

Pelvic Floor Health & Reconstructive Pelvic Surgery

Oregon Health and Science University
Division of Urogynecology and
Reconstructive Pelvic Surgery
Department of Obstetrics and Gynecology
503 418-4500
503 418-4562 nursing line

*S. Renee Edwards, MD
W. Thomas Gregory, MD
Mary Anna Denman, MD*

Post-surgical discharge instructions: twelve week limitations

You have undergone an extensive reconstructive pelvic surgery and it is now your turn to play a pivotal role in the success of your surgical treatment. We know that it will take approximately twelve weeks for the tissues that have been operated on to heal to 80% of their final strength. It may take up to six months to achieve 90% strength and full wound remodeling continues for up to two years. Based on this, we recommend that our patients restrict their activities for twelve weeks following surgery. By following these recommendations we would expect to get good healing of the surgical site and achieve a good, long-lasting repair of your problem.

Major risk factors for tearing down the surgical repair in the immediate post-operative period are constipation and heavy lifting. Any activity that increases the pressure within your abdominal cavity may do this. Therefore, we recommend:

- **Take stool softeners for twelve weeks post-operatively**
This will keep you from straining with bowel movements. The dose of this medicine is adjusted to each patient. Most patients take this medication one to three times per day. Some patients may additionally require a fiber additive such as Metamucil, Citrucel or Fibercon.
- **Limit your exercise activities to primarily walking**
- **Avoid jogging, aerobics, swimming and biking**
- **Resume Kegel exercises immediately following surgery**
- **Do no lift anything heavier than 5 pounds for twelve weeks**
You should not be carrying groceries, lifting the laundry basket or pushing a heavy vacuum cleaner. Unless your doctor has informed you otherwise, you may remove yourself from the no-lifting and nothing in the vagina restriction a week or two prior to coming in for your three month visit.
- **Nothing in the vagina for approximately 2 to 3 months post-operatively**
- **Avoid bending over at the waist without bending your knees**
If you need to reach something on the floor, you should either sit down and scoop it up or bend at the knees to pick it up. This is also a good general practice for avoiding injury to your back.
- **Take the prescribed pain medication as needed**
- **If you need refills on this medication after you are home, please call the office during regular business hours.**
- **Resume all of your prior medication once you are at home, unless otherwise directed by your physician.**

Assuming that you are recovering fine at home, we would like to see you back in the office at two weeks after your surgery, at six weeks after your surgery, and at twelve weeks after your surgery.

After surgery you should expect to be more fatigued than usual. This may persist for four to eight weeks. Some people may notice a *slight depression* after surgery. This typically will resolve on its own, but please notify us if it does not. In addition, if you notice *excess bleeding, drainage, or redness* you should contact the office. If you have any questions at any time, please do not hesitate to contact us. Routine questions and prescription refills can be handled best during regular office hours at the office nurse telephone number above. **For urgent or emergent issues, one of our urogynecologic team is “on call” at all times through the page operator.**

If you are going home with a catheter in your bladder, you will receive special instructions about how to manage it.

We hope that these instructions will be useful to you. Please ask if there are questions you have that are not covered by these instructions. Your successful surgical procedure and recovery is a joint effort. We will need your help to see that you recuperate and heal well.