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## **GOING HOME – VAGINAL OPERATIONS**

This advice includes operations such as vaginal repairs with or without mesh, tensionfree vaginal tapes and vaginal hysterectomy.

After your operation you will spend a variable period of time in hospital on the exact nature of your surgery. You will usually have some idea of an approximate length of stay but obviously this varies from patient to patient and depends on a number of circumstances. Dr Frazer will normally have a reasonable idea of how long your hospital stay is likely to be once the surgery has been completed and will be able to give you some indication on the first day after the operation. In general terms you will be discharged home when it is considered that you will be able to cope with looking after your self on a day to day basis. This will also depend on how much help you may have available at home.

### **PAIN RELIEF**

Most patients will require some pain relief following surgery and it is important to realise that requirements for pain relief can vary considerably between patients even when they have had the same operation. Multiple operations may have increased need for pain relief. You must tell the nurses and Dr Frazer whether you are happy with the pain relief in hospital because this is an important guide to what may be required once you are discharged home.

Pain medication is usually much more effective when taken regularly from the start rather than waiting until the discomfort is severe and then taking the medication. For the first 48 hours home we would recommend you take advised medication 2 or 3 times per day (as indicated) and particularly before going to bed. After this initial 2 days the medication can be taken more irregularly on an "as required" basis. Often simple paracetamol 2 tablets 4-6 hourly is all that is needed.

### **BOWEL FUNCTION**

Constipation after any operation is a very common problem. It is due to a variety of factors, including, low intake of food, immobilisation, administration of drugs (particularly strong painkillers) and often there is a problem with constipation that is pre-existing. General advice would be to maintain a good fluid intake (6-8 glasses a day) with a normal varied diet. If you have a problem with slow bowels even before the operation it may be advisable to use a gentle preparation such as MOVICOL, one sachet at night starting 3 nights before hospital admission and continuing for a week after the operation. This can be purchased from a local pharmacy over the counter. If you already take laxative medication this should not be stopped but continued to be taken as normal. Movicol can still be taken as well. Some operations may require special bowel preparation and you will be informed if this is so in your case. Early mobilisation after your operation will be encouraged and this should also help.

Difficult constipation and stubborn problems may need stronger medications and occasionally, the administration of enemas. This should not be necessary if the above advice is followed.

**Website:** <http://www.malcolmfrazer.com.au>



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## **BLEEDING AND DISCHARGE AFTER THE OPERATION**

Some bleeding and discharge after vaginal procedures is normal and should not be alarming. Depending on extent of the surgery this loss may continue for as long as 2 weeks. It should gradually darken with time. If a loss is associated with feeling unwell, hot or feverish or produces an unpleasant odour, then the possibility of an infection should be borne in mind and advice sought either from your own GP or by phoning Dr Frazer's rooms (55649300 during office hours). After hours or weekends advice is available from A & E at Pindara Hospital and Dr Frazer (or a specialist colleague) will generally be informed if the situation is serious.

The stitches used inside the vagina are called vicryl and this material is usually dark-coloured and designed to last up to 6 weeks in tissues before it dissolves. You may be aware of stitches and may even see some suture material coming away after some weeks. This is a normal process and you should not be concerned.

## **PHYSICAL ACTIVITIES AFTER DISCHARGE HOME**

The level of physical activity after discharge varies from procedure to procedure. In general – more “major” procedures require longer periods of restricted activities. Your energy levels will usually be lower than before the operation and this is a normal stress response of the body to trauma. It is nature's way of telling you to slow down! You may need to take naps in the afternoon.

Normal walking and getting around the house and shops (including climbing stairs) are all perfectly acceptable once good pain relief is achieved. Longer walks and more strenuous activities such as housework should be avoided for up to 4 weeks. This is because more vaginal operations are successful by laying down scar tissue and early return to strenuous activities can affect this process. Care should be taken lifting any weight above 5kgs until healing is complete. Six weeks after an operation scar tissue has 85% of its original strength, it may take another 3 months to recover strength completely. Intercourse can usually be resumed safely 6 weeks post-operatively (this is when sutures have generally disappeared. If you are still having periods then you should use external pads rather than tampons until 6 weeks after the operation.

You should follow the advice given in terms of physiotherapy exercises following the operation.