

## FAQs

### **Bowel Care**

Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days after surgery. Constipation can lead to significant post op pain, so it is important to prevent and manage. Staying hydrated, mobilising and eating a healthy diet as soon as possible post-operatively will assist in resolving this problem.

It is advisable, especially if you are prone to constipation, to take a gentle laxative such as Movicol® (softens and bulks stool to naturally trigger a bowel movement) or Coloxyl® (stool softener) before constipation becomes a problem. In addition, if you feel that your rectum is full but you are unable to evacuate it, suppositories such as glycerol are entirely safe to use. Sometimes a microlax enema or a fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

### **Vaginal Pessaries**

Vaginal pessaries can be helpful in reducing the symptoms of pelvic organ prolapse. They can help you to more comfortably participate in activities that are meaningful to you, and allow you to be more physically active.

Once a pessary is fitted, it is important that you can walk, pass urine and open your bowels normally. A well fitting pessary should not be uncomfortable, and sometimes a number of trials may be required to find the right fit for you.

You may be prescribed vaginal oestrogen to use while your pessary is in place. This should be used twice per week, at night, before going to bed or as directed by your Specialist.

You will need to return to the rooms for follow up and a change of pessary at regular intervals, depending on the type of pessary placed.

Please contact the rooms if you experience any abnormal vaginal bleeding whilst your pessary is in place.

If your pessary falls out, don't panic! This can happen from time to time if you are straining or in certain positions. If this occurs, simply wash it and bring it to your next appointment.

### **Wound Care**

Following your surgery, most wound will be closed with dissolvable sutures and either a dressing or dissolvable glue. These stitches will dissolve over a few weeks. As the wound swelling reduces, it is normal for some suture material to be seen or felt. If this is bothersome for you, please see your GP to have these trimmed. If the sutures are catching on your clothing or underwear, cover them with a Band Aid temporarily or see your GP for trimming.

Leave abdominal dressings intact for 5 days unless they become soiled or wet. Once removed, you can cover your wounds with a band aid. Be sure to keep them clean and dry, and avoid using creams or antiseptics such as Betadine and Dettol.

Once your wounds are healed you can massage them with a moisturiser containing Vitamin E to reduce scarring.

Occasionally a port site wound will be a little sore, gape slightly, become moist or appear bruised following laparoscopic surgery. These issues will usually resolve on their own so long as the wound is kept clean and dry.

If your wounds become infected, they may become painful, hot, red or swollen, or you may notice a discharge. Please seek medical advice if this occurs.

### **Rest and Exercise**

You should rest when you get home from any procedure. For a 'day procedure' you will be able to go home once you have recovered from the anaesthetic, have had something to eat and drink, and have been able to pass urine.

It is important that you do not drink, drive or sign legal documents for 24 hours following an anaesthetic. It is therefore essential that you arrange for someone to pick you up from the hospital and be with you overnight following your surgery.

It is ok to resume some light movement and exercise once you are feeling comfortable following surgery. However exercise should be balanced with adequate rest.

Following most minor procedures, it will be suitable to return to normal exercise within a few days. Following a LLETZ procedure or cone biopsy, avoid strenuous activity for 2 weeks.

Following most laparoscopic procedures, avoid strenuous exercise and house work for up to 4 weeks. If you have had a hysterectomy, you should avoid this for a full 6 weeks post op.

Check your procedure specific information sheet for more details.

If any form of exercise causes you significant discomfort, you must stop it immediately.

### **Vaginal Bleeding**

Following most gynaecological surgeries, vaginal bleeding is very normal, and can continue for up to 4-6 weeks post procedure. In order to avoid infection, use sanitary pads rather than tampons, and shower rather than taking baths. Following insertion of an IUD cramping and bleeding are very normal however should settle over time.

Following a hysterectomy, after 3-4 weeks the vaginal stitches will start to dissolve and there may be a change in the type of discharge and a small amount of blood may be released from under the suture line. This is not cause for alarm. Please telephone if the loss is heavy or persists for more than a few days.

### **Intercourse**

Following a procedure please refrain from sexual intercourse until any bleeding or discharge has stopped and you are feeling comfortable.

Avoid intercourse and tampon usage for up to 2-4 weeks following vulval surgery (especially if you have had stitches), 5 days after IUD insertion, 1 week after hysteroscopy, 4 weeks after LLETZ or cone biopsy of cervix, and 6-8 weeks after hysterectomy.

### **Fish Oil and Aspirin**

If you are taking fish oil or aspirin please cease these 10 days prior to your surgery. If you are on any other blood thinning medications, please discuss these with your Specialist and Anaesthetist to determine how many days prior to your surgery they should be stopped.

### **Vaginal Oestrogens**

If you are on vaginal estrogen preparations such as Ovestin® or Vagifem®, it is safe to restart these 1 week after minor surgery, and 6 weeks after major surgery. If insertion is uncomfortable, wait another week or two.

### **Driving**

Driving should be avoided for 24 hours after an anaesthetic. Once the tenderness associated with the wounds has disappeared, it is usually safe to drive.

If you have had a laparoscopic (keyhole) surgery, you should not drive for 1-2 weeks. If you have had a laparotomy (open) procedure, you should not drive for 4 weeks.

Please check with your motor vehicle insurance provider prior to driving. Keep in mind that you must have full use of your reflexes. If pain will inhibit them, don't drive. You should feel capable of performing an emergency stop without hesitation due to pain or discomfort.

### **When to seek help**

If after your discharge from hospital you experience grave concerns, at any time, please seek medical advice and/or review.

These include:

1. Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
2. Persistent or heavy vaginal bleeding or discharge, or passage of large clots
3. Offensive smelling vaginal discharge
4. An elevated temperature or fever
5. Shortness of breath or chest pain
6. Swelling of your abdomen
7. Nausea or vomiting that is worsening
8. Pain, burning or stinging or difficulty when passing urine
9. Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound



During business hours: call the Rooms on 9389 5065 and you will be directed to the appropriate contact number.

After hours:

- Present to the Hollywood Emergency Department
- Present to the KEMH Emergency Department
- Call an ambulance if your situation is serious

Alternately, you can seek review with your GP if your issue is not urgent.