

PETER M. HUGHES, M.D.
Adult and Pediatric Urology
526 Glen Street
Glens Falls, New York 12801
Telephone: (518) 792-5340 • Fax: (518) 792-5908

POST-OPERATIVE INSTRUCTIONS FOR BLADDER SUSPENSION /SLING/RAZ/STAMEY

CATHETER CARE: You may or may not go home with a catheter (tube in your bladder). If you are urinating normally, you probably will not need a catheter. If you are discharged with a catheter call the office as soon as possible for further instructions. If you are not emptying normally, some form of drainage is needed. The options include a catheter from the abdomen (called SP tube), a catheter from the urethra, or a self catheterization routine at timed intervals. These will be discussed with you before you are discharged. The type depends on your individual case and preferences. Separate instructions will be given to you depending on your status. Ask us if you have questions about the catheter management.

DIET: You may return to your normal diet immediately. However, because the bladder surface or lining may be irritable as a result of the surgery, alcohol, spicy foods, caffeine, and cranberry drinks may cause some irritation or sense of the need to void despite the fact the bladder is empty. If these foods don't bother you, however, there is no reason to avoid them in moderation. More importantly is to keep your urine flowing continuously, drink plenty of fluids during the day (8 to 10 glasses). The type of fluids (except alcohol) is not as important as the amount. Water is best but juices, coffee, tea, and soda are all acceptable in moderation.

ACTIVITY: Your physical activity is to be restricted, especially during the first two weeks home. During this time use the following guidelines:

- A: No lifting heavy objects (anything greater than 10 pounds).
- B: No driving a car and limit long car rides
- C: No strenuous exercise, limit stair climbing to a minimum.

BOWELS: It is important to keep your bowels regular during the post-operative period. You may take stools softeners such as Colace, which is found over the counter at any pharmacy, but these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed, such as Milk of Magnesia 2-3 tablespoons, or 2-3 Dulcolax tablets. Call if you continue to have problems.

WOUND: In most cases the incision(s) will have absorbable sutures that will dissolve within the first 10-20 days. Some will fall out even earlier. Expect some redness as the sutures dissolve but this should occur only around the sutures. If there is generalized redness, especially with increasing pain or swelling, let us know.

Medication: Take Motrin (ibuprofen) or Tylenol (acetaminophen) according to package instructions. Motrin and Tylenol do not contain narcotics and are usually tolerated better, that is, fewer side effects. If the pain is not controlled with Motrin or Tylenol, you will have to let us know. You may resume your pre-surgery medication unless told not to do so. If you are on aspirin or blood thinners please check with your surgeon as to when to restart them.

PROBLEMS YOU SHOULD REPORT TO US:

- A: Fevers over 100.5 degrees Fahrenheit.
- B: Heavy bleeding, or clots in the urine, and or in the catheter
- C: Drug reactions (hives, rash, nausea, vomiting, diarrhea).
- D: If you have a catheter and it stops working.

FOLLOW UP:

You should have a follow up appointment 10-14 days following surgery, if you do not have a follow up scheduled please call the office to schedule one. This visit is to check his incisions and progress and to answer any questions you may have.