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Postoperative instructions for surgery to correct stress urinary incontinence and pubovaginal sling surgery to correct stress urinary incontinence

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Preoperative Evaluation: Before surgery, two tests are required. These tests are 1.a kidney ultrasound and 2. a urodynamic test. The ultrasound is a non-invasive evaluation of the kidneys in which a radiologist looks at the anatomy of the kidneys with a wand that is rubbed over your back. No dye is injected, no radiation is needed, and you will not need precertification from your insurance company. Our office will provide you with the names of the radiologists that we often use, but it can be done at a local office that is convenient to your home or work. Please bring the request from our office to the radiologist on the day of the test so that the results can be forwarded to our office.

The urodynamic test is done by me in our office on 245 East 54th street. You come to the office as if it is a regular visit; you can eat first, you can come in if you have your period, and no preparation is needed. I will need to insert a small catheter into your bladder through your urethra, while another catheter is inserted into the rectum. Although this doesn't sound pleasant, it does not hurt. After the tubes are taped into place, I will slowly infuse water into your bladder through the urethral catheter, while the bladder and rectal pressures are recorded on a computer screen. You are not required to drink water for the test. This information is useful for assessing bladder function prior to surgery.

Before surgery, you will need to obtain preoperative clearance from your internist who will perform a physical exam, lab work, an EKG and a chest xray. This information is essential for safe anesthesia and an uncomplicated operation. Stop aspirin, Plavix, coumadin, and ibuprofen one week prior to surgery.

Scheduling Surgery: I operate at Lenox Hill Hospital, located on 77th street between Park and Lexington Avenues, and New York Hospital, located on 68th and York. My surgical days are Wednesdays and Thursdays. Once you have decided when you want your operation, call Inez or Angela C. at my office to schedule it so that a date can be secured. We need at least three weeks' notice to obtain all of the necessary preoperative clearances. The more notice we have, the more likely we are to obtain your requested time. The operating room schedules at both hospitals fill quickly. Plan to stay overnight.

Surgery: All prolapse surgery that I perform includes an incontinence surgery, regardless of the presence of incontinence at the time of surgery. This is because prolapse patients are at a high risk of

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developing stress incontinence once the bladder is relocated behind the pubic bone in its original anatomic position. To avoid the possibility of a second surgery, a pubovaginal sling is inserted at the time of the bladder repair. The operation is performed entirely through the vagina.

The bladder and urethra are supported by a sheet of nylon mesh, called Prolene. It is the same material used to repair abdominal wall and inguinal hernias. The mesh is placed under the bladder like a hammock and is covered by the vaginal skin, so that you cannot see it or feel it. The mesh is not absorbed by your body, so it lasts a lifetime. It will scar into place and remain fixed.

The sling under the urethra is made of a separate piece of the same nylon material. It is secured in place through a tiny puncture above the pubic bone in the pubic hair. You will feel this suture after the operation, which will dissolve within about two months. The scar is tiny and is hidden by the pubic hair.

Hospital Course: Do not eat or drink anything after midnight on the day of the surgery—that includes water, juice, coffee, and tea. The only exception is if you take medication. You can take your pills with a sip of water on the morning of surgery. **We cannot perform the surgery if you ingest anything other than your medications on the day of surgery.**

You will come to the hospital on the day of the surgery. After being admitted by the nursing staff, you will speak to the anesthesiologist about the type of anesthesia that is recommended. The surgery is done under either general or spinal anesthesia. While both options are safe and effective, the ideal choice is dependent on individual factors which the anesthesiologist will discuss with you at that time. I am available for that discussion as well. The surgery takes anywhere from 50 minutes to 1 and 1/2 hours, depending on what needs to be repaired. When you awaken, you will have a packing in the vagina and a catheter coming out of the bladder. These will remain in place overnight. You are transferred to the recovery room where you will come out of anesthesia. You will be there for two to four hours before being moved to your room. Once in your room, you can eat and drink at will. Most people spend the day sleeping, and have very little appetite. Pain medications are available for relief when they are needed.

Family members can come with you to the hospital, but they will not be able to see you for up to two hours after the surgery is completed. If you come to the hospital by yourself, I will call your family at the completion of the operation and let them know when they should come to the hospital to see you.

Private rooms are often available at both hospitals, but they are at additional cost not covered by insurance. If you want a private room, it is requested when you come into the hospital. Let the admitting nurses know of your interest and they will help with the arrangements.

The following morning, the catheter and packing are removed by the residents at 7:00. You can eat breakfast, walk around, urinate, and go home. It will take two to four hours for the bladder to fill with urine, so don't try to empty immediately. You need to eliminate 250cc before leaving, either all at one time or in fits and spurts. The nurses will provide a receptacle that fits on the toilet into which you will empty. If you cannot urinate, you will be discharged home with a catheter attached to a leg bag. I will

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take the catheter out on Monday in the office. Approximately 10% of women will not be able to urinate in the hospital and will need to go home with a catheter. Plan to be picked up by about noon the day after surgery.

At Home: Once you get home, I have no restrictions. You can shower and bathe, swim, drink wine, and exercise as soon as you feel well enough. My only request is that you do not insert anything vaginally (tampons, douche, or intercourse) for one month after surgery. Otherwise, I encourage activity and independence. Get up and get dressed every day. If you get tired, take a rest, and resume your day when you feel up to it. **If it hurts, don't do it.**

During the first three to five days, you will **urinate often** because we give you so much fluid in the hospital and during the surgery. It may be as often as every hour to two hours. At times, you may not make it to the bathroom. Do not panic, the first five days are not an indication of the final results. Do not force fluids. Drink if you are thirsty. It may take two to four weeks for your urination to become normal. Immediately after surgery, the urinary stream may be slow and you may not feel like you are emptying completely. Over time, the swelling in the urethra and the bladder will subside and urination will improve. Don't panic, everyone urinates!

Many women experience **constipation** after surgery. You should help your bowels along by using stool softeners or a gentle laxative, if necessary. Milk of Magnesia is helpful for many women. The best intervention is a natural product, such as stewed prunes, flax seeds, or sena from the health food store.

All of the **sutures** are absorbable—they do not need to be removed. The body produces a discharge that dissolves the sutures, so vaginal discharge may be copious and thick. It should not smell, however. If it has a strong odor, call me. There may be bruising around the groin area. Although alarming, it is normal and will resolve within about a month of the operation. You may occasionally notice pulling or tugging behind the pubic bone as the mesh settles into position. This will occur for up to three months after the surgery.

I need to see you in the office the week after surgery. Make an appointment to see me whether you go home with a catheter or not.

Expect **vaginal bleeding** for up to two weeks after surgery. Bring a pad.

It takes approximately three months for the mesh to fix into position. I will continue to see you for that three month period. The appointments will occur 2 weeks after surgery, one month later, and three months after surgery. I will always be available to see you at any other time that you would like to be examined. Do not hesitate to call me or come in if you have a concern.

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Discharge Medications: You will leave the hospital with a prescription for pain medication only. I do not require extensive use of antibiotics. You will get intravenous antibiotics during the surgery and for 24 hours afterwards.

Risks and Complications: Complications that arise as a result of this surgery are rare. They include bleeding, infection of the suprapubic area, vaginal area, or the pubic bone, accidental injury to the bladder, pain, inability to urinate (retention), recurrence or worsening of the incontinence, injury to the bowel or the ureters (tubes that bring urine from the kidneys to the bladder), urinary tract infections, vaginal pain, and vaginal narrowing.

Do not hesitate to call the office with any questions or concerns. If you don't tell me what you are concerned about, I cannot help you!