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## POSTOPERATIVE PATIENT INFORMATION: PELVIC RECONSTRUCTION

You have undergone a *pelvic reconstruction* to correct pelvic relaxation and a *sling* procedure to correct (or prevent the occurrence of) stress urinary incontinence. The goal of pelvic reconstruction is the restoration of your normal vaginal anatomy and function. Careful adherence to the following instructions is imperative to a safe and satisfying result. Patience, realistic expectations, and positive attitude always help expedite a speedy recovery.

Your normal diet and medications can be resumed immediately. A healthy and balanced diet with plenty of fruit, vegetables and fiber will facilitate healing and help prevent bowel difficulties. Bathing and showering are permissible. Most daily activities can be resumed as well; in fact, walking and stair climbing are desirable and beneficial. Any non-strenuous activity is permissible as long as pain is not experienced—if it does not hurt, it can be done. If you do experience pain with activities, it is a signal to ease up. In order to maximize your chances for long-term cure of the pelvic relaxation, it is important to avoid lifting heavy objects, strenuous exercise, tampon placement, and sexual intercourse for about four to six weeks. Additionally, it is extremely important to avoid straining with bowel movements. In general, you can resume work within several weeks, sooner if you have a sedentary occupation.

Prior to being discharged, you will be given a prescription for antibiotics and pain medication. It is important to complete the course of the antibiotics in order to avoid a urinary or pelvic infection. The pain medication can be used on an as needed basis. It should be noted that narcotic pain medications have many side effects including nausea, constipation, and a general feeling of "unwellness." If you are experiencing such symptoms, it may be beneficial to switch to an over the counter anti-inflammatory such as Motrin or Advil.

Vaginal, pubic, groin, and pelvic discomfort are to be expected for several weeks. In particular, the *perineum*—the region between the vagina and anus—can be rather sensitive and tender, similar to the discomfort experienced with an episiotomy. An ice pack to this area for the first 48 hours or so can be very helpful. Thereafter, warm compresses, sitz baths or regular baths can be very comforting. Vaginal spotting of blood is typical for several weeks and it is therefore recommended that you wear a pad until this resolves. The stitches used for the surgery will normally dissolve within 6 weeks, and until that time, they may feel sharp, similar to whiskers, and the stitches may also cause a yellowish vaginal discharge that persists until they dissolve.

Many patients will encounter short-term voiding difficulties after pelvic reconstruction, and it is often therefore advisable to go home with a catheter for a day or two. If you are unable to void by several hours after the procedure, you will be sent home with a urinary catheter. Bladder function may take several days to several weeks to fully normalize. Slow flow, incomplete emptying, frequency and urgency are common for the first week or two after a pelvic reconstruction.

Because pelvic reconstruction corrects vaginal laxity and restores the normal vaginal axis to a pre-childbirth condition, it is not uncommon to experience some degree of discomfort when first resuming sexual intercourse. Lubricants may be helpful initially. Ultimately most women and their partners report improved sexual function after pelvic reconstruction.

Many women suffer from *chronic* constipation, which is a major factor leading to pelvic relaxation because of the abdominal and pelvic straining involved. A few minutes of straining per day to move one's bowels, multiplied over many years, actually engenders pelvic relaxation to a greater extent than labor and delivery does. Thus it is imperative to avoid constipation to help prevent the recurrence of the pelvic relaxation.

The combination of undergoing a surgical procedure, anesthesia, and pain medication often leads to *acute* constipation. It is thus recommended that you immediately start on a stool softener such as Colace 100 mg twice daily, in an effort to preclude constipation. Remember, the more pain pills you take, the more likely you are to develop a bowel problem. Therefore, you have to carefully consider the benefit of the pain pill versus the bowel side effects. If you have not moved your bowels on the Colace regimen by the day following surgery, you may take one bottle of Magnesium Citrate. If you still have not moved your bowels by the day after taking the Magnesium Citrate, you may use a 10 mg. Dulcolax rectal suppository, which may be repeated within one hour if no response. All of the aforementioned are available without prescription at any pharmacy.

It is imperative that you be followed carefully in the post-operative period. Most patients are seen approximately 2 weeks after their surgery, again at 6 weeks after their surgery, and one year following the surgery. Please call the office for a follow up visit, specifying that it is a "post-operative" office visit. At the time of the visit, an examination of the operative site will be made to check the progress of the wound healing.