

## VAGINOPLASTY

### **Post Operative Instructions**

If at anytime throughout your post-operative course you have a particular question or concern, never hesitate to contact me. I can be contacted for an emergency day or night at (203) 869-8360. If you are calling from outside the United States, the number is 001 203 869 8360. If you do not hear from me within fifteen minutes, call again. During business hours you will talk to one of the office staff. After hours you will be connected to the answering service and usually we can be immediately cross-connected. Otherwise the answering service will give me your number and I will call you back shortly.

#### **Discharge from the surgery center**

- 1) Occasionally some patients may experience nausea during the care ride to their recovery destination. If the nausea persists, inform your surgeon and appropriate medications can be prescribed.

- 2) HOME/HOTEL

All patients have been given a "pudendal block" at the start of surgery. The pudendal block is a nerve block similar to what you receive at the dentist but the anesthetic is very long acting. The purpose is to provide you with prolonged post-operative pain control lasting 6 to 8 hours. When the anesthetic starts to wear off it's time to take your pain medications. Don't wait. It's always better to keep ahead of the pain.

On occasion some patients will have the sensation of numbness of the inner thigh and the inner aspect of the foot. This is nothing to be alarmed about and it will eventually pass. A small pillow or a rolled towel placed in the small of the back, especially the first night, will alleviate low back pain.

#### **The Evening After Surgery and The First Postoperative day**

You should rest upon returning home or to your hotel after surgery, eat lightly, drink lots of fluids and take your pain medication as prescribed. You will need to take Valium for muscle relaxation to reduce rectal spasm. Finish your entire prescription of antibiotic. To avoid constipation it is imperative you take either one Dulcolax or two tablespoons of Milk of Magnesia daily, Fibercon, a stool softener like Colace 100mg twice daily and drink lots of prune juice for the next several weeks. Avoid binding foods such as bananas and refined carbohydrates. If the stool becomes too loose or watery, back off gradually until it remains soft.

Place a cold soft ice (gel) pack on the perineum (the area between the vagina and the anus) and lower vulvar structures for at least the next 48 hours. This will assist in greatly reducing swelling and provide soothing relief. Do not keep the ice pack on continuously. Place it on the area for 30 minutes at a time. Continue this process until you are ready to retire for the evening. You do not have to use the ice pack while you are sleeping.

Patients tell us that the first sensation of discomfort they feel is when the pudendal block wears off is a vaginal pressure sensation. This is the time to start taking your Toradol (ketorolac). This will work best if you start taking it before the pain becomes too intense. **Toradol should be taken every six hours until completion for maximal effectiveness.** You can supplement it with the mild narcotic as needed. Some patients report a moderate to strong cramping sensation of the vaginal floor. This is normal and due to anticipated post-operative muscle spasm. Take your Valium muscle relaxant together with your pain medication as instructed.

For those patients with catheters make sure the tubing coming from the bladder to the bag does not get kinked or bent. An obstructed flow of urine can lead to significant problems. If the flow diminishes and you feel as if you have a strong urge to urinate, gently push the catheter back into the bladder about one inch. Oftentimes lots of urine empties into the bag and relief is immediate. Empty the bag as needed (every four hours or so). The catheter will be removed on the third or fourth day in the office.

If you experience the urge to urinate from the catheter irritating the bladder, take Azo™ or Uristat™ as needed. It will turn the urine orange-red, so do not be alarmed.

### **If you have a vaginal pack it is removed the morning after surgery.**

Some women after surgery report a worsening of hemorrhoid symptoms or a swelling in the perineal area. This is a self-limited problem that resolves over time.

Basic Instructions for hemorrhoid care:

- Use the pain medication as prescribed.

- Use the Anusol HC (proctozone) rectal cream. One application is to be placed around the anus every 12 hours. This medication contains a steroid which will help the swelling diminish.

- Straining makes hemorrhoids worse.

- Take a stool softener such as Colace 100mg twice a day.

- Make sure your diet is high in fiber, vegetables, and fruit.

- Most importantly, drink lots of water to prevent dehydration.

### **The Second and Third Postoperative days:**

If you haven't started already, apply one gram of estrogen cream into the vagina and on the perineum every evening for the next six weeks to enhance collagen formation and healing. D-More Collagen Perfect gel should be applied every morning and afternoon to the outside perineum to diminish scar formation.

Take your medications as prescribed and completely finish all of your antibiotics. It is important to wean yourself from any narcotic pain relievers as soon as possible. They tend to constipate and interfere with the resumption of bladder emptying. Try to go with Aleve, Advil or Tylenol, but not aspirin.

Showering is fine, but do not take tub baths for three weeks.

Due to the constant pressure on the perineum, it is not unusual to experience a separation of the skin edges, which may occur after the first week. Do not worry: this area will heal perfectly well. During a bowel movement, support the perineum and vagina with your fingers to diminish the pressure to the area. If you haven't had a bowel movement by the end of the second day I advise taking oral Dulcolax or even a gentle Fleet's enema. You want to avoid impaction of stool on the pelvic floor.

#### **The Fourth Postoperative day:**

If you are unable to come to the office, the catheter should be removed in the morning in accordance with the instructions given to you. It is important to try to empty the bladder every 1-1-½ hours, even if you don't feel the urge to do so. Oftentimes a little coaxing is helpful by placing your hands under warm running water or better yet, try to 'let go' in the shower. Don't let the bladder overfill by waiting long intervals between urination in the first 24 hours. On rare occasions the catheter may have to be reinserted.

For several weeks after surgery many women notice an increase in white discharge without itching, burning or odor. This is normal and will end when the healing process is over. If at any time you experience menstrual or vaginal bleeding, high fever or shaking chills, foul smelling discharge, burning with urination or persistent pain beyond what is to be expected, **call the office immediately!**

#### **The Sixth Week:**

Refer to the document **Vaginal Softening and Stretching Exercises.**