



# Las Vegas Urogynecology

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## WHAT TO EXPECT AFTER ROBOTIC SACROCOLPOPEXY SURGERY

Immediately after surgery you will be taken to the Recovery Room then transferred to your hospital room once you are fully awake and your vital signs are stable.

- **Post Operative Pain:** Pain medication can be delivered and controlled by the patient via an intravenous patient-controlled analgesia (PCA) pump, or by injection (pain shot) administered by the nursing staff. You may experience minor transient shoulder pain (for 1-2 days) related to the carbon dioxide gas used to inflate your abdomen during the laparoscopic surgery.
- **Bladder Spasms:** Bladder spasms are commonly experienced as a moderate cramping sensation in the lower abdomen or bladder, and are common after colposuspension. These spasms are usually transient and often decrease over time. If severe, medications can be prescribed by your doctor to decrease the episodes of these spasms.
- **Nausea:** You may experience transient nausea during the first 24 hours following surgery, which can be related to the anesthesia. Medication is available to treat persistent nausea.
- **Urinary Catheter:** You can expect to have a urinary catheter (Foley) draining your bladder (which is placed in the operating room under anesthesia) for approximately 1-2 days after the surgery. It is not uncommon to have blood-tinged urine for a few days after your surgery.
- **Vaginal Packing:** Vaginal gauze packing is routinely placed at the end of the operation while the patient is under anesthesia. This packing will typically be removed the next day.
- **Diet:** You can expect to have an intravenous catheter (IV) for 1-2 days. (An IV is a small tube placed into your vein so that you can receive necessary fluids and stay well hydrated; in addition, it provides a route to receive medication.) Most patients are able to tolerate clear liquids the first day after surgery and a regular diet the following day. Once on a regular diet, pain medication will be administered by mouth instead of by IV or a shot.
- **Fatigue:** Fatigue is common, and should start to subside in a few weeks.
- **Incentive Spirometry:** You will be expected to do some very simple breathing exercises to help prevent respiratory infections by using an Incentive Spirometry Device (these exercises will be explained to you during your hospital stay). Coughing and deep breathing are an important part of your recuperation, and help prevent pneumonia and other pulmonary complications.

- **Ambulation:** On the day after surgery it is very important to get out of bed and begin walking with the supervision of your nurse or family member to help prevent blood clots from forming in your legs. You can expect to have SCD's (sequential compression devices) along with tight white stockings on your legs to prevent blood clots from forming in your legs while you are lying in bed.
- **Hospital Stay:** Length of the hospital stay for most patients is 1-2 days.
- **Constipation:** You may experience sluggish bowels for several days to a week after surgery. Suppositories and stool softeners may be given to help with this problem. Taking one teaspoon of mineral oil and milk of magnesia at home will also help to prevent constipation.

## **POTENTIAL RISKS AND COMPLICATIONS**

Although laparoscopic colposuspension has proven to be very safe, as in any surgical procedure there are risks and potential complications. Potential risks include:

- **Bleeding:** Although blood loss during this procedure is relatively low compared to open surgery, a transfusion may still be required if deemed necessary, either during the operation or afterwards during the postoperative period.
- **Infection:** All patients are treated with intravenous antibiotics prior to the start of surgery to decrease the chance of infection from occurring within the urinary tract or at the incision sites.
- **Adjacent Tissue/Organ Injury:** Although uncommon, possible injury to surrounding tissue and organs, including bowel, vascular structures, pelvic musculature and nerves could require further procedures. Transient injury to nerves or muscles can also occur related to patient positioning during the operation.
- **Hernia:** Hernias at the incision sites rarely occur since all keyhole incisions are closed under direct laparoscopic view.
- **Conversion to Open Surgery:** The surgical procedure may require conversion to the standard open operation if extreme difficulty is encountered during the laparoscopic procedure (e.g. excess scarring or bleeding). This could result in a standard open incision and possibly a longer recuperation period.
- **Urinary Incontinence:** Pre-existing urinary incontinence will typically be addressed at the time of surgery with a bladder sling suspension; however, minor incontinence may still exist, which typically resolves with time. On occasion, medication may be required.

- **Urinary Retention:** As with urinary incontinence, postoperative urinary retention is uncommon, and usually is present in patients who undergo concurrent bladder sling suspension. Temporary intermittent self-catheterization may be required postoperatively.
- **Vesicovaginal Fistula:** A fistula (abnormal connection) between the bladder and vagina is a rare complication of any pelvic surgery involving the vagina, uterus and bladder. A vesicovaginal fistula typically manifests with symptoms of continuous urinary leakage from the vagina. Although rare, these fistulas can be managed conservatively or by surgical repair through a vaginal incision.

### **WHAT TO EXPECT AFTER DISCHARGE FROM THE HOSPITAL**

- **Pain Control:** You can expect to have some incisional discomfort that may require pain medication for a few days after discharge, and thereafter Tylenol should be sufficient for to control your pain.
- **Showering:** You may shower at home. Your incision sites can get wet, but must be padded dry after showering. Tub baths can soak your incisions, and therefore are not recommended in the first 2 weeks after surgery. You will have adhesive strips across your incisions. They will either fall off on their own or can be removed in approximately 5-7 days. Sutures underneath the skin will dissolve in 4-6 weeks.
- **Physical Activity:** Taking daily walks is strongly advised following surgery. Prolonged sitting or lying in bed should be avoided, and can increase your risk for forming blood clots in your legs, as well as developing pneumonia. Climbing stairs is possible, but should be limited. Driving should be avoided for at least 1-2 weeks after surgery. Absolutely no heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for six weeks, or until instructed by your doctor. Most patients return to full activity an average of 3 weeks after surgery.
- **Sexual Activity:** If a vaginal incision is required during surgery, you may feel pain during intercourse. Therefore, you should abstain from sexual activity for 4-6 weeks after surgery.
- **Diet:** No restrictions. Drink plenty of fluids.
- **Medications:** You can resume your usual medications after surgery, with the exception of aspirin or other blood thinners, which can increase the risk of bleeding.
- **Follow-Up Appointment:** You will need to call soon after your discharge to schedule a follow-up visit for 2 weeks after your surgery with your doctor.