east london OBGYN
obstetricians & gynaecologists

POST OP CARE

Gynecologic surgery is surgery on any part of the female reproductive system, which includes the vagina, cervix, uterus, fallopian tubes, and ovaries. Different surgical procedures are done to treat or prevent different health conditions. Your health care provider will talk to you about the procedure you need and answer any questions you have about what to expect.

Following your surgery, your surgeon will give you instructions about how to care for yourself. These instructions are intended to help you avoid or recognize complications, as well as ease the recovery process. The information here is intended to help answer common questions about care after gynecologic surgery.

WOUND CARE AFTER GYNECOLOGIC SURGERY

Open abdominal surgery

If you have open abdominal surgery (laparotomy), you will be sent home with visible staples, stitches (sutures) or stitches under the skin with tape strips. Open abdominal surgery is used for many types of gynecologic procedures; examples include hysterectomy (removal of the uterus), oophorectomy (removal of an ovary), and myomectomy (removal of uterine fibroids).

Staples and certain types of stitches are removed either before you leave the hospital or in the surgeon's office, usually 7 to 14 days after surgery. In some cases, stitches are absorbable and do not need to be taken out. For example, stitches under the skin or inside the vagina do not need to be removed.

If there is a bandage on your incision, you can take it off 24 to 48 hours after surgery. Your surgeon should give you instructions about when to remove the bandage.

Skin tape may be removed gently at home (if the tape strips have not fallen off) about one week after surgery. Soaking the strips with a warm, wet cloth or taking a shower may make the strips easier to remove.

If you have an abdominal incision, you can keep it clean by showering. It is not necessary to use soap on the incision; just rinse it with water. Avoid scrubbing the area while it is healing.

The way your scar looks will change over time and may not reach its final appearance for up to one year. The area may feel either numb or sensitive to touch, which is normal.

Unless directed by your surgeon, do not apply creams, ointments, or other products to the incision. If the incision looks red, drains more than a drop or two of blood or fluid, drains pus, or begins to open, you should call your surgeon for advice.

Laparoscopic surgery

If you have "minimally invasive" abdominal surgery (laparoscopic or robotic), you will have small incisions on your abdomen. These incisions will be closed with stitches; these may be nonabsorbable (and need to be removed later) or absorbable (which don't need to be removed) and covered by either skin tape or glue. The care of these incisions is the same as for open abdominal surgery.

Laparoscopic surgery can be used for many types of gynecologic procedures, such as removal of an ovarian cyst or ovary, treatment of endometriosis, removal of uterine fibroids, or hysterectomy.

Vaginal surgery

If you have vaginal surgery, you may have stitches inside your vagina. These do not need to be removed because the stitches will dissolve on their own, usually within six weeks. It is normal to have some light vaginal bleeding or pink to brown or yellow-colored vaginal discharge as the stitches dissolve. As they dissolve, you may see pieces of thread on your underwear or toilet paper.

PAIN AFTER GYNECOLOGIC SURGERY

Will I have pain? — Many gynecologic procedures are followed by some pain or discomfort. This should improve over time and can be managed with pain medications, if needed. The location and severity of pain depends on the type of procedure.

For example, people who have procedures that involve a skin incision (eg, open abdominal or laparoscopic surgery) will have pain around the incision, while other procedures that are performed inside the uterus (eg, hysteroscopy, endometrial ablation) may be followed by a crampy sensation, similar to menstrual cramps.

Gas pain — It is common to develop occasional crampy pain and bloating in the abdomen after surgery. This is caused by gas building up in the intestines. The discomfort is usually temporary and will resolve after passing gas or having a bowel movement. are helpful. If the pain and bloating are severe or do not resolve, you should call your surgeon for guidance.

If you have laparoscopic surgery, you may have shoulder pain as a result of the gas used to expand the abdomen during surgery. The shoulder pain can last a few days.

How can I manage my pain? — You may find it helpful to avoid uncomfortable positions or activities, support your abdomen with a folded blanket or pillow, or even use a binder for support. A hot water bottle or heating pad placed over the abdomen may also be helpful. To avoid burns, place a towel or cloth between the bottle or pad and your skin.

Some people need medication to manage their pain after surgery, while others do not. Your surgeon will talk to you about your options and prescribe medication if they think you will need it. Be sure to read the label and follow all instructions for how much medication to take and when. Taking pain medications at higher doses or more often than prescribed can be dangerous.

If you are taking any other medications, ask your health care provider whether it is safe to take these and pain medications at the same time.

Do not drink alcohol, drive, or do other activities that require concentration while taking opioid pain medications.

If your pain becomes severe and is not relieved by the recommended dose of pain medications, call your surgeon for advice. Do not take more than the recommended amount of pain medication. Opioids can be dangerous if they are not used correctly.

VAGINAL BLEEDING AFTER GYNECOLOGIC SURGERY

Some light vaginal spotting or bleeding is expected and may continue for several weeks after gynecologic surgery. Occasionally (especially in the first week after surgery), you may have an episode of heavy bleeding or pass a blood clot when you stand up or after urinating.

Call your surgeon if bleeding is heavy (more than a normal menstrual period or completely soaks a large pad in one hour).

If you have bleeding, you can use a pad, but avoid inserting tampons until your doctor tells you it is safe.

ACTIVITY AFTER GYNECOLOGIC SURGERY

Should I limit my activity? — It is normal to feel tired for a day or two after surgery, especially if you have general anesthesia. If you have a major surgery, you may feel tired for longer. If possible, taking a few short naps during the day or resting when you are tired may help.

While rest is important, it is also important to walk around at least several times each day, starting on the day of surgery. This helps to prevent complications, such as blood clots in your legs, pneumonia, and gas pains. You can resume your normal daily activities as soon as you are comfortable doing them. Walking and stair climbing are fine. Gradually increase your activity level as you are able.

Other activities (such as exercise, housework, and sports) can be resumed gradually as you are able and depending upon the type of surgery and your lifting restrictions. Your surgeon can give you specific instructions.

Can I take a shower or bath? — Showers are permitted, but tub baths and swimming should be avoided until your surgeon says it is safe to do so. This is because submerging in water can increase the risk of infection as you heal from surgery.

Are there limits on what I can lift? — Lifting heavy objects can increase stress on the healing tissues. Most people are instructed to avoid lifting heavy objects (≥13 pounds [5.9 kg]) from the floor; if you cannot lift an object with one hand, you should ask for help. Restrictions on lifting are generally recommended for six weeks after a major abdominal or vaginal surgery (eg, hysterectomy) and for one or two weeks after procedures with smaller incisions (eg, laparoscopy).

If you do not have an incision (eg, for procedures like hysteroscopy or dilation and curettage [D&C]), you do not need to limit lifting.

Can I drive or travel? — You should not drive a car until you can move easily and no longer require opioid pain medications. You may ride in a car; as always, wear a seat belt any time you are riding in or driving a car.

Some surgeons recommend avoiding long trips by car, train, or airplane during the first two weeks after major gynecologic surgery (such as hysterectomy) to avoid complications, such as blood clots in your legs. Speak to your surgeon if you have questions.

Can I have sex? Can I use tampons? — After most types of gynecologic surgery, you should not put anything in your vagina until the tissues are completely healed. Doing this can increase the risk of infection and interfere with healing. This includes tampons, douches, fingers, and all types of sexual activity that involve the vagina.

These activities should be avoided for two to six weeks after surgery. Ask your surgeon when you can resume these activities.

When can I return to work? — You may return to work when pain is minimal and you are able to perform your job. After minor procedures, you may be able to work within a day or two, while for major procedures (eg, hysterectomy), you may require four to six weeks to recover.

Time out of work also depends upon your daily activities at work; a person who sits at work may be able to return to work sooner than someone whose job requires them to stand, walk, or lift.

DIGESTIVE SYSTEM AFTER GYNECOLOGIC SURGERY

What can I eat? — You may eat and drink normally after gynecologic surgery. You may have a decreased appetite for the first few days after surgery; eating small, frequent meals or bland, well-cooked, soft foods may help. However, if you are not able to eat or drink anything or if you start vomiting, call your surgeon.

Eating lots of foods with fiber may help to prevent constipation, although other treatments for constipation are also available (

How do I treat constipation? — Constipation is common after surgery and usually resolves with time. Constipation means that you do not have a bowel movement regularly or that bowel movements are hard or difficult to pass. If you need to take opioid pain medications, this can make constipation worse.

If you have vomiting in addition to constipation, or if your surgery involved the stomach or intestines, call your surgeon before using medications to treat constipation.

A common approach to constipation after surgery is to take a laxative, such as Movicol or Fybogel.

If these treatments do not produce a bowel movement within 24 hours, you should call your surgeon for further advice.

What if I have diarrhea? — Some people have a few days of loose stools (diarrhea) after surgery, especially after taking medication for constipation. If you have diarrhea more than twice a day or have blood in your stool, you should call your surgeon.

URINARY SYSTEM AFTER GYNECOLOGIC SURGERY

Is it normal to have pain when I urinate? — If you have had vaginal surgery, you may feel a pulling sensation during urination or you may feel sore if the urine comes in contact with your vaginal stitches. It can be normal to urinate frequently after surgery.

Call your surgeon if you have any of the following:

- Burning with urination
- Needing to urinate frequently or urgently and then urinating only a few drops
- Fever greater than 101°F or 38°C (measure with a thermometer)
- Pain on one side of your upper back that continues for more than one hour or keeps coming back
- Blood in your urine (if you see blood when you use the toilet, you can check to see if it is vaginal blood by holding toilet paper over your vagina)

What should I do if it is difficult to urinate? — Most people urinate at least every four to six hours, and sometimes more frequently. If you have not urinated for six or more hours (while you are awake) or if you feel the need to urinate and it will not come out, you should call your surgeon.

WHEN TO CALL YOUR SURGEON

You should call your surgeon or other health care provider if you experience any of the following:

- Abdominal pain or bloating that is severe, lasts for one hour or more, and is not relieved after taking the recommended dose of pain medication
- Shortness of breath or chest pain
- Vaginal bleeding that is heavy (heavier than a menstrual period or completely soaks a large sanitary pad) and continues for more than one hour
- Nausea or vomiting that continues for more than one day or that make it impossible to eat or drink
- Fever greater than 101°F or 38°C (measure your temperature with a thermometer)
- Skin incision changes – Redness, drainage of fluid or pus, or opening of the incision
- Swelling in an extremity (leg or arm) that is much greater on one side than the other
- Foul-smelling, green, or dark yellow vaginal discharge
- Inability to empty the bladder or burning with urination
- Inability to have a bowel movement for three days
- Loose or watery stools two or more times a day OR bloody stool

FOLLOW-UP VISIT AFTER GYNECOLOGIC SURGERY

You will likely be asked to make a follow-up appointment with the surgeon's office two to six weeks after surgery. At this visit, your surgeon will usually examine your abdomen and pelvic area to be sure that the tissues are healing properly. You will learn about results if you had a biopsy or other tests. You can also use this time to ask any questions you have about the procedure you had, your healing process, any concerns you have, and what to expect in the future.

At your follow-up appointment, it's also important to ask what type of gynecologic care you will need in the future. The answer will depend upon the type of surgery you had, any underlying medical problems, and your risk of certain conditions (such as cancer). For example, some people need more frequent Pap tests to screen for cervical cancer, while other people will not need any further Pap tests.