

Colpoclesis Recovery Guide

What can I expect following a colpoclesis?

Women who have a colpoclesis are generally admitted on the day of surgery and are kept overnight. When you leave the operating room you will have a tube or catheter draining the urine from your bladder into a bag. This catheter will be removed for the next day. Fortunately postoperative pain is not a big problem with this surgery. Most patients find that their pain is controlled with Acetaminophen or simple Anti-Inflammatory medications such as Ibuprofen. The medicine needs to be taken on a regular basis to avoid letting the pain get out of control. Narcotic medications can usually be avoided.

- Several doses of Antibiotics are given to minimize the chance of a bladder infection.
- Blood thinners are given by injection on a daily basis to minimize the risk of blood clots.
- The bladder catheter is removed on the first postoperative day. Once the patient is emptying her bladder satisfactorily she is usually ready for discharge. We try to keep the hospital stay short to minimize the disruption of the patient's regular routine and thereby minimize risk of complications.
- There may be a little bit of bleeding or spotting from the vagina, this will usually settle after a few days.

Constipation is a common problem following surgery. Before and after your surgical procedure you should have a high-fiber diet with lots of fruits and vegetables and drink plenty of fluid to keep your bowel motions soft and regular. Following surgery stool softeners are often prescribed to help prevent constipation. This would be things like Colace or Metamucil. Take these on a regular basis when you first go home. It may also be necessary to use a mild Laxative such as Senokot or Dulcolax, although an osmotic Laxative such as RestoraLAX is often better tolerated and can be taken on a daily basis.

When should I seek medical advice?

Please be reassured that serious complications are rare after this sort of surgery. However, the following information is provided as a guideline. If your bleeding is excessive; if you experience heavy fresh red bleeding or clots requiring frequent pad changes that is not settling down after 2-4 hours you should contact our office or go to the nearest hospital emergency room.

If you develop heavy or smelly vaginal discharge, burning or stinging on passing urine then you should contact our office. If you develop redness or discomfort or discharge from your abdominal puncture sites, then contact our office or see your family doctor.

If you develop significantly increased abdominal pain, vomiting, fever, painful swollen leg(s), shortness of breath or chest pain you should contact our office or if it is out of office hours please go to the hospital emergency room. The emergency room at the Royal Columbian Hospital is preferable to Eagle Ridge Hospital. There is not continuous gynecology coverage at Eagle Ridge Hospital emergency room.

Otherwise if you are having a normal recovery then please contact the office for a routine appointment eight weeks postop.