

POST-OPERATIVE INSTRUCTIONS AND EXPECTATIONS
UNIVERSITY OF WASHINGTON, DEPT. OF OBSTETRICS & GYNECOLOGY

INSTRUCTIONS:

- For questions or problems, call the clinic during usual business hours.
- For problems after the clinic closes or on the weekend, call the hospital directly and ask to speak to the gynecology doctor on call. For the University of Washington Medical Center, call 206-598-3300. For Harborview Medical Center, call 206-744-3000.
- Call us if you have a temperature over 101.4.
- Call us if you have severe vaginal bleeding.
- Call us if you have severe nausea and vomiting.
- Call us if you have severe abdominal pain that won't go away with pain medication. The pain we want to be called about is deep pain that is worsening. Soreness of the wound can be expected if you over-exert. Sharp shooting pains in the wound that last a few seconds are a normal part of the healing process.
- Call us if your incision is red, has drainage of pus or blood, or a large amount of watery drainage.

MEDICATIONS:

- Usually you will be discharged home with a narcotic pain medication together with Ibuprofen, Tylenol and a stool softener.
- Try to decrease the amount of narcotic pain medication slightly every day, until you no longer need it. One hint is to use Ibuprofen and Tylenol as your baseline pain medications and save the narcotic medication for use when you over-exert or want a full night's sleep. Also, narcotics can be very constipating for most people, so use the stool softener.

WOUND CARE:

- Steri-strips stay on until they look like they are about to fall off (about 1-2 weeks).
- You may shower. Don't scrub your incision, simply let the water run over the incision and use a little soap if necessary.
- Make sure that the incision is dry after showering, even if you have to use a blow-dryer.
- You may take baths as water does not enter the vagina with bathing.

RECOVERY:

- You will probably not have a bowel movement before you leave the hospital. This will probably happen a day or two after you get home. As long as you are passing gas and are not nauseated, a few days longer is OK.
 - Narcotics cause constipation. If a bowel movement has not occurred, we recommend taking a tablespoon of milk of magnesia the third and fourth night after surgery to encourage a bowel movement the next morning.
 - You can eat whatever sounds good, but liquids or soft foods are recommended for the first two to three days at home. Raw vegetables are harder to digest and may cause constipation or gas pain.
 - Expect to feel tired after your surgery. You will probably need to take naps morning and afternoon for the first week and even in the afternoon of the second week after major surgery as your body uses extra energy to heal.
 - You will be able to walk around the day after surgery, but you will not be able to walk any long distances for about a week.
 - You will be able to climb stairs right away. Going upstairs will be slower than usual and you will need to rest. Be extra careful when walking down stairs.
 - Your activity level should increase slowly by about 5% each day. If you overdo activity one day you may remain extra tired for several days afterward.
 - You should be able to return to a sedentary job within three to four weeks, but you will be very tired. If you need to return to work at this early date, try to work half days only.
 - After major surgery, you will not have full endurance for six weeks. Thus, for most jobs we recommend you return to work six weeks after surgery.
 - You should not lift anything heavier than 10 pounds for the first 6 weeks after surgery, unless your doctor gives you clearance earlier.
- For the first 4-6 weeks, you should not do activity that requires excessive bending and pulling like vacuuming, weeding, heavy cleaning.