

**Drs. Taylor, Suarez, Cook, Carroll, Khan and Zertuche**  
275 Collier Road NW, Suite 100-B, Atlanta, GA 30309  
Office: (404) 352-3656 | Fax: (404) 350-5820  
After Hours Answering Service: (770) 429-2690

### **After Your Major Gynecologic Surgery: Expectations and Instructions**

*In order to have a healthy recovery from major gynecologic surgery, you will need to make a few small adjustments to your daily routine and give your body adequate time to heal. The information below will answer many of your questions and will guide you along the road to a full recovery!*

1. **DIET:** Eat a well-balanced diet and drink plenty of fluids. A slight decrease in appetite is normal, but try to have at least three small meals and several glasses of water per day.
2. **ACTIVITY:** For the first week at home, your activity level should be similar to that in the hospital. You may spend most of your time resting in bed or on the couch, but you should also get up several times each day and move around the house. In the second week, you should increase your activity a little each day and begin to do light housework. As you enter the third week, consider taking short walks around the neighborhood and, if you feel up to it, going shopping and partaking in social activities. Let your body be the guide, and avoid things that make you overly tired or cause too much pain.
  - a. Driving: May begin when your pain is well-controlled without narcotics
  - b. Travel out of town: Not recommended until after your follow-up visit
  - c. Walking: Will do you good!
  - d. Stairs: No problem, just don't overdo it
  - e. Weights: Avoid lifting, pushing, or pulling anything heavier than 10lbs, and avoid strenuous housework, until after the exam at your follow-up visit
  - f. Exercise: Delay until after the exam at your follow-up visit
3. **HYGIENE:** Showers are permitted immediately, but please do not soak in the tub until after the exam at your follow-up visit. If you have one large or several small abdominal incisions, it is safe to let soapy water run over these areas. Do not scrub the incision(s) with a sponge or loofah, and keep the area(s) as dry as possible. If needed, consider placing clean gauze or a clean sanitary pad on top to wick away moisture. The tape or glue over your incision(s) will usually fall off on its own within two weeks, but it is okay to moisten and carefully remove after one week if it is bothersome to you. For tape removal, you may also try using a hairdryer on the cool setting. Douching and tampon use are not recommended.
4. **VAGINAL DISCHARGE:** It is normal to have a white, yellow, brown, or pink vaginal discharge, that may be mixed with small streaks of blood, for 3 to 4 weeks after surgery.
  - a. If you had a hysterectomy, do not be alarmed if you see suture (similar to dental floss) on your pad; the stitches placed during your surgery are designed to dissolve as you heal.
  - b. If you had a procedure other than a hysterectomy, and you still have your uterus, do not be alarmed if you have menstrual-like bleeding; this should resolve after 1 to 2 weeks.
5. **SEX:** Please do not have sexual intercourse until after the exam at your follow-up visit.

6. **BOWEL MOVEMENTS:** Daily bowel movements are not necessary. In fact, it may be several days before you go the first time. To help keep you regular and avoid straining and pain, try a stool softener like docusate (Colace) and/or a laxative like polyethylene glycol (Miralax), magnesium hydroxide (Milk of Magnesia), or psyllium (Metamucil).
7. **PAPERWORK:** Please ensure that any insurance papers and/or medical leave documents are submitted to our office immediately so that we can complete them for you in a timely manner.
8. **FOLLOW-UP:** Please call the office now to schedule your 4-week postoperative check-up. At this visit, your physician will check your stitches for healing, consider clearing you for sex and exercise, go over your surgical pathology results (if relevant), and answer any questions you may have.
9. **WHEN TO CALL:** Please call the office if:
  - a. You have bright red bleeding that flows like a period, you saturate one pad per hour for two hours in a row, or you pass clots larger than the size of a tennis ball
  - b. Your pain is severe despite taking the narcotic and ibuprofen prescribed to you
  - c. You have a fever of >100.4F or >38C that persists for 4 to 6 hours
  - d. You have severe nausea and vomiting with inability to keep down liquids
  - e. You have foul-smelling vaginal discharge or concerns about your incision(s): stitches have opened, surrounding skin is red or warm, or there is bleeding or foul-smelling drainage
  - f. You have difficulty fully emptying your bladder after several attempts over 30 minutes
  - g. You have concerns or questions that cannot wait until your follow-up visit