

This is a guide based on average surgical recovery. Everyone should follow a similar pattern to what is described below, but your experience may be somewhat different depending on your individual circumstances. Surgical recovery happens on a continuum. It is OK to have better and worse days as long as you feel you are making progress.

PRIOR TO SURGERY

YOU SHOULD

- Prepare some light meals to have ready for your return home.
- Purchase paracetamol 500 mg (Panadol, Panamax or any generic brand) and ibuprofen 200mg (Nurofen, Advil or any generic brand).
- Plan for someone to be home with you for at least the first day and night.

AFTER SURGERY

Week 1

WHAT TO EXPECT

PAIN

- You will be tender over the abdomen, pelvis and perineum (vaginal/rectal area).

BLEEDING

- You may experience some vaginal bleeding, this is normal. As a guide, it can last for up to three or four weeks and should always be similar or less than a period.

CHANGES TO BOWEL AND URINARY FUNCTIONS

- It is normal for your bowel and bladder to slow down and take a while to return to the usual, pre-surgery, pattern.

WHAT YOU SHOULD DO

PHYSICAL EXERCISE

- You should not stay in bed. Make sure you move throughout the day. You can shower, change and do minor things around the house. Go for a gentle short walk at least once a day and build your way up to longer walks over time.
- You can go up and down stairs if you have them at home.

DIET

- Eat and drink normally as you tolerate. There are no restrictions towards what you can and can't eat. You would usually start with lighter meals and progress to your normal diet.

TAKE PAIN KILLERS

- You should take one or two tablets of paracetamol together with one or two tablets of ibuprofen every 6 hours, unless you have an allergy.

PELVIC ORGAN PROLAPSE REPAIR

Post-Operative Instructions

- You will be given stronger pain killers when you leave hospital. You should take these in addition to the above, if necessary, to control the pain.
- Be proactive about pain medication- take the medication before the pain becomes severe or in anticipation of being more active.

TAKE LAXATIVES

- Use an over the counter laxative to ensure that you do not become constipated. Some suggestions are: Movicol, Coloxyl or Metamucil. If you do not have a bowel motion for more than 2 days, you can use a Fleet enema (Microlax). It is very important not to strain to have a bowel movement as this can put undue stress on the prolapse repair.

WOUND CARE

- The surgery is performed through the vagina so you will not have any visible external incisions. The stitches are inside the vagina and do not require any special care. The sutures dissolve after 6 to 8 weeks. You can shower normally starting the day after surgery- your nurse can assist you to get up.

WHAT YOU SHOULD NOT DO

- Have sexual intercourse
- Use tampons
- Drive
- Heavy exercise, i.e., lifting more than 5 Kg
- Have a bath
- Swim

Week 2

WHAT TO EXPECT

PAIN

- You will continue to be tender over the surgical areas and will most likely still require pain killers.

BLEEDING

- Bleeding may still be present, but should be fairly minimal.

CHANGES TO BOWEL AND URINARY FUNCTIONS

- Similar to the first week, your bowel and bladder may still feel different and cause some discomfort.

WHAT YOU SHOULD DO

PHYSICAL EXERCISE

- You should still be cautious about heavy lifting and exercise, but you can start to increase your physical activity.

DIET

- You should have resumed your normal diet by now.

TAKE PAIN KILLERS

- You can continue to take paracetamol and ibuprofen regularly but you may find you are needing less pain medication overall. You may also still need to use the stronger pain medication you received when you left the hospital.

TAKE LAXATIVES

- You can keep taking laxatives, same as the first week, if necessary.

WHAT YOU SHOULD NOT DO

- Have sexual intercourse
- Use tampons
- Drive
- Heavy exercise, i.e., lifting more than 5 Kg
- Have a bath
- Swim

Weeks 3-5

WHAT TO EXPECT

PAIN

- Your pain should be a lot more manageable. Most people will start going off pain killers by now. It is normal if you still need ibuprofen and paracetamol.

BLEEDING

- The bleeding may still be present. It should be the same or less than week 2 and eventually will stop.

CHANGES TO BOWEL AND URINARY FUNCTIONS

- Both your bladder and bowel should be returning to normal. In some cases, it may take longer. Everything is fine, if it is not worse than week 2. Keep taking laxatives if necessary.

WHAT YOU SHOULD DO

PHYSICAL EXERCISE

- You can start to increase your physical activity. Most people will be able to start driving, and become more active by the end of week 4.

WHAT YOU SHOULD NOT DO

- Have sexual intercourse
- Use tampons
- Heavy exercise, i.e., lifting more than 5 Kg

Week 6

This is the time to start returning to all your pre-surgery activities. You will be able to:

- Go back to work
- Start driving
- Go back to the gym
- Resume sexual intercourse

Take into account that:

- Your stamina still may not be quite the same as before surgery as you have not been doing as much.
- You may still experience some pain or discomfort over the operated areas.
- Return to pre-surgery physical exercise levels should be gradual and increase over time.
- Use your common sense to judge what is appropriate.

WHEN TO SEEK MEDICAL ADVICE

YOU SHOULD CONTACT A DOCTOR IF:

- Your recovery is very different from what's described above.
- You develop a temperature more than 38 degrees.
- You experience unusual or extreme pain in your abdomen.
- Your wound(s) look infected (red, painful, pus discharge).
- You think something is not right and you feel you need to tell or check with someone.

YOU CAN CONTACT

- Dr Ades rooms at AGORA – 03 9347 7100 or 9421 2533
- Epworth Richmond Hospital – 03 9426 6666
- Frances Perry House – 03 9344 5200
- Your local GP

POST-OPERATIVE APPOINTMENT

Your post-operative review should have been booked when you booked your operation. If this is not the case, please call the rooms at your earliest convenience to do so.

THE APPOINTMENT IS IMPORTANT TO:

- Assess your recovery.
- Go through the surgical procedure details to make sure you understand everything that was done.
- Check the results of histopathology and any other tests done during or after the surgery.
- You will be able to see pictures taken during the laparoscopy if you want to.
- Make plans for further treatment. Depending on what you had, you might need further tests, follow up and/or ongoing care.