

## Post-Surgical Care

Surgery	Routine Post – Op	When to be seen
<p><b>Leep / Cone-</b> When a portion of the cervix is removed due to dysplasia or early cancer.</p>	<p>Some yellowish discharge for 2-3 weeks, scant bleeding minimal pain, should not affect periods. No intercourse for at least 4 wks.</p>	<p>Heavy Bleeding (<b>high risk for severe hemorrhage</b>). Foul odor, fevers, pain.</p>
<p><b>D &amp; C, Hysteroscopy-</b> Dilation of the cervix followed by curettage or insertion of a scope to view the inside of the uterus. There are no incisions made.</p>	<p>Some discharge and or bleeding. Will not affect the cycles (hormones), but may affect bleeding. No intercourse for 1 week.</p>	<p>Heavy bleeding, fevers, pelvic pain, foul odor. <b>Risk for uterine infection.</b></p>
<p><b>Laparoscopy-</b> 2-3 1 cm incision made in umbilicus and lower abdomen. Gas is put in to distend abdomen. Cautery of endometriosis, removal of ovarian cysts, or ovaries, appendectomies.</p>	<p>Incisional pain, pain in shoulders or neck from gas under diaphragm. Some bleeding from uterine manipulation. Pain from cautery. No driving while on narcotics. No intercourse for 1 week.</p>	<p>Increasing pain, more than 1 tsp of drainage from incision. Growing redness around incision. Abdominal distension, fevers, <b>Risk for bowel injury, infection.</b></p>
<p><b>TAH / BSO</b> (total abdominal hyst / bilateral salpingo oophorectomy – Abdominal incision with removal of uterus and ovaries.</p>	<p>Incisional pain and pelvic cramps. Should need narcotics for 1 wk or so. With removal of ovaries will enter menopause, with in 48 hours (hot flashes). Even without removal of ovaries may have period of time when has hot flashes. Some spotting, some yellowish discharge. No intercourse until they are seen. Sit in bath within 3-4 days post op.</p>	<p>Bleeding, fevers, foul odor. Increased vaginal drainage that seems like urine. Kidney pain, flank pain. <b>Risk for infections, fistula / bladder injury, ureter injury.</b></p>
<p><b>A &amp; P Repair –</b> Anterior bladder, Posterior Rectum repair of dropped bladder or rectum incisions in the vagina</p>	<p>Incisional pain, scant bleeding bladder spasms with uncontrolled leaking of urine. Should have a BM in 4 days post – op may be very painful for first BM. Stool softeners recommended – no enema unless you ask MD. Narcotics may cause constipation.</p>	<p>Bleeding, fevers, foul odor, inability to void or have BM. <b>Risk for bladder injury, infection, bladder obstruction.</b></p>
<p><b>TVT –</b> Tension Free Vaginal Tape, suspension of bladder neck with mesh. Incision in the vagina with 2 holes next to pubic bone. (<b>TVT and sling are the same thing, different from A &amp; P Repair, Berch done abdominally</b>)</p>	<p>Minimal incisional pain, some pubic pain and bruising. May leak urine because of bladder spasms and inflammation. But will get better. Some trouble voiding. Some yellowish discharge.</p>	<p>Bleeding, fever, inability to void, advanced bruising. <b>Risk of bladder injury or obstruction, bleeding behind pubic bone.</b></p>

**TVH** – Vaginal hysterectomy.  
Removal of uterus through the  
vagina (total means you take the  
cervix – not the ovaries) Incision  
only in vagina

Narcotic requiring pain for about  
1 week – more pain if includes A  
& P. Yellowish discharge, scant  
bleeding. Some low back pain.  
Hot flashes if take ovaries. No  
intercourse until seen. Can take  
baths in about 3-4 days.

Bleeding, fever, pain, flank pain,  
**Risk of infection, bladder  
injury, injury to ureter.**