

Vaginal Repair Surgery/Vaginal Hysterectomy Recovery Guide

What can I expect following a vaginal repair or vaginal hysterectomy?

Immediately after your surgery, you may have a catheter or tube that drains the urine from your bladder into a bag. There may also be a pack in the vagina that will feel like a large tampon. The vaginal pack will be removed the first day after surgery. The catheter will come out postop day one or day two depending on the type of surgery. You may experience some pain or discomfort in the groin, vagina and lower abdomen. Often there is a feeling of bladder urgency and rectal pressure. You may need stronger pain medication for 1-2 days but after that most patients find that their pain is easily managed with regular Acetaminophen and Anti-Inflammatory medication such as Advil LiquiGels.

Pain relief in the early postoperative period is best taken at regular intervals, do not wait for pain to become severe before taking medication. Staying on top of any pain will help to keep you mobile and helps you to recover more quickly. If after several days you are still experiencing severe pain, or you have increasing pain then you should contact the office for advice. You will usually feel well enough to have a shower within 1-2 days after surgery. Showering is preferable to bathing in the first three weeks after surgery while the vaginal stitches are still healing.

Prevention of blood clots

Following pelvic surgery, the risk of developing deep venous thrombosis (blood clots in the deep veins in the legs) is increased. For this reason you will be on daily injections of blood thinners. If you had an extensive laparoscopic operation you may also have compression stockings. While you are in bed you will be asked to do simple leg exercises to keep the muscles in your legs working and avoid crossing your legs. We will want you to mobilize or get out of bed as soon as possible after surgery.

Bladder and bowel function after surgery

With a pelvic floor repair the nerves to your bladder are temporarily stretched and bruised. It is quite normal to have difficulty re-establishing bladder function. 20-30% of women will have trouble emptying their bladder completely after a pelvic floor repair, and a urinary catheter may be needed until the swelling settles and the bladder returns to its normal function. You will probably notice that your urine flow is slowed and it takes longer than normal to empty your

bladder. If your bladder is being quite slow to recover you may find that it makes more sense for you to go home with the catheter for a few days, because most patients will be more comfortable resting at home once they no longer need acute hospital care.

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. It is important to try to avoid excessive straining to pass a bowel motion as this can put pressure on the stitches in the vagina, but sometimes straining is necessary because you must empty your bowel. Occasionally patients find it helpful to give themselves a Fleet enema at home. You can purchase a Fleet enema at any local pharmacy.

Can I expect any vaginal discharge following surgery?

After your surgery you will have a small amount of bleeding or spotting from the vagina. This will give way to a bit of a mucky vaginal discharge that will last a few weeks until the sutures of all dissolved. The amount can vary from day to day. You should use pads and not tampons for the first six weeks after surgery. If you were using a vaginal Estrogen product preoperatively (Vagifem or Premarin cream) then simply stop it for the first 6-8 weeks postoperatively until your postoperative visit.

Approximately 10% of women will develop a blood clot under the stitches after vaginal surgery. This is called a vaginal vault hematoma, or vaginal hematoma. This can lead to more discomfort than average, and occasionally this blood clot will escape around 10-14 days postop. There can be a rather dramatic episode of bleeding with clots from the vagina which then settles to just a trickle. While this can be alarming to the patient, it is not harmful and in fact it is good that this trapped blood escapes. Often the pain settles down. If you do have this sort of bleeding and then it settles, there is no cause for alarm or a trip to the emergency room. You would only need to consider emergency care if you experience heavy fresh red bleeding or clots requiring frequent pad changes that is not settling down after 2-4 hours. Please do not hesitate to contact our office at any time to share your concerns.

Resuming activity after surgery

For the first week after surgery you will want to take it easy. You will have some discomfort, you will tire easily, and you will be helping your bowel and bladder function to get re-established. You will simply be walking around your house and resting a lot. After a week or so you will start to feel more energy and you should increase your activity to include short daily walks. Walking is a good activity because it puts very little strain on your surgical repair. Do not try to exercise

for at least six weeks following her surgery. It is safe to restart your pelvic floor exercises as soon as you feel you are ready, usually 4-6 weeks postoperatively.

You should not lift anything heavier than a small bag of groceries (6-10 pounds). Heavy lifting puts pressure on the surgical repair discomfort and put the success of the repair at risk. After six weeks you can do light aerobics and light physical activity where you are not straining against her pelvic floor. Avoid sit-ups and squats. Exercises with high impact such as high impact aerobics, running, gym training and heavy lifting all put heavy forces on the pelvic floor and should be avoided until you are at least three months postop.

Avoid sexual activity involving vaginal penetration for at least eight weeks postoperatively. Fooling around is okay. Intercourse will be a little uncomfortable to begin with so make sure that you take things slowly and gently. Using a vaginal lubricant will be helpful. If intercourse remains uncomfortable after 3-4 months of regular trying, then please be sure to consult with our office. This would not be an expected or satisfactory outcome.

When should I seek medical advice?

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 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.

When will I feel back to normal after my surgery?

Everyone recovers at a different rate and this depends on several factors including your overall health and fitness state before surgery, the type of surgery and repair performed, as well as whether or not any complications occurred. It is important to listen to your body, take enough time to rest, and do not try to push herself too hard. Over the course of 4-6 weeks your body will gradually heal and your energy level will slowly rise back towards normal. It is not unusual for it to be eight weeks before you are feeling that your energy level is back to normal.

You should not drive a car if you are taking any narcotic or sedative painkillers. You should not drive a car if you are not confident that you could perform an emergency stop if needed. As a general rule, avoid driving for at least 1-2 weeks after surgery. Once you are comfortably able to hop from one foot to the other several times and you are probably ready to resume driving. Remember that you must be able to quickly get your foot off the accelerator and hit the break in a controlled fashion in the event of an emergency.

Your return to work will depend on various factors such as your overall health and fitness state, the nature of your surgery, whether or not you had any complications, and the type of work that you do. The answer to this question is individualized for each patient and needs to be discussed with Dr. Waterman and the office. In the event that forms need to be filled for absences from work, there is a small charge for this service.