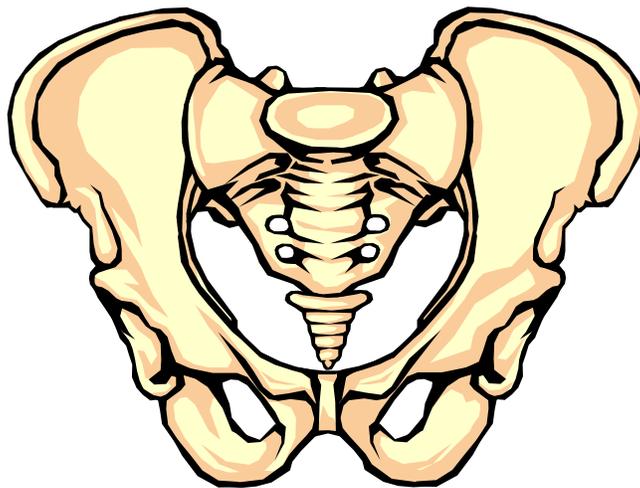


# **FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY**

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A GUIDE FOR PATIENTS FOLLOWING PELVIC

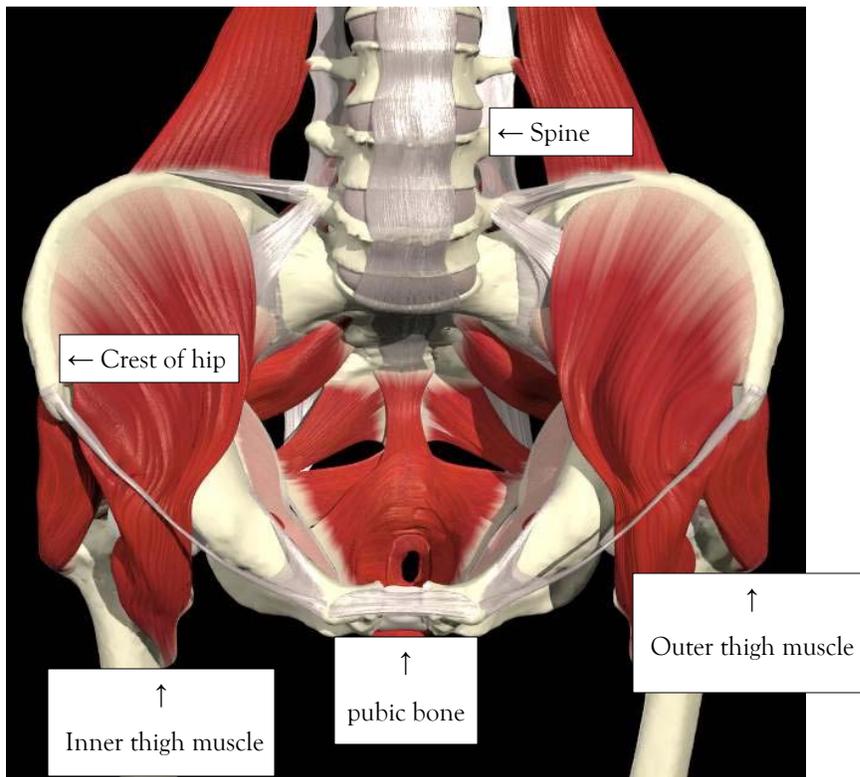




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## Anatomy of the Pelvis



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- There are many muscles that make up the floor of the pelvis. The main muscle complex is called the levator ani muscle. The pubococcygeus, ileococcygeus, and puborectalis all make up the levator ani complex.
- The pelvic floor muscles form a sling, or bowl, attaching from the pubic bone in the front of the pelvis, to the tailbone in the back. The bladder, vagina, and rectum sit inside of the bowl.
- The pelvic floor muscles also wrap around the openings to the urethra, vagina, and rectum.

- 
- The pelvic floor muscles serve three main functions:

1. Supportive:

The pelvic floor muscles act as a hammock to hold your bladder, uterus, vagina, and rectum against the forces of gravity trying to push your pelvic organs down and out.

2. Sphincteric:

The muscles of the pelvic floor help to close the openings of the urethra (bladder opening) and the rectum in order to avoid leakage of urine and stool. The muscle also must relax enough when toileting in order to allow for bowel movements and urination.

3. Sexual:

The pelvic floor muscles that wrap around the opening of the vagina must have enough stretch to accommodate sexual intercourse. The pelvic floor muscles also form the supporting structures of the external genitalia, including the clitoris; therefore, having a direct role in controlling clitoral arousal and erection. If your pelvic floor muscles are weak, you may not receive adequate clitoral stimulation and may find it difficult to achieve sexual arousal and orgasm.

## General Postoperative Guidelines

You will feel stronger each week; however, you may notice variations from day to day in your energy level. Fatigue and soreness may be present for up to 6 months after surgery. Even though you may feel great, please remember that you are still healing and do not overdo it. Let your body dictate your activity. If you need to, take a nap and get off your feet.

### “LISTEN TO YOUR BODY”

#### Rest:

##### Week 1:

Limit walking to short walks as you feel comfortable

Rest if needed

Do not over exert yourself!!!

##### Weeks 2-6:

You may gradually increase your activity level;  
Do not become overtired; if you are tired, stop and rest.

#### Return to Work:

Depends on the surgery you had; consult with your physician.

Typically at 4 – 6 weeks post-operatively.

## General Postoperative Guidelines

### Lifting / Straining:

To optimize surgical outcome, lifting and straining should be avoided for 12 weeks after surgery:

Weeks 1-6: no lifting of anything over 5 pounds

Weeks 7-12: no lifting of anything over 10 pounds

\*Example: a gallon of milk weighs approximately 8 pounds

### Stair Climbing:

Weeks 1: 1-2 times per day (take one step at a time)

Weeks 2-6: 3 to 5 times per day at most

### Driving:

*\*Some insurance companies may not cover you for a specified time period following surgery. Please check with your insurance company for specific policy regulations.\**

You must be off of all controlled substances (narcotics and muscle relaxants) prior to driving.

Weeks 1-2:

No driving; minimize riding in the car

Weeks 3-6:

You may resume driving your car provided you have had no complications following your surgery. Again, it is your responsibility to verify your auto policy company's regulations concerning vehicle operation post-surgery.

## General Postoperative Guidelines

### Housework:

Week 1:

Activity should be limited to **self-care**. It is recommended that you avoid household duties that include taking care of others to include children and other relatives.

Weeks 2-6:

You may make light meals and perform very light household duties (provided no bending or lifting is required). Do not exert yourself or overdo it.

No vacuuming, laundry, scrubbing, mopping, or moving furniture

No gardening or outside yard work

\*Your physician will advise you when you may return to these activities

### Exercise /Sports:

You must refrain from all exercise and sports for at least 12 weeks after surgery. Please consult your physician / physical therapist for instructions and suggestions in returning to exercise and sports.

## General Postoperative Guidelines

### Hygiene:

You may shower as desired

Keep all wounds clean and dry. Only allow water to run over your incision. Pat dry with a towel. DO NOT SCRUB THE INCISION!!!

No tub baths until your physician approves

If you have a catheter, try to keep the catheter site as dry as possible.

## Walking Program

### Week 1:

Rest; limit walking to short walks as you feel comfortable

### Weeks 2-3:

Increase distances

Do not over exert yourself! Remember, if you walk outside, you must leave yourself enough energy to return home!

### Weeks 4-6:

You may walk as much as you feel comfortable. Make sure you do not become overtired.

## What to Expect After Surgery

- Vaginal discharge and odor may occur for up to 6 weeks after surgery as the stitches inside the vagina dissolve.
- You can expect to have bleeding from the vaginal region for 1-2 weeks after surgery; however, it should not be as heavy as a menstrual period. The bleeding may stop and then restart 3-4 weeks after surgery as the stitches begin to dissolve.
- Do not use tampons for any bleeding which may occur for at least 6 weeks after surgery; instead use external pads or absorbent products.
- Never douche.
- Vaginal pressure or cramping may occur if you are on your feet too long. In order to relieve these symptoms, rest. If these symptoms do not subside with rest and/or medications that were prescribed by your doctor at the time of discharge, please contact your contact your doctor.
- You may have urinary urgency/frequency after surgery; however, this should resolve within 4-6 weeks.
- You may have pain with urination following surgery; however, this should resolve within a few days. Please contact your physician if this pain does not resolve.

## Resuming Sexual Activity

- Intercourse of any kind should be avoided for 6-12 weeks after surgery depending on the type of surgery performed and your doctor's recommendations.
- REMEMBER: the vaginal muscles may be tight and tender, so START SLOWLY.
- The first few sexual encounters following surgery may consist of inserting your partner slowly. Once inserted try to relax the pelvic floor muscles until the pain or tenderness diminishes.
- Begin gentle thrusting only if you have no pain with insertion.
- Should you continue to experience pain or tenderness with sexual activity, please consult with the Pelvic Floor Physical Therapist for treatment.

## Diet

- You can eat regular food at discharge.
- It is normal to not have a regular appetite for a few weeks after surgery.
- Eating small meals or snacks is suggested.

## Catheter Care

If patients are not able to void spontaneously after surgery, they may be discharged with a trans-urethral catheter. The urethra connects the bladder to the outside world. It is located directly above the opening of the vagina and below the clitoris. Please keep the catheter clean and dry and avoid “kinking and/or pulling” the catheter.

Rarely a catheter will be placed on the abdominal wall in the suprapubic region. Clean the area twice daily with a Q-tip dipped in half-strength hydrogen peroxide.

**\*\*All patients will receive specific discharge instructions concerning catheter care to include collection device management and emptying. \*\***

It is normal to have a small amount of leakage from your catheter. If your catheter falls out, contact your doctor for further instructions or report to the nearest medical treatment facility for care.

If your catheter is in place and your bladder begins to feel full, make sure that there is not a kink in the tube and that urine is flowing out of the tube. If these do not resolve the feeling, contact your doctor for further instructions or report to the nearest medical treatment facility for care.

Please contact your doctor if you have a fever (100.4 or greater), persistent pain, pus, cloudiness, or strong odor of your urine, or any questions concerning catheter management.

## Urgent Signs/Symptoms

Please notify the clinic or your physician if you have any of the following symptoms or signs. These could indicate a problem that requires attention prior to a scheduled follow up visit:

Pain that is not controlled by your pain medicines

Two fever spikes over 100.4 degrees 6 hours apart or a single spike of 101.5 degrees

Bleeding or drainage from your incision that soaks a gauze

“Intractable” nausea or vomiting

Vaginal bleeding that soaks one pad per hour

Severe constipation that does not respond to the measures as described on page 12

Symptoms of a bladder infection (frequency, burning, difficulty with bladder control) or problems with voiding or your catheter

Any other severe symptoms that you believe could be related to your surgery

## Guidelines for Bowel Management

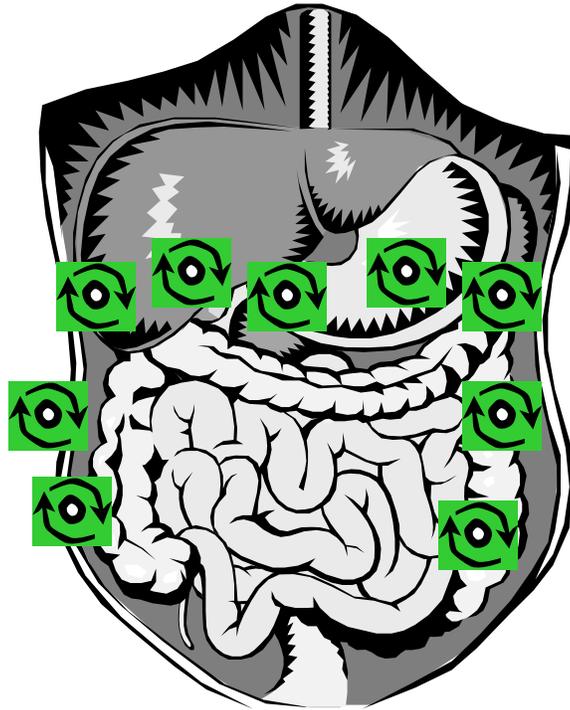
Constipation and straining during a bowel movement can compromise the success of your surgery. Make sure you are having regular bowel movements with soft stools. Pain medications can be constipating. You may not have a bowel movement for up to 7 days following surgery; however, if you feel constipated you can try the following:

- Drink 6-8 glasses (64oz) of water each day
- Take 1-2 sodium docusate tablets per day to keep your stools soft
- Try eating 5-6 prunes or drink prune juice with hot tea
- Try Milk of Magnesia or another gentle laxative which is permitted occasionally during periods of constipation. Avoid repetitive or strong laxative use.
- If constipation is significant, contact your doctor for further guidance.
- For problems with gas, try using over-the-counter Gas-X
- DO NOT STRAIN WHEN TOILETING! Instead try sitting up straight on the toilet with your feet on a small step stool. Use a huffing technique explained by your physical therapist rather than straining.

## Bowel Stimulation Massage

To help regulate your bowels try the following massage 10 minutes every day:

- Using a circular, clockwise motion begin massage at your right hip
- Spend 20 seconds moving up the right side of your stomach towards your rib cage
- Spend another 20 seconds moving across your stomach just below your rib cage
- Spend another 20 seconds moving down the left side of your stomach towards your left hip
- Pick your hand up and place it back on your right hip; repeat this massage 10 times



## Scar Management

### Physical Therapy for Abdominal Surgical Incisions:

- To be performed 5-15 minutes per day.
- Start gently and progress slowly to a deeper and stronger massage.
- A strong pulling sensation or minimal burning sensation is normal. Be gentle and stop if you feel sharp, stabbing pain.
- Use the pads of your fingers and maintain steady pressure on the skin; **Do not slide across the skin!**
- Do not use lotion or oil.

### Circles:

Begin massaging the entire stomach making small circles in both directions just after surgery. Be sure to stay 2-3 inches away from the scar until all scabs have fallen off naturally.

\*Once the scab has fallen off, proceed to the following:

### Desensitization:

Use a wet or dry washcloth to rub across the scar in all directions. This will help to decrease any sensitivity and numbness of the scar.

## Scar Management

\*Do not begin these massage techniques until the scab has naturally fall off.

\*Spend one month on each massage before progressing to the next one.

### **Push and Pull:**

Place two fingers directly on the scar. With slow movements, gently drag the scar up towards your head and then down towards your feet. Go slow! You want to break down scar tissue, not tear it. Repeat this dragging motion but now moving from right to left. Some areas may be harder to drag. Spend a little more time in these areas to break up the scar tissue.

### **Skin Rolling:**

Slowly pinch and lift the skin on either side of the scar moving gently from one side and across to the other. Work on decreasing the amount of tissue between your fingers to a very thin amount.

### **Plucking:**

Pinch and lift the scar away from the muscles underneath. Start at either end and work towards the center. If the scar dimples inward, then scar tissue is present. Continue with this massage until the scar bulges outward.

## Pain Management

If you are only experiencing mild discomfort or aching due to activity, try using Tylenol or Ibuprofen (Advil, Motrin, generic ibuprofen, 2-3 pills, 3 times per day). Use narcotics prescribed to you by your physician for breakthrough pain relief. Gradually change from narcotics to non-narcotic pain medications as pain decreases.

\*Avoid aspirin as it may cause you to experience bruising or bleeding due to its effect on your blood clotting factors.

Take pain relief medications regularly for the first 1-2 weeks after surgery to prevent the pain from occurring/increasing. Do not wait until the pain is severe before taking medication.

In addition to medications, alternative pain relieving techniques may include:

- Resting/Lying Down
- Hot water bottle or heating pads covered with a cloth or towel before placing on skin surface (be sure these are not too hot to burn you; never fall asleep with these applied to your skin!)

## Exercises to Support Surgery

**\*DO NOT START ANY EXERCISE FOR AT LEAST 6 WEEKS AFTER SURGERY**

### Kegels:

When contracting your pelvic floor muscles, it is the same motion that you would use to stop the flow of urine when toileting, or when holding back gas in public.

**NEVER BEAR DOWN ON THE PELVIC FLOOR MUSCLES!!!!**

You can either use a mirror to observe your vagina/anus as you contract the muscles inward. You can also insert a finger or tampon into your vaginal or rectal openings and attempt to squeeze your muscles around these objects.

Try to avoid holding your breath and/or contracting your stomach, hip, or buttocks muscles. When performing a proper Kegel contraction, no movement of your body should be seen.

## Exercises to Support Surgery

Kegels Continued...

Exercise protocol:

1. Slow Kegels:

Begin slow, hold each contraction for 3-5 seconds; as you become stronger increase the holding time up to 10 seconds for each contraction.

Perform 10 kegels in the lying down position; 3 times per day

Perform 10 kegels in the sitting position; 3 times per day

Perform 10 kegels in the standing position; 3 times per day

2. Quick Kegels:

Perform a group of 10 kegels as fast as you can at least 10 times each day. It is best to associate these quick kegels with certain activities (Example: Sitting on the toilet after emptying your bladder; Sitting in the car at a red light; When a commercial comes on TV; Standing in line at the store, etc.)

\*The above exercise protocol should be maintained throughout your lifetime to decrease your risk of pelvic floor dysfunction.

## Exercises to Support Surgery

**\*DO NOT START ANY EXERCISE FOR AT LEAST 6 WEEKS AFTER SURGERY**

Inner Thighs: to be performed 3-4 times per week

1. Lay on your back either in bed or on the floor with your knees bent and your feet positioned shoulder-width apart.
2. Place the ball between your knees.
3. Squeeze the ball tightly with your knees.
4. Hold this squeeze for 5-10 seconds.
5. Repeat this exercise 10 times.
6. Rest for one minute.
7. Repeat 3 more times.



## Exercises to Support Surgery

**\*DO NOT START ANY EXERCISE FOR AT LEAST 6 WEEKS AFTER SURGERY**

Outer Thighs: to be performed 3-4 times per week

1. Lay on your back on either the floor or in bed with your knees bent and your knees and feet close together.
2. Place the exercise band around both thighs about an inch from your knees.
3. Keep your feet together while you separate your knees to stretch the band to shoulder-width apart.
4. Hold this position for 5-10 seconds.
5. Repeat this exercise 10 times.
6. Rest for one minute.
7. Repeat 3 more times.



## Contact Information

FPM-RS Appointment Secretary ..... (808)433-2778 ext. 413

- To Make Appointments

FPM-RS Nurse (808) 433 5946

- For non-urgent questions regarding your care

FPM-RS Urgent Care

- For any emergent issue please come to the Tripler ER to be evaluated.

- For any urgent issues in off duty hours, the resident on call can be reached by calling (808) 433- 6661

Please call for your follow up appointments after leaving the hospital.

Two week follow up appointment: \_\_\_\_\_

Six week follow up appointment: \_\_\_\_\_



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