

# Fertility & Midwifery Care Center



## *Surgery Instructions*

### **Da Vinci Robot Assisted Sacral Colpopexy**

These instructions are intended to address the majority of questions that arise related to your surgery. If there appears to be a conflict between these instructions and those given to you by the hospital, please follow these instructions. If there is any doubt and/or additional questions, please feel free to contact our office by calling **260-222-7401**.

#### **Before Your Surgery**

---

During this surgery, the da Vinci robot will be used to suspend your pelvic organs (bladder, vagina, and rectum) to the sacrum bone as a result of a condition known as “Pelvic organ prolapse.” This is accomplished through four (4) or five (5) small, dime-sized incisions on your abdomen.

It is critical to properly prepare the intestinal tract before this surgery. This is done to make manipulating or positioning the intestinal track during the surgery easier. Most importantly, this bowel preparation regimen would allow for the safe repair of a bowel injury should it occur during the surgery.

**On the day before your surgery** you are to have only **clear liquids**. Examples include juice, tea, coffee, carbonated beverages, gelatin, popsicles, sport beverages and bouillon. ***Specifically, do not consume any milk, dairy or RED products.***

- **At 1:00 PM** on the day before your surgery take four (4) Dulcolax® tablets. Dulcolax® may be purchased without a prescription and found at most pharmacies.
- **At 2:00 PM** mix Miralax® 238 grams into 64 ounces of water or Gatorade® and drink one (1) eight (8) ounce glass of the mixture every 30 minutes. This should require approximately four (4) hours to consume the entire mixture. Please do your best to drink all of the mixture if possible. At some point during the four hours you will begin experiencing bowel movements of soft stool and likely diarrhea later. This will likely continue for several hours.
- **After midnight**, you are to have nothing to eat or drink. You may be instructed to take any medications you regularly take with a small amount of water the morning of your surgery. If you take insulin for diabetes, please make certain you understand how Dr. Stroud wants you to manage this medication on the morning of your surgery.

## After Your Surgery

---

After surgery you will recover in the post-operative recovery room, where you will remain for approximately one hour. You will then move to the *Pre-Post* area, the same area where you received your pre-operative medications and began the morning. Once you are fully awake and recovered from the anesthesia you will move to a regular hospital room. Most patients sleep overnight in the hospital and are ready to go home the next morning. A nurse from our office will see you the morning following your surgery and make certain you are ready to go home.

Dr. Stroud will want to see you approximately two (2) weeks and six (6) weeks following your surgery. Please call our office to schedule these follow-up appointments if you don't have them scheduled prior to the surgery.

Take your pain medication as directed and resume taking any medications that you were taking prior to the surgery unless Dr. Stroud has directed you otherwise. In general, pain medication should not be taken on an empty stomach. There is no advantage to not taking pain medication following surgery. In fact, pain often slows the recovery process, so please take your pain medication as needed.

Following surgery you may eat the foods you normally eat, but you may find that frequent small meals are best tolerated during the first few days following your surgery. It is particularly important to drink adequate amounts of liquids following surgery and to rest often.

You may remove any bandages the day following your surgery and shower/bathe as you desire. If covering your incision(s) with a bandage makes you more comfortable, feel free to do so. A small amount of redness and/or inflammation at the incision site(s) is very common. If you notice this, clean the site(s) daily with hydrogen peroxide. Some patients find it helpful to dry their incision site(s) with a hair dryer on the cool setting. There are no restrictions on bathing or swimming in pools or lakes following your surgery. If you have questions or concerns about your incision site(s) don't hesitate to contact the office.

Dr. Stroud asks that you refrain from driving a vehicle for at least two weeks or until you are no longer taking narcotic pain medications, whichever is longer. **It is critical that you refrain from sexual intercourse for at least six weeks following surgery due to the risk of damaging the repair at the top or apex of the vagina.**

You may restart your regular exercise routine as you feel appropriate, with the exception of heavy lifting. However, don't be surprised if your endurance is not what it was prior to your surgery. Return to exercise slowly and gradually increase the frequency and intensity based on how you feel. In general, if a given activity causes pain, refrain from that activity for a few days then try again.

Following this surgery, it is very common to experience light vaginal spotting (less than a menstrual period) and/or a blood-tinged vaginal discharge during the first 7-10 days following surgery.

Dr. Stroud asks that you **refrain from heavy lifting or straining for at least six (6) weeks** following your surgery. Unless Dr. Stroud has advised you otherwise, there are no specific restrictions on climbing stairs, or other activities beyond heavy lifting and straining. Again, proceed slowly based on how you feel and, "Listen to your

body...” If you are ready to return to work before your six (6) week appointment and you need a work release letter from Dr. Stroud, please contact our office and we will be happy to take care of this for you.

---

**Call us at 260-222-7401 if you experience any of the following**

- Fever *above* 101.5° F
- Nausea or vomiting *unrelated* to pain medication
- Abdominal or pelvic pain that is *not relieved* by pain medication
- Prolonged vaginal bleeding that is heavier than your usual menstrual bleeding
- Large amounts of vaginal discharge beyond the initial 3-5 days following surgery
- Inability to urinate