

**PREOPERATIVE PATIENT INSTRUCTIONS
FOR VAGINAL PROLAPSE REPAIR, VAGINAL RECONSTRUCTION,
AND SLING SURGERY**

You have elected to proceed with surgical correction for vaginal prolapse and possible voiding dysfunction/incontinence under the care of Urology Associates. Remember, any vaginal or pelvic reconstruction in women can result in changes in urinary or bowel habits as well as sexual function. Almost always these changes are temporary but need to be addressed before the operation and in the immediate postoperative recovery period. These surgeries can be performed either by a strictly vaginal route or by a combined abdominal and vaginal route, which would require an incision in the abdominal area as well. Remember the following helpful points in preparing yourself for surgery:

1. Stay away from aspirin or aspirin-like products for one week (seven days) prior to the date of the operation.
2. If this is a combined procedure with Urology Associates and your gynecologist, make sure you know which physician is ultimately responsible for your operative and postoperative care while you are in the hospital.
3. If any changes in urinary habits or things that might be suggestive of a urinary tract infection arise, please notify Urology Associates ASAP before your operation. It is important not to proceed to the operating room for an elective procedure with potentially infected urine. If there is an infection, surgery may need to be delayed, postponed, or at least done under more aggressive antibiotic therapy.
4. While the bowels themselves are not specifically being operated on, it is very helpful to cleanse the lower bowel and rectum with a "limited bowel prep" the night before the operation.

Fleet's enemas (x 2) the night before and the morning of the operation can sometimes be helpful for patients who are very "regular."

5. If you have more significant bowel issues such as longstanding constipation, this may require one bottle of magnesium citrate to fully empty the lower bowel and colon starting at noon the day before the operation.
6. Remember- nothing to eat or drink after midnight the night before your surgery.
7. Make sure that you understand exactly what portions of the vaginal prolapse are going to be addressed and therefore repaired in the operation. The different ways the surgery can be performed will obviously limit sexual activity for roughly six to eight weeks after the procedure and may contribute to difficulty and pain with bowel movements immediately following the procedure for two to three weeks. It is important to prevent constipation in the postoperative period rather than treat it.

Use a stool softener such as Docusate Sodium or Colace or fiber (Metamucil or Citrucel) daily for the first few weeks after the operation.

[Continued on Next Page]

8. If any changes occur to your daily medicines or longstanding medical problems, please notify Dr. Bruce prior to your operation.

9. It is very common for the anesthesia team from the hospital to contact you to arrange for a preoperative visit or time for you to arrive at the hospital to obtain preoperative blood tests, EKG, and chest x-ray to prepare you for surgery and to proceed with the signing of Consent.

10. If any questions arise regarding surgery scheduling and the timing of surgery, contact Kay Miller at 244-0161, Ext. 27.

11. If any questions arise regarding the specific natures of the operation, preoperative, intraoperative or postoperative instructions, please give the office a call at 244-0161.

Remember, reconstructive procedures are an elective surgical maneuver that are frequently very helpful in alleviating the common and sometimes severe problems of vaginal prolapse, pressure, urinary problems, incontinence, and sometimes bowel problems. Immediately after the operation, however, there is Much needed time for healing, and pelvic reconstruction may, be likened to "industrial landscapers" that may rearrange your yard and landscaping; initially after the procedure(s), things may not look or act as good as they will "a season later" after healing and growth has occurred!