Consider taking it on a scheduled basis for the first 24 hours after surgery to help with pain control.** After the first 24 hours, change to taking it on an as-needed basis. Use this only as your backup pain medication and not your primary medication.
- **Macrobid (Nitrofurantoin) 100 mg tablets**: Take 1 tablet twice daily for approximately 7 days. This is to attempt to reduce the risk of a bladder infection following surgery.

**9. Catheter** – If you went home with a catheter, please contact the office to set up a time to have it removed. While the catheter is in place, it is fine to shower and clean the skin immediately next to the urethra (where the catheter goes into your body). My office will work to coordinate an appropriate date and location for you. While the catheter is in place, you can take **AZO Standard** (Phenazopyridine) to reduce irritation or discomfort from the catheter.

**10. Restrictions** – Please review the restrictions that we have previously discussed during your recovery process. In general, most surgeries require **2 weeks** of restrictions which include no heavy lifting greater than 10 pounds. You should also avoid unnecessary straining. You will strain getting in and out of a car, up off the floor, and and out of bed. That is okay. Straining examples that I am referring to would be more like moving a kitchen table by yourself or trying to hold back your dog from chasing the cat. Casual walking is fine immediately after surgery. However, do not power walk or get on a treadmill. Please do not get on a bicycle, including stationary bicycles. Do not get in a swimming pool or swim. For **4 weeks**, nothing in the vagina except for hormone therapy. Do not engage in vaginal intercourse or anal intercourse. If you are unsure of any other issues regarding restrictions, please contact my office.

**11. Follow-up** – At the time your surgery was scheduled, we typically schedule your follow-up visit. If you do not recall when this visit is scheduled for, please contact my office. In general, we typically tend to see our patients back at 6 weeks, unless other arrangements were made with you.

If you need to contact me, please call: 713-512-7810

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