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Post-operative Information – Please Read!

Section One: What to expect in the hospital

Depending upon what type of surgery you had, you may need to stay in the hospital overnight. When you are in your hospital room, your nurse will orient you to the room's amenities. The nurse will instruct you as to how to use an incentive spirometer. Use of this device is extremely important. It helps keep your airways open to prevent pneumonia. The nurse will also help you get up and out of bed. Walking after surgery is important to prevent pneumonia, blood clots and to help your bowels start moving again.

Section Two: When you go home

When you are discharged home, you will be given instructions to avoid straining against your pelvic floor. This means no straining with bowel movements and no heavy lifting!

- **Do not lift anything heavier than 10 lbs for the first six weeks after surgery.** After the first six weeks and from that point on, it will be important to avoid lifting anything heavier than 25 lbs.
- **To keep your bowel movements soft and regular,** you can take either or both of the following:
 - Miralax 1 capful mixed in any form of liquid or mixed into soft foods such as mashed potatoes or applesauce up to twice daily
 - Colace 100mg twice daily
- You will be given these in the hospital, and should continue them at home. If you have not had a bowel movement by the fourth day after your surgery, please call Dr. Allen's office
- Avoid laxatives unless instructed by Dr. Allen or her office staff

Diet: At home, avoid eating heavy or spicy foods for the first two weeks. Keep your diet focused on soft, easy-to-digest foods such as oatmeal, mashed potatoes, pasta, etc. Ribeye steaks and Mexican food are not soft nor easy to digest! Gradually increase your diet from the third week on.

Activities: If you have stairs in your home, avoid going up and down the staircase more than once a day for the first two weeks. And have someone help you with the stairs during those first two weeks – do not attempt to do this alone!

Avoid repetitive 'to-and-fro' or 'push-and-pull' movements for the first six weeks. These include activities such as vacuuming and sweeping. Enjoy your time off!

Avoid squatting and bending over. Avoiding these movements will avoid excessive strain on your pelvic floor and low back. Have someone help you pick things up off the floor, or you can purchase a handheld reacher/grasper to help you. Do not bend down to lift your little loved ones up – sit down on a chair and have them climb into your lap.

Avoid intercourse or tampon use for six weeks. No vaginal creams/medications unless prescribed by your doctor.

No tub baths or swimming until cleared by Dr. Allen. Showers are okay.

Driving: Do not drive for two weeks after your surgery. If you are still taking narcotic pain medications after those two weeks, you still can not drive. You may begin driving again when you are no longer taking narcotic pain medication.

Dr. Allen or her staff will need to see you for a postop visit in her clinic at some point following your surgery. Please make sure you have this appointment scheduled!

Section Three: When to call the doctor

- You have a temperature of 100.4° or higher.
- You experience severe abdominal pain even after taking the pain medication prescribed.
- If you experience vomiting and are unable to keep down fluids or food.
- If you experience diarrhea for more than 24-48 hours.
- If you have not had a bowel movement within four days of your surgery.
- If an incision has a foul odor, is red and warm, has opened up, or is draining more than it was when you left the hospital.
- If you have any signs of a urinary tract infection: painful or frequent urination, urgency, foul odor, low back pain
- If you are unable to urinate or do not feel that your bladder is empty after urination.
- If an extremity becomes red and warm, swollen, and painful.