



WOMEN'S HEALTH ADVANTAGE

MINOR GYNECOLOGIC SURGERY (VULVAR/PERINEAL) AFTERCARE

This instruction sheet gives you information about how to care for yourself after surgery. If you have any problems or questions, call Women's Health Advantage at 260-432-4400.

What you can expect after surgery

After surgery, it's common to have:

- A sore throat if you had general anesthesia (due to the breathing tube that was used)
- Fatigue
- Poor appetite
- Vaginal pain/soreness, light vaginal bleeding and itching of healing areas. Bleeding and discomfort should continue to improve every day. Use unscented pads or panty liners.

Activity

- Do not drive or operate dangerous machinery while taking prescription pain medication (narcotics). If you are not taking prescription pain medication, you may drive after 24 hours.
- Avoid spreading your legs wider than shoulder width, especially when getting into a car and when getting in and out of a bathtub.
- Avoid strenuous activities and heavy lifting for 1 week.
- You may shower as soon as desired. When drying the healing area, remember to lightly pat dry.
- Beginning the day following the procedure, you may soak the affected area in a clean tub of warm water 2–3 times per day for 15 minutes each time. Avoid soaking for long periods of time in hot or soapy water.
- Avoid perfumed soap, feminine sprays or talcum powders.
- Avoid wearing tight fitting pants or underwear, and wear only cotton underwear.
- Do not have sexual intercourse for at least 4 weeks, and only when approved by your physician at your postoperative appointment.

Diet

- You may resume your normal diet.
- Nausea is common after surgery and usually resolves within 48 hours.
- If you have nausea after surgery, try eating small, frequent meals. Also try eating a bland diet, such as crackers, pretzels, toast, jello, protein smoothies, oatmeal, yogurt, rice, chicken broth, applesauce and bananas. It may take a couple days for your appetite to return to normal.
- If you have persistent nausea or vomiting, contact the office.
- Drink enough water to keep your urine clear or pale yellow.

Medications

- You may immediately resume taking your usual home medications.
- A prescription for a narcotic pain medication may have been sent to your pharmacy. You may use it along with ibuprofen (ie: Motrin or Advil) 600mg every 6 hours or 800mg every 8 hours.
- Narcotic prescriptions frequently have acetaminophen (ie: Tylenol) in them, so do not use Tylenol while taking the narcotic medication unless a physician or pharmacist tells you it's okay to do so.
- If you do not have a narcotic prescription, you may use Tylenol Extra Strength 1000mg every 6 hours and alternate it with ibuprofen.
- Do not take more than 2400mg of ibuprofen or 4000mg of Tylenol in a 24 hour period.

Avoid constipation

- Drink plenty of fluids
- Narcotic pain medication, as well as anesthesia, can be constipating. If you're feeling constipated or if it's been more than a day since your last bowel movement, we recommend taking Colace or Miralax as directed on the bottle and/or increasing high fiber foods in your diet, such as prunes, apples, raisins, pears and apple juice.
- If you have not had a bowel movement by the third day after surgery, you may use Milk of Magnesia as directed on the bottle.

What to watch out for

- Fever, defined as a temperature of 100.4 degrees Fahrenheit or greater
- Increasing pain not controlled by your pain medication
- Vaginal bleeding that soaks more than 1 pad per hour
- Foul smelling or green/yellow vaginal discharge
- Chest pain and/or shortness of breath
- Nausea or vomiting that does not go away
- Persistent pain or bleeding with urination, or inability to urinate
- Pain, redness and/or swelling in your leg

If you experience any of the above, please call the office. If you're concerned about any of your symptoms or if the office is closed, seek care at an Emergency Department.