



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** during the hours of 8:30 AM to 4:30 PM, Monday through Friday.

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

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

If you experience any of the above, please call Women's Health Advantage at **260-432-4400** during the hours of 8:30 AM to 4:30 PM, Monday through Friday. If you are concerned about any of your symptoms or if the office is closed, seek care at an Emergency Department.