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## AFTER YOUR OUTPATIENT SURGERY

**DISCHARGE:** Without complications, your usual day of discharge will be the day of surgery.

### HOME:

1. **Activity:** May get up and walk about daily, but avoid fatigue. Try to avoid heavy lifting (over 15 pounds) and strenuous work until after your postoperative check-up (two to four weeks). May resume driving and fairly normal activity in one or two days.
2. **Diet:** No dietary restriction unless specifically ordered. Eat a well-balanced diet with ample fluids.
3. **Bathing:** Showers and sponge baths are fine. You will feel more refreshed if you bathe daily. You may have a tub bath only if necessary, but it will probably be more comfortable to shower. If a catheter is in place, clean around it (the catheter) with soap and water.
4. **Constipation:** You may use two tablespoons of Milk of Magnesia or one Dulcolax (Bisacodyl) tablet at bedtime with lots of water. You may also use Metamucil, Colace, Citrucel, or Fibercon as a stool softener (use as directed). You may use Mylicon 80mg (chewable tablets) for gas. Drinking plenty of warm liquids and walking will also help to pass gas. These items are over-the-counter medications.
5. **Urination:** If there is difficulty, pain or frequency on urination, you should notify the office. If you are discharged with a catheter, the hospital nurses will instruct you on its removal. Removal is usually 7am-8am a couple of days after surgery, then plan to come to the office the afternoon of the same day to be catheterized for residual urine.

6. **Staples/Sutures:** You should not have staples or sutures that need to be removed. However, if you do, please make an appointment at the office after one week for suture or staple removal. Sutures usually dissolve in about ten days. Remove dressing or Band-Aid the next day after surgery. Do shower and keep the incision clean (whether you have staples, sutures, or dissolvable sutures). If steri-strips are in place and don't drop off in the shower, remove them in ten days.
7. **Intercourse:** You may resume after one week or when discharge stops. Earlier may cause discomfort, infection and/or bleeding.
8. **Bleeding:** Amount varies after surgery. It may be as heavy as a period for several days, and should gradually decrease. If bleeding increases after the first week, decrease activity. If flow does not lighten, notify the physician.
9. **Pain:** You may have cramping, low abdominal and/or back pain, and pain at the operative site. You may take Tylenol (plan or extra strength, 1-2 every four hours) or Ibuprofen, Advil, Nuprin or Motrin IB (600mg every 6 hours, or 800mg every 8 hours if needed). If you feel a prescription pain medicine is necessary, you must ask the physician before discharge or call during office hours. If you are having severe pain, please call the office to be seen.
10. **Exercise:** Gradual increase of activity to former levels should take about a week. Walking is best until you are released for heavier exercise. No aerobics or vigorous exercise until you are released by the physician. Return to work in two days unless otherwise stated by the physician.
11. **Calling Office:** If you do not have a return appointment scheduled either by the office staff or the hospital staff, please call the office to schedule a postoperative check-up for 2-4 weeks as directed by the physician. If you should have any of the following symptoms, please call the office to be seen:
  - Fever of 100.4 lasting more than 24 hours
  - Redness or swelling in legs
  - Nausea/vomiting
  - Intense vaginal, pelvic or incisional pain
  - Excessive bleeding (more than one pad per hour or large clots)
  - Excessive draining or opening of the incision