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## **GOING HOME – ABDOMINAL OPERATIONS**

This general advice includes operations where an incision is made in the tummy – such as operations on the ovaries, sacrocolpopexy, abdominal paravaginal repair, colposuspension and abdominal hysterectomy.

After your operation you will spend a variable period of time in hospital depending on the exact nature of 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 yourself 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 prescribed 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.

You will normally be discharged home with capadex tablets - 2 to be taken 4 to 6 hourly.

## **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 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 1 sachet at night starting 3 nights before hospital admission and continuing for a week after the operation. 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 be uncommon 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 from the wound for the first week may be normal and should not be alarming. If any loss is associated with feeling unwell, hot or feverish or produces an unpleasant odour, with redness and swelling of the wound, 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 at 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 stitch used to close the wound is called monocryl and should be virtually invisible. It does not need to be removed. Dr Frazer rarely uses metal staples but may do in certain circumstances. You will be informed if this is case. They will need to be removed approximately 6 days after the operation and arrangements will be made for this to happen if need be. The procedure is painless and quick and usually performed in Dr Frazer's rooms.

## **PHYSICAL ACTIVITES AFTER DISCHARGE HOME**

The level of physical activity after going home 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 usually 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 many operations work by laying down scar tissue and early return to strenuous activities can affect this process. Care should be taken lifting any weight above 4 kgs 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 4-6 weeks post operatively. Showers can be taken immediately but soaking in a bath, spa or pool should be delayed until 4 weeks post-operatively so as not to affect the healing of the wound.

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

Dr Frazer and his staff and the staff at Pindara Hospital hope you have a completely uneventful post-operative stay but would encourage you to voice any concerns you may have regarding your stay or any confusion or unclear advice you may have been given. Remember – everyone is different and there is no one recipe