

Urologic & Urogynecologic Surgery

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

Dr. David Rapp
Dr. Jacqueline Zillioux



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Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- Every office visit
- Your surgery
- Follow up visits

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Contact Information

UVA Health Main Hospital
 1215 Lee Street
 Charlottesville VA 22908

UVA Health Outpatient Surgery Center
 (OPSC)
 1204 W Main St
 Charlottesville, VA 22908

| Contact | Phone Number |
|---|--|
| Fontaine Urology Clinic | 434.924.2224 |
| Fontaine Urology Clinic Fax | 434.244.9481 |
| If no call for surgery time by 4:30pm the day before surgery | 434.924.5035 |
| Preoperative Anesthesia Clinic | 434.924.5035 |
| UVA Main Hospital | 434.924.0000 (ask for the urology resident on call) |
| Lodging Arrangements | 434.924.1299 |
| Parking Assistance | 434.924.1122 |
| Interpreter Services | 434.982.1794 |
| Hospital Billing Questions | 800.523.4398 |
| Medical Records Request | 434.924.5136 |
| Jasmine Rose, Care Coordinator | Phone: 434.243.0755 Fax: 434.244.9481 |

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Your Care Team

In addition to the nursing staff, the Urology team will care for you.

This team is led by your surgeon and a chief resident (doctor in training). The team will also include residents and 1-2 medical students.

There will always be a physician in the hospital 24 hours a day to tend to your needs.



Dr. David Rapp



Dr. Jacqueline Zillioux

Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need surgery. It helps patients to recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their surgery.



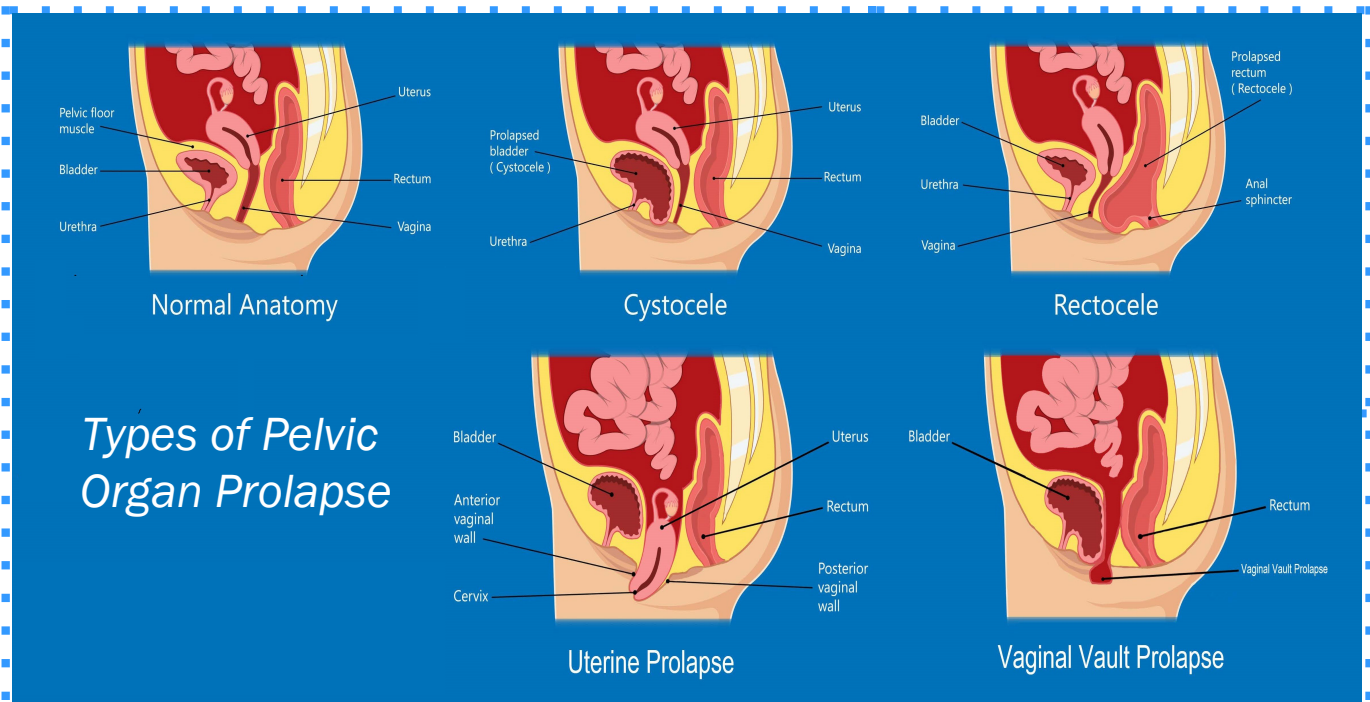
There are four main stages:

1. Planning and preparing before surgery – giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan – that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope that you will be able to be discharged the same day of your surgery.

Your Planned Surgery



Types of Pelvic Organ Prolapse

- Pelvic Organ Prolapse: The pelvic organs, such as the bladder, uterus, and rectum, drop downward because they are no longer supported by the vaginal walls.
- Cystocele: The front wall of the vagina sags downward or outward, allowing the bladder to drop from its normal position.
- Rectocele: The rectum pushes in towards the vagina because of a weakened vaginal wall.
- Uterine prolapse: The support to the top of the uterus weakens and allows the uterus to slide down into the vaginal canal or into the vaginal opening.
- Vaginal Vault Prolapse: Support to the top portion of the vagina weakens in a woman who has had a hysterectomy. This allows the vaginal walls to sag in to the vaginal canal or into the vaginal opening.

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Before Your Surgery

Clinic

During your clinic visit, we will discuss your options for surgery and help to come up with your care plan. You will work with our team who will help you prepare for surgery:

- The surgeons, who may have residents or medical students working with them
- Nurse Practitioners (NPs) or Physician Assistants (PAs)
- Registered nurses (RNs)
- Administrative assistants

During your clinic visit, you may:

- Answer questions about your medical history
- Have a physical exam
- Sign the surgical consent forms
- Be screened for snoring and sleep problems like obstructive sleep apnea (OSA). If at risk, you may do a sleep study before surgery.

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery if you are on any blood thinners



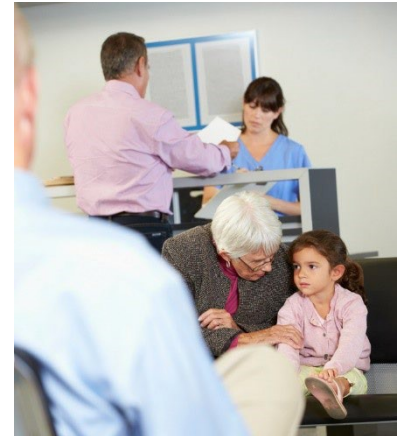
Write any special instructions here:

Preoperative Anesthesia Clinic

The Preoperative Anesthesia Clinic will review your medical and surgical history to decide if you will need an evaluation prior to surgery.

If an anesthesia evaluation is needed the Preoperative Anesthesia Clinic will let you know. Then:

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests
- For questions or if unable to keep the appointment with Preoperative Anesthesia Clinic please call 434-924-5035. Failure to keep this visit with the Preoperative Anesthesia Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Preoperative Anesthesia Clinic after your appointment with your surgeon. If this is the case, you are welcome to a “same day” appointment but please allow up to 2 hours.

Remember:

If you are taking any blood-thinning medications, be sure to tell your doctor and nurse as it may need to be stopped before surgery. It is especially important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!

If you have any questions on the instructions you received, call your surgeon's office right away.

Quitting Smoking Before Surgery

If you smoke, we encourage you to stop smoking at least 4 weeks before surgery because it will:

- Improve wound healing after surgery
- Help avoid complications during and after surgery



If you are not able to be off cigarettes at least 4 weeks before surgery, we ask that you cut back on your smoking and encourage you to quit smoking as soon as possible. Please let your surgeon or their team know if you smoke.

Some Long-Term Benefits of Quitting May Include:

- Improved Survival
- Fewer and less serious side effects from surgery
- Faster recovery from treatment
- More energy
- Better quality of life
- Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting

- All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay
- Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.



Here are some tips to help you throughout your journey:

- Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- Identify your triggers and develop a plan to manage those triggers.
- Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit, you could have nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.

Keys to Quitting and Staying Smoke Free:

- Continue your quit plan after your hospital stay
- Make sure you leave the hospital with the right medications or prescriptions
- Identify friends and family to support your quitting

You Do not Have to Quit Alone!

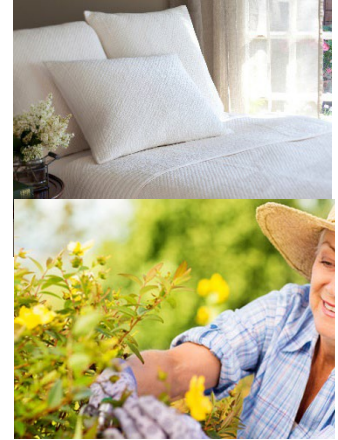
Call your Primary Care Provider or visit <https://smokefree.gov/> for more information

Preparing for Surgery

When you leave the hospital after your surgery, you may need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. Remember that you **WILL** be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- Cut the grass, tend to the garden and do all housework.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.*
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may continue to take Acetaminophen (Tylenol).*
- If you are taking additional medications for chronic pain, please continue those up until your surgery.*



Other Helpful Tips:

- Eat healthy food before your surgery - this helps you to recover faster.
- Get enough exercise so you are in good shape for surgery.
- Follow the orders you were given regarding blood thinners and diabetes medicines.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by the doctor
- A copy of your Advance Directive form, if you completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP, if you have one



What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to “safe keeping.”

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home (If you are going home the same day). If you plan to take public transportation, a responsible adult should travel with you.



Days Before Surgery

MiraLax® Bowel Preparation



If you normally have constipation, we ask that you take 1 dose (1 heaping capful) of MiraLax® daily on each of the 5 days before your surgery. This will help to get your bowels regular.

We will also ask you to continue taking this after your surgery so please purchase a large bottle

Scheduled Surgery Time

A nurse will call you the 1-2 days before your surgery to tell you what time to arrive for your surgery.

If you do not receive a call by 4:30pm the day before your surgery, please call 434-924-5035



Food and Drink the night before surgery

- Do not eat solid foods or drink anything other than clear liquids (water, apple juice, or Gatorade) after midnight the night before your surgery.
- Have a 20-ounce Gatorade™ ready for the morning of surgery. Drink this in the morning and complete before the specific time instructed from the phone call nurse. If you are diabetic, you should drink water until the directed time.



Instructions for Bathing

We ask that you bathe or shower the night before or the morning of your surgery.

IMPORTANT: Do NOT shave your pubic hair or surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.



Directions for when you shower or take a bath:

1. Wash your hair with your regular shampoo.
Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your body with your regular soap.
3. Rinse thoroughly and dry your skin with a clean towel.
4. Do NOT apply any lotions, deodorants, powders, or perfumes.
5. Put on clean clothes after your shower and sleep on clean bed linens the night before surgery if you choose to shower the night before surgery.

Write any special instructions here:

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Day of Surgery

Before you leave home

- Remove nail polish, makeup, jewelry and all piercings.
- Drink water or Gatorade™ on the morning of your surgery and finish by the instructed time.



If you drink any fluids after this time, we may have to cancel your surgery

Hospital arrival

- Arrive at your surgical location on the morning of surgery at the time you were told
- Check in at your scheduled time at the location provided by the phone call nurse.
- When it is time for your surgery, you will be brought to the preoperative area.

Surgery

When it is time for your surgery, you will be taken to the Preoperative Area.

In the Preoperative Area, you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- Be given several medicines that will help keep you comfortable during and after surgery. The medications may include acetaminophen (Tylenol) and a medication to help with inflammation, typically ibuprofen (Advil/Motrin).
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time.
- A physician may also mark your abdomen depending on the type of surgery you are having.



In the Operating Room

From the preoperative area, you will then be taken to the operating room (OR) for surgery and your family will be taken to the waiting area.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- We will do a “check-in” to confirm your identity and the location of your surgery.
- You will lie down on the operating room bed.
- You will be hooked up to monitors.
- Boots will be placed on your legs to circulate your blood during surgery.
- You may also be given a blood thinner shot to prevent blood clots.
- We will give you antibiotics, if needed, to prevent infection.
- Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.
- After you are asleep, a foley catheter will be placed to keep your bladder empty.



After this, your surgeon will perform your surgery.

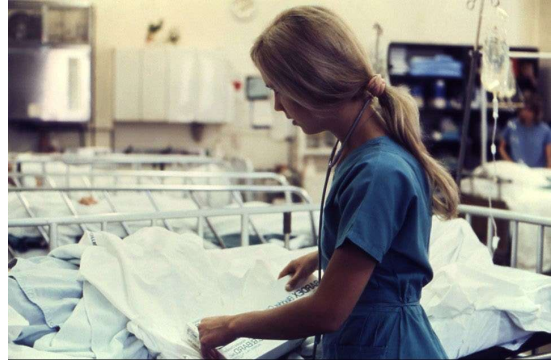
During your surgery, the Operating Room nurse will call your family every 2 hours to update them.



After Surgery

Recovery Room

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then are assigned an inpatient room, go to an extended stay unit overnight, or may be discharged the same day depending on your surgery.



Once you are awake:

- You will be given clear fluids to drink.
- You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and prevents you from getting blood clots and pneumonia.

The surgeon will also call your family after surgery to give them an update.

From the Recovery Room, you will stay in either to the Extended Stay Unit or a Hospital Surgical Unit.

Extended Stay Unit

You will be brought to the Extended Stay Unit if your surgeon plans to send you home the same day or the next morning. Typically patients sent to the Extended Stay Unit will be sent home within 24 hours of surgery.

Here you will:

- Be given oxygen and have your temperature, pulse, and blood pressure checked.
- Have an IV in your arm to give you fluid. This will be removed before discharge.
- Be allowed to drink fluids.
- Be allowed to eat, as tolerated.
- Be placed on your home medications (with the exception of some diabetes and blood pressure medications).

You will be discharged home when you are:

- Off all IV fluids and drinking enough to stay hydrated.
- Comfortable and your pain is well controlled.
- Not nauseated or belching (burping) and are able to pass gas.
- Able to eat with little to no stomach upset.
- Able to get around on your own.
- Able to urinate on your own or have a plan to go home with a foley catheter.

If your surgeon plans to keep you in the hospital for more than 24 hours after surgery, you may be admitted to the inpatient hospital unit.

Hospital Inpatient Unit

Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers in the family lounge will tell your family your room number so they can join you.

Once to your room, you:

- May have a small tube in your bladder called a Foley catheter. We can measure how much urine you are making and how well your kidneys are working.
- Will be given oxygen, if needed
- Will have your temperature, pulse, and blood pressure checked.
- Will have an IV in your arm to give you fluid.
- Will be allowed to drink fluids.
- May receive a blood thinner injection(s) every day to help prevent blood clots.
- Will be placed on your home medications (with the exception of some diabetes and blood pressure medications).
- Will get up and out of bed on the day of your surgery, with help from the nurse.
- Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour, while you are awake, to keep your lungs open.



Pain control following surgery

Managing your pain is an important part of your recovery. We will use the UVA Pain Rating Scale and will ask you regularly about your level of comfort. It is important that you take deep breaths, cough, and move.

We will encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your incision area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

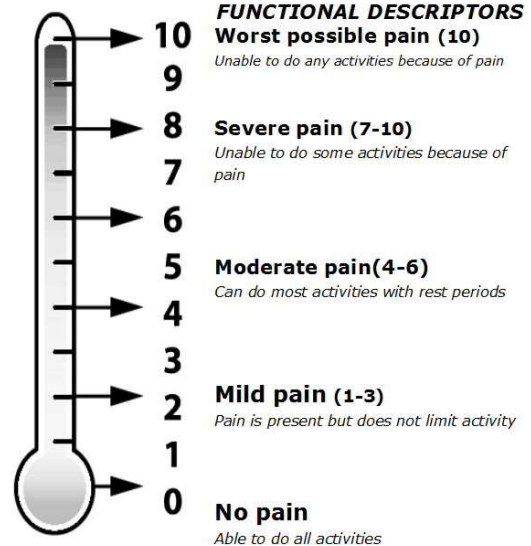
Preventing and treating your pain early is easier than trying to treat pain after it starts so we have created a specific plan to stay ahead of your pain.

- You will get several other pain medicines around-the-clock to keep you comfortable.
- You will have narcotic pain medication as needed for pain that is not controlled by the other medications.
- Some patients will have an epidural catheter in place to manage pain.
- This pain plan will decrease the number of narcotics we will give you after surgery.
 - Narcotics can significantly slow your recovery and cause constipation.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck, or shoulders for a few days after your surgery. This pain is from gas used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking, using a hot compress (heating pad), and avoiding carbonated drinks.

UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



Comfort Menu

Your comfort and controlling your pain are a priority for us. In addition to medication, we offer other options to help make you comfortable during your stay. We hope this comfort menu will help you, and your healthcare team, better achieve your pain and recovery goals. Please let your care team know if you would like to try any of these options to help address your pain and improve your comfort.



- Distraction: focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- Ice or Heat Therapy: ice packs and dry heat packs are available, depending on your surgery
- Noise or Light Cancellation: an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Pet Therapy: hospital volunteers visit the unit with therapy animals. Ask about their availability.
- Positioning/Movement: changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- Prayer and Reflection: connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- Controlled Breathing: taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach). Using the 4-7-8 technique, you can focus on your breathing pattern:
 - Breathe in quietly through your nose for 4 seconds
 - Hold the breath for 7 seconds
 - Breathe out through your mouth for 8 seconds
- Television Distraction: UVA TVs offer a relaxation channel on channel 17
- Calm App: if you have a smart device, download the free Calm app for meditation and guided imagery. You can find it by searching in the app store.



First Day After Surgery

On the day after your surgery:

You will be able to eat regular foods as soon as you are ready.

You will be encouraged to drink.

You will likely have your IV be stopped and removed at discharge.

If your surgery did not involve urinary tract reconstruction/repair, you will have your

catheter removed and a bladder test done to make sure your bladder has returned to normal. If you are not able to pee, another catheter will be placed in your bladder and you will return to clinic in 3-4 days.

Be asked to get out of bed with help and sit in the chair for 6 hours.

You may be able to go home if you are:

Off all IV fluids and drinking enough to stay hydrated.

Comfortable and your pain is well controlled.

Not nauseated or belching (burping).

Not passing gas.

Not running a fever.

Able to get around on your own.



Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

Discharge

Before you are discharged, you will be given:

- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for medications, if needed.
- Instructions on when to return to see your surgeon (2-4 weeks), depending on your surgery.



Before you leave the hospital

- We will ask you to identify how you will get home and who will stay with you.
- If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- Be sure to collect any belongings that may have been stored in “safe keeping.”



Complications Delaying Discharge

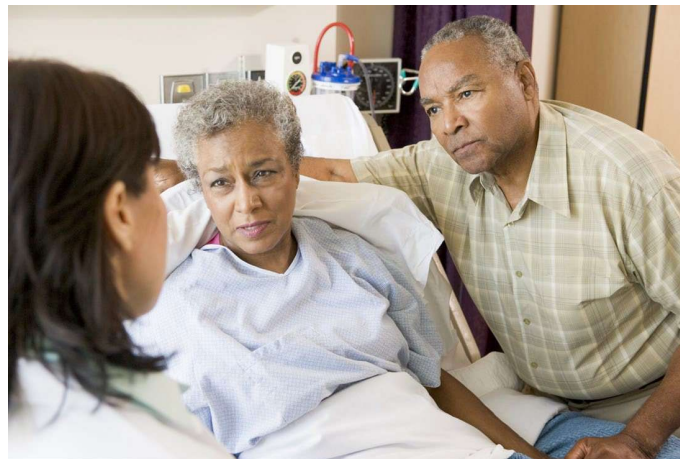
Bowel Function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.

If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.



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After Discharge

General Expectations After Surgery

- Recovery from surgery is generally 2-6 weeks, but sometimes longer for activity that is more strenuous. It can be normal to be tired during this time.
- Recovery after surgery is different for each individual. Some people recover more quickly than others. Do not be discouraged if you need a little longer to recover.
- If you had vaginal surgery, it is normal to have some drainage/discharge or a small amount of vaginal bleeding after surgery, which may last up to 6 weeks.
- You may pass small pieces of the stitches for 4-6 weeks after surgery. They are typically small white, clear, or purple strings—resembling threads or fishing line. The stitches are designed to be absorbable, and it is normal.

When to Call

Problems after surgery do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if you:

- Have a fever greater than 100.5 °F
- Are vomiting and cannot keep down liquids
- Have severe belly pain or severe diarrhea
- Are unable to pass gas for 24 hours
- Have thick yellow drainage or a flow of fluid coming from the cut in your belly. A few drops of fluid or blood is normal but call if you are concerned.
- Fill more than one pad every hour or have sudden heavy bleeding
- Have pain when you pee.
- Have trouble peeing or are not able to pee.
- Have large amounts of blood or blood clots in your urine



Contact Numbers



It is easiest to reach someone between 8am and 5pm in our office. Please do not hesitate to call during this time.

Fontaine Urologic Surgery: 434.924.2224

After 5pm and on weekends or holidays, call 434.924.0000. Ask to speak to the Urology resident on call. The resident on call is managing patients in the hospital so it may take longer for your call to be returned.

Foley catheter

You may be discharged with a Foley catheter in place if you had bladder or other urinary reconstruction, or if you were unable to urinate after catheter removal. A Foley Catheter is a drainage tube with collection bag that empties and collects urine from your bladder.

- Keep the catheter clean and securely fastened to the Statlock (sticker on your leg) to prevent tugging. However, you should not attempt to clean the catheter tubing or bag.
- Catheters can sometimes make you feel like you have to pee and cause pressure or pain in your bladder. Although these symptoms are often associated with a urinary tract infection, they can also be caused by bladder spasms.
- Call our office if you are having fevers in addition to feeling an urgent need to pee, burning when you pee, or bladder pain. A fever is a sign of an infection. Please note that a fever is a Temperature over 101.5° F.
- You will need to follow-up in our clinic or your local urologist's office as directed to have the catheter removed.

Ureteral stent

- You may be discharged with a stent (a thin tube) in your ureter if you had ureteral reconstruction.
- Stents can make you feel like you have to pee frequently, or have a full bladder even when you do not. It may also cause some pain on your side when you pee.
- Stents can also cause some blood in urine on and off while in place.
- The stent is not permanent. If left in place too long (3-6 months), it can form crystals (similar to rock candy) and require major surgery to remove it.
- Follow-up as planned to have the stent removed in clinic.

Urinary Function

After surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not able to pee or if there is any concern, contact us.

If you have severe stinging or burning when peeing, please contact us as you may have an infection.

Wound Care

For the first 1-2 weeks following your surgery, your wound may be slightly red and uncomfortable. If your wound is inflamed, painful, swollen or leaking milky fluid, please contact us as this may indicate infection.

Wound infections are one of the most common complications of surgery. We do everything possible to prevent infection. If you do develop a wound infection, you may have an open wound that requires dressing changes at home.

If your incision(s) was/were closed with a type of skin glue called Dermabond, allow the skin glue to wear off on its own in the next 10-14 days. Do not peel it off.

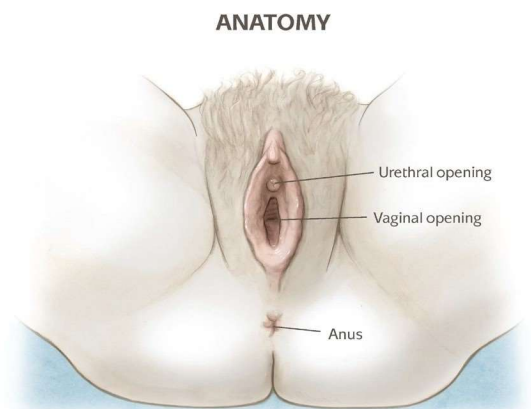
Instructions for showering:

- You may shower and let warm soapy water wash over your incisions, but do not scrub, soak in a tub, or swim for at least 1 month. After a shower, you should pat the area dry.
- Other than showering, you should keep the incisions dry and avoid ointments unless directed to use.
- It is common for your incisions to be tender and pink and have pinkish/yellowish drainage. It is important to monitor for signs and symptoms of infection such as fever, change in drainage color or smell.

Perineal Care

The perineum is the area between the vagina and the anus (see figure). You may have an incision (cut) that your doctor made between the vagina and the anus and sewed back together as part of the vaginal reconstruction.

In the first few weeks after surgery, you will have soreness or pain in your perineum. Perineal care will



help your perineum heal faster, feel better, and help prevent infection. You may need to continue doing perineal care for 1 to 3 weeks after surgery.

We can show you how to use a peri-bottle to rinse your perineum. Squirt warm tap water on your perineum after emptying your bladder and after all bowel movements to keep it clean and relieve pain.

To cleanse your perineum:

1. Rinse with water after you use the toilet. While you are still sitting on the toilet, aim the bottle opening at your perineum and spray so the water moves from front to back.
2. Pat the area dry with toilet paper or cotton wipes starting at the front and moving to the back.
3. Put on a fresh peri-pad. Put the peri-pad on from front to back by placing the front part of the peri-pad against the perineum first.
4. Wash your hands after doing perineal care.



Bathing after Vaginal Surgery

During the first week following surgery, we recommend that you get in the tub with 4-5 inches of warm water (no soaps) and soak for 10-15 minutes (sitz bath). This will help with swelling and pain. You may also use a portable sitz bath instead of drawing water in the bath. Sit for 10 minutes 2-3 times a day. Do not submerge any incisions, which may be on your belly or the top of your pubic area, under water for 4 weeks after surgery.

Perineal Pain

Icing the perineum after surgery can help it to heal, prevent swelling and control pain. We recommend bags of frozen vegetables (example: peas or corn) as they work better than ice packs.

1. Wrap the bag of frozen vegetables in a wash cloth or cloth napkin.
2. Gently place the ice bag between your legs for 15 to 20 minutes.
3. Remove the ice pack for at least 10 minutes before placing it between your legs again.
4. Recommend icing perineum for minimum of 72 hours. Repeat as many times per day as needed.

Vaginal Discharge

In the first few weeks after surgery, you will also have discharge coming out of your vagina. After a few days, the amount of discharge slows down and becomes pink or brown. After that, you will have a creamy or yellowish discharge for another 1 or 2

weeks. This creamy colored discharge may continue for a longer period depending on the type of surgery that was performed. Spotting on and off can also continue for up to 6 weeks after surgery. Occasionally the discharge can even be bright red if a stitch dissolves and comes out. Any of these symptoms are completely normal unless your discharge is enough to fill a pad in one hour. In that case, you should contact the office.

Bowel Function

After your operation, your bowel function will take several weeks to settle down and may not be regular at first. For most patients, this will get back to normal with time.



Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Bowel movements that are loose or constipation
- Difficulty controlling bowel movements with occasional accidents
- Continuing to feel that you need to have a bowel movement even if you've had several in a row

Make sure you eat regular meals, and take regular walks during the first two weeks after your operation.

It is important to let us know if you are having very watery diarrhea more than 6 times daily. There is a dangerous bacterial infection that we may want to test you for if you are having a lot of watery diarrhea.

Constipation

It is very important to avoid constipation (less than 3 stools a week that are hard and difficult to pass) after surgery. Too much straining will cause pain, bleeding and possibly tearing of vaginal stitches.

To prevent constipation, it is very important to stay on a bowel regimen. You will take Miralax® for 2 days after surgery, unless told differently by your surgeon.

- Take one heaping capful of Miralax® powder daily (mix in 6oz of fluid).
- If no bowel movement in 2 days, increase Miralax to twice a day and add sennokot daily.
- If no bowel movement in 3 days, call our office.



Diet

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you do not have an appetite, choose higher calorie foods and try to make the most of times when you feel hungry. Also, consider taking a multivitamin with minerals.

You should try to eat a balanced diet, including:

- Foods that are soft, moist and easy to chew and swallow
- Foods that can be cut or broken into small pieces
- Foods that can be softened by cooking or mashing
- Eating 4-6 small meals throughout the day to reduce gas and bloating
- Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially, below)



Be sure to:

- Chew food well – take small bites!
- Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc.
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables

Avoid:

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call your nurse.

Abdominal Pain

It is not unusual to suffer gas pains (colic) during the first week following surgery. This pain usually lasts for a few minutes but goes away when the bowels return to normal.

If you have severe pain lasting more than 1-2 hours that does not go away with your pain medicine, have a fever, and feel generally sick, you should contact us.



Pain Management

You may alternate NSAIDS (like ibuprofen) and acetaminophen (Tylenol) for improved pain control. Take these over-the-counter medications as prescribed.

Additionally, we MAY send you home with a prescription for a narcotic pain medication. Only use the narcotic pain medication for severe pain.



Narcotic pain medications often cause nausea. To help reduce the risk of nausea, take this pain medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It is important to remember that misuse of narcotic pain medicines is a serious public health concern. If you take your narcotic pain medication at a higher dose or more frequently than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Ask your health care team if you have specific questions.

Virginia has a Prescription Monitoring Program for these types of medications to help keep patient safe.

Please ask your health care team if you have specific questions about your pain management plan.

Pain Medication Weaning



You may find that your pain is well controlled by over-the-counter medicines such as NSAIDs (like ibuprofen) and acetaminophen (Tylenol).

However, if you are taking narcotic pain medication, you will need to wean off this medication as your pain improves. Weaning means slowly decreasing the amount you take until you are not taking it anymore. Weaning to lower doses of narcotic pain medication can help you feel better and improve your quality of life.

It is important to remember that taking narcotic pain medication may not provide pain relief long term and can actually worsen pain. Narcotic pain medications can also have many different side effects including constipation, nausea, tiredness, and dependency (addiction). The side effects of narcotic pain medications increase with higher doses, which means the more you take, the worse the symptoms may be.

To wean from your narcotic pain medication, we recommend slowly reducing the dose you are taking.

To do this, you can increase the amount of time between doses. If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose. If you are taking 2 pills each time, start taking fewer pills:

- Take 1 pill each time. Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.

If you are not sure how to wean off your narcotic pain medication, please contact your family doctor.

Once your pain has improved and/or you have weaned off your narcotic pain medication, you may have pills remaining. The **UVA Pharmacy** is now a **DEA registered drug take-back location**. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Hobbies and Activities

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily.

You SHOULD NOT:

- Do any heavy lifting for 6 weeks.
(no more than a gallon of milk = 10 lbs.).
- Play contact sports until 6 weeks following your surgery.
- Insert anything into the vagina (no tampons, intercourse, etc) until you are told it is okay to do so by your surgeon.
- Use any estrogen products until your post-op appointment. Ask your doctor about this at your visit.

You SHOULD:

- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

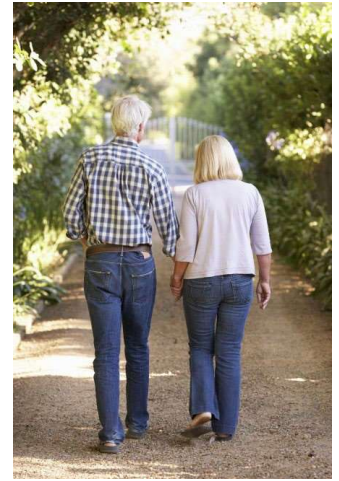
Work

You should be able to return to work 2–6 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at 434.244.9481

Driving

You may drive when you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients, this occurs at 2–4 weeks following surgery. For our minimally-invasive surgery patients, this may occur earlier.



Resuming Sexual Relationships



While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse, using tampons or douching.

It is important to wait at least 6 weeks and see your surgeon for an exam. Your surgeon will examine you and make sure you have healed enough.

You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.

Please talk to your doctor if you are having problems resuming sexual activity or if you are bleeding like your normal period.

Urologic & Urogynecologic Surgery – Patient Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

| Weeks prior to Surgery | Action | Check when complete | |
|------------------------|--|---------------------|--|
| Actions | <p style="text-align: center;">We recommend you purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tylenol® (acetaminophen) 325mg tablets <input type="checkbox"/> Advil®/Motrin® (ibuprofen) 200mg tablets <input type="checkbox"/> Colace® (docusate sodium) 100mg tablets <input type="checkbox"/> Miralax® powder | | |
| Medications | If you normally have constipation, begin taking Miralax®: take 1 heaping capful daily starting 5 days before surgery. | | |
| Medications | Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may continue acetaminophen (Tylenol®). | | |
| Day Prior to Surgery | Action | Check when complete | |
| Medications | Follow orders given to you for blood thinners and diabetic medications. | | |
| Diet | You may eat regular food until midnight. Be sure you have a Gatorade™ ready for the morning of your procedure. | | |
| Actions | If you have not received a call by 4:30pm the day before surgery about your arrival call 434-924-5035. | | |
| Action | Shower/Bathe the night before or morning of surgery. | | |

| Morning of Surgery | Action | Check when complete | |
|------------------------|--|---------------------|-------------|
| Medications | Take any medication you were instructed to take the morning of surgery. | | |
| Diet | Do not eat the morning of surgery. You are able to drink water and Gatorade. Stop drinking your Gatorade or water at the time instructed by the phone call nurse. | | |
| Actions | Bring your CPAP machine with you, if you use one. | | |
| Actions | Bring your blood band with you, if you were given one. | | |
| Actions | Bring an updated <u>list</u> of your medications. | | |
| Actions | Bring this handbook and checklist with you when you check in for surgery. | | |
| Discharge | Action | Check When Complete | RN Initials |
| Discharge Instructions | Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication. | | |
| Discharge Preparation | Ensure you have a ride home from surgery, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay | | |
| Discharge Plan | <p>If you are being discharged with a Foley catheter or a ureteral stent, ensure you have discussed a plan with your surgeon.</p> <p>Plan details: _____</p> <p>_____</p> <p>_____</p> | | |