

**HOME CARE INSTRUCTIONS FOLLOWING
VAGINAL SLING PROCEDURE - Urology Specialists**

Page 1 of 3

Date: _____

ACTIVITY:

1. Rest today, and use common sense about increasing your activity tomorrow.
2. Avoid intercourse for two weeks.
3. No lifting over 20 lbs. for 3 weeks.
4. You may drive when you are free of pain free and not taking any pain medication.
5. You may walk as much as you like as long as it is not causing any pain. At a minimum, walk around for 5 minutes, 4 times a day.
6. You may go up and down stairs, however, no excessive bending.
7. You may shower. No baths or swimming for 3 weeks.

SURGICAL SITE CARE:

1. Some patients have difficulty emptying their bladder immediately after surgery. A few patients will be sent home with a urethral catheter to drain their urine. Those patients will return to the clinic in a week to have the catheter removed and try to urinate on their own.
2. Change the dressing at your incision site daily and each time it becomes wet from water or urine.
3. Vaginal bleeding is normal and may persist up to 2-6 weeks.

DIET:

Some of the sedative/anesthetic medication you received today may make you nauseated. Begin with clear liquids and then progress to solid foods as your stomach tolerates them. If you become nauseated, tea or carbonated beverages are helpful. If **vomiting** persists, call your doctor.

MEDICATION:

1. New medications:

2. Last dose of pain medication:

BLADDER SPASMS IF YOU HAVE A CATHETER:

You may experience bladder spasms. Bladder spasms present in different ways; such as feeling the urge to urinate, urge to have a bowel movement or pelvic burning. These may cause urine to leak around the catheter. This is normal. For this discomfort you should take your bladder spasm medication.

URINATION:

1. If you have no catheter call if you are unable to void.
2. If you have a foley catheter in the urethra, return to clinic within 1 week.
3. Expect some bloody urine for up to three weeks.

CONSTIPATION:

If you experience constipation, take two tablespoons of Milk of Magnesia. If no results in two hours, you may use up to two Fleets enemas. If no results, call your physician.





Wausau, WI

715.847.2121 ~ 800.283.2881

HOME CARE INSTRUCTIONS FOLLOWING VAGINAL SLING PROCEDURE - Urology Specialists

Page 2 of 3

Date: _____

COMFORT:

1. You may need to use prescription pain medication regularly at first and then only as needed. If pain medication does not keep you comfortable, contact your doctor. If nausea occurs, take food 1/2 hour prior to taking medication. If **nausea persists or you develop a rash**, STOP taking medication and call your doctor.
2. You may use over-the-counter medication.

SAFETY:

1. You can expect to feel dizzy, weak and drowsy for as long as:
 - 24 hours after receiving a general anesthetic.
 - 12 hours after receiving sedation.
 - While taking prescription medications.
2. Please follow these instructions for that time:
 - a. **DO NOT** drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways.
 - b. No alcoholic beverages today.
 - c. Postpone signing any important papers or making any important decisions.
3. Read prescription bottle for specific instructions regarding your medication.
4. Because of the effects of anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

WHEN TO CALL:

If any of the following symptoms occur: EXCESSIVE VAGINAL BLEEDING, NO URINARY OUTPUT OR BRIGHT RED BLOOD IN URINE WITH CLOTS, REDNESS AROUND THE INCISION, DRAINAGE OF PUS FROM THE INCISION, SEVERE PAIN, FEVER OVER 101°, PERSISTENT NAUSEA AND VOMITING, REACTION TO MEDICATION, TROUBLE WITH SUPRAPUBIC OR FOLEY CATHETER, OR ANY CONCERNS ABOUT YOUR RECOVERY.

WHO TO CALL:

DR.

PHONE:

AFTER HOURS PHONE:

Aspirus Day Surgery Plus: Phone: 847-2907
Open 6:00 a.m. - 7:00 p.m. (Monday - Friday)

RETURN APPOINTMENT:

DR:

DATE/TIME:

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency, please go to your nearest emergency facility.

I have discussed the above information with a nurse and my questions have been answered to my satisfaction.

Patient or Responsible Party Signature

Date/Time

RN Signature

Date/Time

