

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

Aaron J. Geswaldo, D.O., F.A.C.O.S.
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ABQ: 610 Broadway Blvd. Albuquerque, NM 87102
505-242-3991 x2026 fax:505-243-8405
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505-989-9500 fax:505-294-6315

POST-OPERATIVE DISCHARGE INSTRUCTIONS PUBOVAGINAL SLING / CYSTOCELE REPAIR

Pubovaginal sling is the process of lifting the bladder and or bladder neck with a synthetic mesh. to help with some lower urinary tract symptoms.

Diet: May resume regular diet as tolerated.

Activity: Quiet activity today and then resume normal activity as tolerated. Your physical activity is to be restricted, especially during the first few weeks. During this time use the following guidelines:

1. No lifting heavy objects (anything greater than 10 lbs)
2. No driving a car and limit long car rides
3. No strenuous exercise, limit stair climbing to minimum. Take a rest in-between floors.
4. No severe straining during bowel movements. Take a laxative if necessary.
5. Nothing in your vagina.

Bathing: May use shower or bathtub when fully recovered from anesthesia.

Post Operative Care: Drink plenty of fluids avoiding caffeinated drinks, spicy foods, and alcohol. Avoid strenuous activity. You may have bladder spasms throughout the day at any time. Be careful engaging in activity that can harm yourself and others (e.g. driving or operating heavy machinery). Blood in your urine is also common could be light pink to cherry color. Your major incision is inside your vagina. It is closed with absorbable sutures. These will break down and might pass is a few weeks. Expect some bloody discharge from your vagina. It should be similar to the end of your menstrual period. Call the office if it is bright red and continuous.

Medications:

- Lortab** (5, 7.5, 10 /500) mg one tab by mouth every 6 hours as needed for pain
- Percocet** (5, 7.5, 10/325) mg one tab by mouth every 6 hours as needed for pain
- Pyridium** (100, 200) mg one tab per mouth every 8 hours for dysuria (burning)
- Levaquin** (250, 500) mg one tab per mouth twice a day
- Keflex** (250, 500) mg one tab per mouth three times per day
- Levaquin** (250, 500) mg one tab per mouth twice a day
- Flexeril** (10) mg one tab per mouth twice a day as needed for leg cramps
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: _____

Follow-Up Appointment:

- You have an appointment on _____ at _____ a.m./p.m.
Date Time
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.

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A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRIPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.

This document is an official patient record. Please place in the chart.

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Discharge Summary

Patient Label :

Date of Procedure: _____

Diagnosis: _____

Procedure:

[JJ stent placement: Left, Right, Bilateral]

- Cystoscopy, PVS
- Cystoscopy, Cystocele
- Cystoscopy, PVS, Cystocele
- Cystoscopy, Rectocele
- OTHER: _____

Medications (patient was given Rx at discharge)

- Lortab (5, 7.5, 10 /500)
- Percocet (5, 7.5, 10/325)
- Pyridium (100, 200)
- Cipro (250, 500) mg
- Ibuprofen (400, 600, 800) mg
- Other: _____

Follow-up Studies: [Attention Albuquerque Urology Schedulers]

Follow-Up Appointment: [Attention Albuquerque Urology Schedulers]

- Schedule patient for follow up appointment in _____ weeks. **Call the patient with date and time.**
- Schedule pt for an office cystoscopy with stent removal in _____ weeks. **Call patient with date and time.**
- Patient has an appointment on _____ at _____ a.m./p.m.
Date Time
- The patient was called with appointment date and time.

Scheduled by: _____ Date : _____

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