



JOHNSON COUNTY OB/GYN, CHARTERED

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TVT DISCHARGE INSTRUCTIONS

WHAT YOU SHOULD KNOW:

Transvaginal bladder neck suspension is surgery to treat stress incontinence (in-kon-tih-nence). Stress incontinence is when urine leaks with straining. This may happen when you are lifting heavy items, coughing, sneezing or laughing. Transvaginal means that the surgery is done through your vagina. The goal of surgery is to move the bladder and urethra back into their correct positions. Doing this may correct stress incontinence. The bladder is the organ that holds urine before it leaves the body. The urethra is the tube that carries urine from your bladder to the outside of the body.

PAIN:

By the time you arrive home, you will experience pain in pelvic area. You will also have some pain in the sides of the abdomen up to your navel. It is also normal to have swelling in the lower abdomen for several weeks. The small incisions are in the lower pelvic area and it takes several weeks before they are back to normal. If you increase your activity and you have a lot more pain, you are doing too much. Try not to do activities to the point that the pain in your pelvic area becomes uncomfortable enough to require pain tablets. Rest, use a heating pad and use common sense on activities.

You will normally be sent home with a narcotic-type pain medication such as Percocet®, which can be taken every 3-4 hours as needed. This medication should be used sparingly and is usually not required after the first couple of days. A second medication you may receive is Toradol® or Anaprox®, which is taken every 6-8 hours. These types of medications work well for muscle pain and should not be taken with aspirin or ibuprofen. You may instead be advised to take over-the-counter ibuprofen (three to four tablets of Motrin® or Advil® every 6-8 hours) at home as this also works well.

APPOINTMENTS:

Call the doctors office at 913-236-6455 in **1-2 days** and make a post-op appointment. You will need to be seen in the office **2 weeks** after you leave the hospital. If problems develop, call and be seen sooner. You can call the surgery nurse at 913-236-1135 for assistance and/or questions. If you're not sure what to do, call the surgery nurse and she will help you.

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ACTIVITY:

Upon arriving home, you should rest as much as possible, at least the first 48-72 hours, with minimal distractions. Many patients find themselves sleeping much of this time, and that is acceptable. You may travel up and down stairs as long as there is not extreme discomfort. You may shower and use the bathtub. Do not lift anything more than **10 pounds** or anything you may have to strain to lift, for 30 days.

You can drive after 7 days, if you feel you can do this safely. You may return to work after 7 days.

TEMPERATURE:

It is normal to have a low-grade temperature after your surgery. However, any temperature above **100.6° F** (or 38.0° C) that is persistent, or any single temperature above **102.0° F** (38.6° C) should be reported to your doctor.

DIET:

You should maintain a very light diet at home for the first three to four days. Eat things that are easy to digest and don't cause gas. Drink plenty of fluids and try to empty your bladder frequently. A mild over-the-counter stool softener such as Colace®, Pericolace®, Miralax® or Metamucil® is a good idea for the first week or so. More difficult cases of gas may require Mylicon® tablets (simethicone), Dulcolax® tablets (docusate) or suppositories, or Milk of Magnesia®.

FOLEY CATHETER:

You may go home from the hospital with a foley catheter in your bladder. This tube drains urine from your bladder. You may feel like you have to urinate. Relax, and the catheter will drain urine for you. Do not kink the catheter tubing because your urine will not be able to drain. Do not lift the bag of urine above your waist. If you do this, the urine will flow back into your bladder and it may cause an infection. You will need to come into the doctor's office to have the catheter removed. Please follow your doctor's instructions on when to come into the office. Call and make that appointment at 913-236-6455.

Your doctor will probably not want you to have a catheter when you go home. Most patients will have delayed recovery if they have a catheter. Your doctor may want you to do self-catheterization if your bladder does not empty after surgery. It is normal for your bladder to not function at normal capacity after surgery. It may take a few weeks for your bladder to start getting back to normal.

Self-catheterization is similar to putting in a tampon. You will be using a small catheter and inserting it into your bladder so the urine can drain out. You can sit on the toilet to do this after you learn how.

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IMPORTANT GUIDELINES TO FOLLOW WHILE CATHETERIZING YOURSELF:

1. Always attempt to urinate on your own before you catheterize.
2. Maintain a fluid intake of at least 60 oz. a day.
3. Do not allow your bladder to become too full with over 20oz. (600cc). If this occurs you should increase the amount of times you catheterize yourself each day.
4. If you are obtaining less than 10oz. (300cc) you should decrease the amount of times you catheterize yourself each day.
5. If you are catheterizing yourself two or more times a day, the two most important times are in the morning when you get up and prior to going to sleep at night.
6. Most women can limit the number of times they catheterize to 2-4 times a day, depending on whether they can pass urine on their own. If you are urinating on your own you may not need to catheterize any more, as long as your bladder is emptying enough.
7. If you have any severe frequency, burning or bladder pain you may have a bladder infection. Call your doctor with symptoms. You can call the surgery nurse if you have any questions or concerns at 913-236-1135.

SUPPLIES YOU WILL NEED:

Female catheter for self catheterization. You can obtain this at the hospital or your doctor's office.

Soap and water

Toilet/container for urine

Water-soluble lubricant (K-Y Jelly®).

Mirror (hand-held)

STEPS FOR SELF CATHETERIZATION:

1. Wash hands
2. Wash off perineal area.
3. Rinse catheter with water for lubrication. You can also use K-Y Jelly if you wish.
4. Spread outer folds of labia with your non-dominant hand and locate the urethral opening. You may wish to use a mirror. Insert catheter (round tip with holes first) towards the lower back. As the catheter is inserted it then can be tipped downwards so the urine will flow into the toilet. The angle is similar to inserting a tampon. If you do not get urine you may be in the vagina. Withdraw the catheter and follow instructions 1-3 again.
5. When done wash your catheter and store in a clean container.

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SPECIAL EXERCISES:

Kegel exercises are done to strengthen your pelvic and vaginal muscles after surgery, and after the catheter is removed. These exercises can help prevent stress incontinence.

Become aware of the muscle by sitting on the toilet to urinate. Practice shutting off your urine flow by tightening your muscles. Then restart the urine flow. Do this several times.

Once you get used to shutting off and restarting your urine flow, practice the exercise without urinating. Before getting out of bed in the morning, tighten the muscle five or ten times. Each time you sit on the toilet to urinate, practice the exercise up to 300 times a day. You may also do the exercise while standing or sitting in a chair. This exercise should not make you feel tired. In time, the muscles will get stronger, and you will be able to have better control when you urinate.

NOTE: If these instructions differ from what you were told, please follow your physician's instructions.