



**ST. MICHAEL'S
HOSPITAL**
Dún Laoghaire

Pelvic Floor Centre

Preparing for your surgery



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Elective surgery allows the opportunity for patients to prepare themselves before surgery. How well you prepare for elective pelvic floor surgery can influence and enhance the outcome. For this reason we recommend the following:

- Be well educated about the planned surgery you are having
- Have optimised pelvic floor muscle function preoperatively
- Eat a nutritionally balanced diet
- Take regular exercise
- Make sure you are getting enough sleep
- Adhere to dietary and lifestyle advice that you have been given
- Manage your bowels and avoid constipation
- Have plans and supports in place to ensure you can rest, recover and adhere to post operative advice.

In order to reduce the risk of complications there are a number of ways that you yourself can prepare for the surgery

- Maintain a healthy BMI (body mass index)
- Stop smoking- smoking increases anaesthesia related risks and delays wound healing

- Ensure any medical conditions are well controlled i.e. blood pressure, asthma etc.
- It may be a good time for a dental review to ensure that any loose/ broken teeth or crowns are attended to.

Before the operation

Preoperative Assessment Clinic

Most patients having surgery will be asked to attend for a preoperative assessment. This is to:

- Ensure you are as fit as possible for the anaesthetic and the surgery
- Inform you of what the surgery involves
- Inform you of what type of anaesthetic you will be given
- Ensure your willingness for surgery

During this visit the nurse will check your blood pressure, temperature, body mass index and your pulse. Various other tests may be required depending on your age and underlying health problems.

It is important that we are aware of any allergies and medications you are currently taking including any herbal supplements.

A consult with the anaesthetist may be necessary or referral on to another specialist if this is the case, this will all arranged and be explained to you as necessary.

Covid-19 and surgery

A Covid-19 test is required on any patient having surgery. This appointment will be arranged for you. It is important to minimise your interactions after your test to avoid potential exposure or contact with Covid-19.

Day of surgery

Your admission letter from the hospital will detail the date of your operation, and what time you need to arrive.

Please take the time to read this letter and familiarise yourself with what you are required to do (fasting etc.) and what to bring with you into hospital on the day of surgery.

You will be admitted onto the ward by both nursing and medical staff and consented for the operation you are having.

You may be asked the same questions by several different people. This is also an opportunity for you to ask any questions about the surgery that you may have.

Shortly before you are called to theatre you will be asked to get into a hospital gown and empty your bladder.

Anaesthesia

You will be put asleep and monitored by the anaesthetist and anaesthetic staff in theatre. After surgery you will be monitored in recovery until you are comfortable and ready to return to the ward.

After the operation

Pain relief

You will have been given pain relief while under anaesthetic and more will be given on the ward should you require it. Most patients are not over-troubled by pain following pelvic floor surgery.

Intravenous cannula/ Drip

You may have a drip in your arm after the operation. This is to keep you hydrated and will be removed as soon as you are drinking normally. It is occasionally left in if you require antibiotics.

Catheter

Most patients after pelvic floor surgery will have a urinary catheter in your bladder for 48 hours. Once this is removed you will be able to pass urine as normal. Your urinary output will be measured by the nursing staff who will also do a bladder scan to ensure adequate bladder emptying.

Occasionally temporary catheterisation or intermittent self catheterisation may be necessary for a few weeks if bladder emptying does not resume.

More information will be given on this should the need arise.

Vaginal pack

The vagina is usually packed with a length of gauze to provide compression and to reduce any bleeding in the vaginal tissues post operatively.

Whilst it may feel strange and uncomfortable this will be removed 48 hours after surgery.

Preventing deep vein thrombosis

After surgery patients are at an increased risk of developing blood clots. To prevent this you will be fitted with a pair of compression stockings for the duration of your stay in hospital.

These stockings can be removed for showering but should be put back on as soon as you are dry again. You will also receive a daily injection of a medicine to prevent the development of blood clots.

Early mobilisation is encouraged and short walks around the ward are encouraged.

Breathing exercises and coughing

Breathing exercises can help to prevent post operative lung complications. Breathe in deeply to expand the bases of your lungs, hold for a few seconds, then relax as you breathe out.

Repeat 10 times every hour. If you need to cough, support your pelvic floor with your hand over a sanitary pad on the perineum before coughing, or sneezing.

Eating and drinking

You should be allowed a light diet within a few hours of returning to the ward. Be aware that nausea is common after waking up from surgery but passes reasonably quickly, medication to treat your nausea is available should you need it.

Constipation

Constipation can be a common problem following surgery. Before and after your surgery ensure you are eating plenty of fruit and fibre and drinking plenty to keep the stools soft.

It is important to avoid straining to pass a bowel motion after surgery to avoid vaginal pressure and allow healing to occur.

Going home

Most patients will remain in hospital for 1 to 5 nights. In order for successful outcomes it is really important that you have plans in place so that that you can adhere to the specific post operative advice.

Your next steps will be covered in our leaflet 'Pelvic floor surgery—Post operative instructions'.

SVHG document control

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