



Post operative instructions for a Vaginal Hysterectomy

Activity and Incision Care

You may resume most normal activity as you feel up to it. You may find certain activities such as climbing stairs and lifting objects difficult and painful over the first week, but you are allowed to perform these activities as long as you feel up to it. However, we recommend not driving for at least two weeks after your surgery.

There is a suture line inside at the end of the vagina. You should expect some light vaginal bleeding. To allow healing, avoid placing anything in the vagina (tampons, douching, sexual intercourse) until we see you back.

Pain relief and Other Medications

Abdominal pain should improve gradually. Generally speaking, we recommend using non-- narcotic pain relievers such as ibuprofen (Advil), naproxen (Aleve), and acetaminophen (Tylenol) along with a narcotic pain medication. You will be given instructions and prescriptions for the correct use of these medications when you are discharged home. Narcotic medications can cause dizziness and sleepiness, and they may become addicting. Use them with caution. Call us if your pain is not adequately controlled or increases suddenly.

Other medications you were taking before the surgery are generally restarted after surgery, but please review your medication instructions and ask if you have any questions about this.

Things to watch and call for:

If your vaginal bleeding becomes heavier, or if you develop a foul smelling vaginal discharge.

If you develop a fever greater than 100.0 degrees.

If you develop nausea or vomiting, or if you have trouble having a bowel movement.

If your abdominal pain starts getting worse, or if you notice pus or foul smelling drainage from your incisions.

If you have trouble urinating, burning when you urinate, or feel the need to urinate very often.

If you have new and sudden chest pain, difficulty breathing, or cough up blood.

Please call if you have any concerns or questions not covered here.

Return or a post-operative visit in _____

Your Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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