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Patient education: Care after gynecologic surgery (Beyond the Basics)

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INTRODUCTION

Women are often given instructions by their surgeon about how to care for themselves following gynecologic surgery. These instructions are intended to help avoid or recognize complications, as well as ease the recovery process. The information here is provided to help answer common questions about care after gynecologic surgery.

More specific information about gynecologic surgery procedures is available separately.

(See "[Patient education: Vaginal hysterectomy \(Beyond the Basics\)](#)".)

(See "[Patient education: Abdominal hysterectomy \(Beyond the Basics\)](#)".)

(See "[Patient education: Dilation and curettage \(D&C\) \(Beyond the Basics\)](#)".)

(See "[Patient education: Permanent birth control for women \(Beyond the Basics\)](#)".)

WOUND CARE AFTER GYNECOLOGIC SURGERY

Open abdominal surgery — Women who have an open abdominal incision may be sent home with visible staples, stitches (sutures), stitches under the skin with tape strips (Steri-strips), or skin glue. An open abdominal incision is also referred to as laparotomy and is usually used for surgeries that cannot be done using a minimally invasive (laparoscopic) approach. This may include hysterectomy (for either benign conditions or cancer) or myomectomy (removal of uterine fibroids).

- Staples and certain types of skin sutures are usually removed within 7 to 14 days, either before you leave the hospital or in the surgeon's office. Sutures may also be absorbable; this type of suture does not need to be taken out. Sutures under the skin or inside the vagina do not need to be removed.
- If there is a bandage dressing on the incision, you can take it off 24 to 48 hours after surgery. Your surgeon should give you instructions regarding when to remove the bandage.
- Tape strips may be removed gently at home (if they have not fallen off) approximately one week after surgery. Soaking the strips with a warm, wet cloth or taking a shower may make the strips easier to remove.

Abdominal incisions should be kept clean by showering. It is not necessary to put soap on the incision; plain tap water is adequate. Avoid scrubbing the area.

The way your scar looks will change over time and may not reach its final appearance for up to a year. The area may feel either numb or sensitive to touch, which is normal.

Unless directed by the surgeon, do not apply creams, ointments, or other substances to the incision. If the incision appears red, drains more than a drop or two of blood or fluid, drains pus, or begins to open, you should call your surgeon.

Laparoscopic surgery — Women who have minimally invasive abdominal surgery (laparoscopic or robotic) have small incisions and are usually sent home with stitches (sutures) that need to be removed in the office or stitches under the skin with either tape strips (Steri-strips) or glue over the incision. The care of these incisions is the same as for open abdominal surgery. Laparoscopic surgery is used for many types of gynecologic procedures; this may include removal of an ovarian cyst, treatment of endometriosis, removal of uterine fibroids, or hysterectomy. (See '[Open abdominal surgery](#)' above.)

Vaginal surgery — Women who have vaginal surgery often have stitches inside the vagina. These do not need to be removed because the sutures will dissolve, usually within six weeks. It is normal to have some light vaginal bleeding or pink to brown or yellow colored vaginal discharge as the sutures dissolve. As the sutures dissolve, you may see pieces of suture thread on your underwear or toilet tissue.

PAIN AFTER GYNECOLOGIC SURGERY

Will I have pain? — Many gynecologic procedures are followed by some pain or discomfort. Pain or discomfort should improve over time and can be managed with pain medications, if needed. The location and severity of pain depends on the type of procedure. For example, women who have procedures that involve a skin incision (eg, abdominal hysterectomy, laparoscopy) will have pain in the area of the incision, while other procedures that are performed inside the uterus (eg, hysteroscopy, endometrial ablation) may be followed by a crampy sensation (similar to menstrual cramps).

Gas pain — It is common to develop occasional crampy pain and bloating in the abdomen after surgery. This is caused by gas building up in the intestines. The discomfort is usually temporary and will resolve after passing gas or having a bowel movement. Some patients are helped by nonprescription medications (eg, [simethicone](#) [Gas-X]). If the pain and bloating are severe or do not resolve, you should call your surgeon for guidance.

Women who have laparoscopic surgery may have shoulder pain as a result of the gas used to expand the abdomen during surgery. The shoulder pain can last a few days.

What should I do about pain? — Some women find it helpful to avoid uncomfortable positions or activities, support their abdomen with a folded blanket or pillow, or even use a binder for support. A hot water bottle or heating pad can also be used over the abdomen. Care should be taken to avoid burning the skin. A towel or cloth between the bottle may help.

You can take pain medications as needed, or if you have pain that is constant and moderate to severe (in the first few days after a major surgery), it is helpful to take the non-narcotic medication on a schedule, as prescribed (usually every four to six hours). This will help to prevent severe pain from coming back between doses. It will also decrease or eliminate your use of narcotic medication.

It is not necessary to take pain medication if there is little or no pain. If you do need pain medication, take it as directed on the prescription bottle. Taking pain medications at higher doses or more often than prescribed can be dangerous.

Types of pain medication — Pain medication is available over-the-counter or by prescription. Your surgeon will give you a prescription for pain medicine if he/she thinks you will need it. Possible pain medications include [acetaminophen](#) (Tylenol), [ibuprofen](#) (eg, Advil, Motrin), narcotics (eg, [tramadol](#), [oxycodone](#), [hydrocodone](#)), or combinations of acetaminophen and a narcotic (eg, acetaminophen and oxycodone [Percocet], [codeine](#) [Tylenol 3], or hydrocodone [Vicodin]).

If you are taking other medications, ask your health care provider whether it is safe to take these and pain medications at the same time.

Do not drink alcoholic beverages, drive, or perform other activities that require concentration while taking narcotic pain medications.

If pain becomes severe and is not relieved by the recommended dose of pain medications, call your health care provider.

VAGINAL BLEEDING AFTER GYNECOLOGIC SURGERY

Some light vaginal spotting or bleeding is expected and may continue for several weeks after gynecologic surgery (eg, hysteroscopy, cervical or vaginal surgery, hysterectomy). Occasionally (especially in the first week after surgery), you may have an episode of heavy bleeding or pass a blood clot when you stand up or after urinating.

Call your health care provider if bleeding is heavy (more than a menstrual period OR completely soaks a large pad in one hour).

A pad may be used, but tampons should not be used until your doctor tells you it is safe. (See ['Can I have sex? Can I use tampons?'](#) below.)

ACTIVITY AFTER GYNECOLOGIC SURGERY

Should I limit my activity? — It is normal to feel tired for a day or two after surgery, especially if general anesthesia was used. If you have a major surgery, you may feel tired for longer. Taking a few short naps during the day or resting when you are tired may help.

While rest is important, it is also important to walk around several times per day, starting on the day of surgery. This helps to prevent complications, such as blood clots, pneumonia, and gas pains. You can resume your normal daily activities as soon as you are comfortable doing them. Walking and stair climbing are fine. Gradually increase your activity level as you are able.

Other activities (exercise, housework, sports) can be resumed gradually as you are able and depending upon the type of surgery and your lifting restrictions. Your surgeon can give you specific instructions.

Can I take a shower or bath? — Showers are permitted, but tub baths and swimming should be avoided until your doctor says it is safe to do so.

Are there limits on what I can lift? — Lifting heavy objects can increase stress on the healing tissues. Most patients are asked to avoid lifting heavy objects (≥ 13 pounds) from the floor; if the object cannot be lifted with one hand, you should ask for help. Restrictions on lifting are generally recommended for six weeks after a major abdominal or vaginal surgery (eg, hysterectomy) and for one or two weeks after procedures with smaller incisions (eg, laparoscopy).

Women who do not have an incision (eg, hysteroscopy, dilation and curettage [D&C]) do not need to limit lifting.

Can I drive or travel? — You should not drive a car until you can move easily and no longer require narcotic pain medications. You may ride in a car; as always, wear a seat belt when riding in or driving a car.

Some surgeons recommend avoiding long trips by car, train, or airplane during the first two weeks after major gynecologic surgery (eg, hysterectomy). Speak to your health care provider if you have questions.

Can I have sex? Can I use tampons? — After most types of gynecologic surgery, you should not put anything in your vagina until the tissues are completely healed. Otherwise, you may develop an infection or interfere with healing. This includes tampons, douches, fingers, and all types of sexual activity that involve the vagina.

These activities should be avoided for two to six weeks after surgery. Ask your health care provider when you can resume these activities.

When can I return to work? — You may return to work when pain is minimal and you are able to perform your job. After minor procedures, you may be able to work within a day or two, while for major procedures (eg, hysterectomy), you may require four to six weeks to recover.

Time out of work also depends upon your daily activities at work; a person who sits at work may be able to return to work sooner than someone whose job requires them to stand, walk, or lift.

DIGESTIVE SYSTEM AFTER GYNECOLOGIC SURGERY

What can I eat? — You may eat and drink normally after gynecologic surgery. You may have a decreased appetite for the first few days after surgery; eating small, frequent meals or bland, well-cooked, soft foods may help. However, if you are not able to eat or drink anything or if vomiting develops, call your health care provider.

A high fiber diet may help to prevent constipation, although other treatments for constipation are also available. (See "[Patient education: High-fiber diet \(Beyond the Basics\)](#)".)

How do I treat constipation? — Constipation is common after surgery and usually resolves with time and/or treatment. Constipation means that you do not have a bowel movement regularly or that stools are hard or difficult to pass. Constipation can be made worse by narcotic pain medications.

If you are having vomiting in addition to constipation, or if your surgery involved the stomach or intestines, call your health care provider before using medications to treat constipation.

A common approach to constipation after surgery is to take a laxative (eg, [magnesium hydroxide](#) [milk of magnesia]) or fiber supplement (eg, [psyllium](#) [Metamucil, Hydrocil] or [methylcellulose](#) [Citrucel]); this can be taken with a stool softener (eg, [docusate](#) [Colace]).

If the initial treatment does not produce a bowel movement within 24 to 48 hours, the next step is to take a stimulant laxative that contains [senna](#) (eg, Black Draught, ex-lax, Fletcher's Castoria, Senokot) or [bisacodyl](#) (eg, Correctol, Doxidan, Dulcolax). If the stimulant laxative does not result in a bowel movement within 24 hours, then the patient is instructed to try an enema (eg, Fleet). Read the directions and precautions on the package before using these treatments.

If these treatments do not produce a bowel movement within 24 hours, you should call your health care provider for further advice.

Once the bowels begin to move, you may want to continue using a stool softener (eg, [docusate](#) [Colace]) or a non-stimulant laxative (eg, MiraLAX/GlycoLax) on a daily basis to keep the stools soft. This treatment may be taken for as long as needed. (See "[Patient education: Constipation in adults \(Beyond the Basics\)](#)".)

What if I have diarrhea? — Some women have a few days of soft stools after surgery, especially after taking medication for constipation. If you have watery stools more than twice a day or have blood in your stool, you should call your health care provider.

URINARY SYSTEM AFTER GYNECOLOGIC SURGERY

Is it normal if it hurts when I urinate? — If you have had vaginal surgery, you may feel a pulling sensation during urination or you may feel sore if the urine falls on vaginal stitches. It can be normal to urinate frequently after surgery. Call your surgeon if you have any of the following:

- Burning with urination
- Needing to urinate frequently or urgently and then urinating only a few drops

- Temperature greater than 101°F or 38°C (measure with a thermometer)
- Pain on one side of your upper back that continues for more than one hour or keeps coming back
- Blood in your urine (you can check to see if this is just vaginal blood falling into the toilet by holding toilet tissue over your vagina)

What should I do if it is difficult to urinate? — Most women urinate at least every four to six hours, and sometimes more frequently. If you have not urinated for six or more hours (while you are awake) or if you feel the need to urinate and it will not come out, you should call your health care provider.

FOLLOW-UP VISIT AFTER GYNECOLOGIC SURGERY

Most women are asked to make a follow-up appointment with the surgeon's office two to six weeks after surgery. At this visit, your health care provider will usually examine your abdomen and pelvic area to be sure that the tissues are healing properly. You will hear about results if you had a biopsy or tissue removed, and you can ask questions about the procedure or your healing process.

This appointment is a good opportunity to ask questions about the procedure you had, for example:

- Were there any abnormal findings?
- Was my cervix removed?
- Were my ovaries removed? Which ovary was operated on or removed?
- Was mesh or any other permanent surgical material used?

You may want to keep a copy of this information, including a copy of the operative note, in your personal records.

What follow-up do I need after surgery? — When you speak with your doctor after surgery, be sure to ask what type of gynecologic care you will need in the future. The answer will depend upon the type of surgery you had, any underlying medical problems, and your risk of certain conditions (eg, cancer).

WHEN TO CALL YOUR SURGEON

You should call your surgeon if you experience any of the following:

- Abdominal pain or bloating that is severe, lasts for one hour or more, and is not relieved after taking the recommended dose of pain medication
- Shortness of breath or chest pain

- Vaginal bleeding that is heavy (heavier than a menstrual period or completely soaks a large sanitary pad) and continues for more than one hour
 - Nausea or vomiting that continues for more than one day or that make it impossible to eat or drink
 - Fever greater than 101°F or 38°C (measure your temperature with a thermometer)
 - Skin incision changes – Redness, drainage of fluid or pus, or opening of the incision
 - Swelling in an extremity (leg or arm) that is much greater on one side than the other
 - Foul-smelling, green, or dark yellow vaginal discharge
 - Inability to empty the bladder or burning with urination
 - Inability to move the bowels for three days
 - Loose or watery stools two or more times a day **OR** bloody stools
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WHERE TO GET MORE INFORMATION

Your health care provider is the best source of information for questions and concerns related to your medical problem.

This article will be updated as needed on our web site (www.uptodate.com/patients). Related topics for patients, as well as selected articles written for health care professionals, are also available. Some of the most relevant are listed below.

Patient level information — UpToDate offers two types of patient education materials.

The Basics — The Basics patient education pieces answer the four or five key questions a patient might have about a given condition. These articles are best for patients who want a general overview and who prefer short, easy-to-read materials.

[Patient education: Hysterectomy_\(The Basics\)](#)

[Patient education: Dilation and curettage \(D&C\)_\(The Basics\)](#)

Beyond the Basics — Beyond the Basics patient education pieces are longer, more sophisticated, and more detailed. These articles are best for patients who want in-depth information and are comfortable with some medical jargon.

[Patient education: Vaginal hysterectomy_\(Beyond the Basics\)](#)

[Patient education: Abdominal hysterectomy_\(Beyond the Basics\)](#)

[Patient education: Dilation and curettage \(D&C\)_\(Beyond the Basics\)](#)

[Patient education: Permanent birth control for women_\(Beyond the Basics\)](#)

[Patient education: High-fiber diet_\(Beyond the Basics\)](#)

[Patient education: Constipation in adults_\(Beyond the Basics\)](#)

Professional level information — Professional level articles are designed to keep doctors and other health professionals up-to-date on the latest medical findings. These articles are thorough, long, and complex, and they contain multiple references to the research on which they are based. Professional level articles are best for people who are comfortable with a lot of medical terminology and who want to read the same materials their doctors are reading.

[Complications of abdominal surgical incisions](#)

[Basic principles of medical lasers](#)

[Classification, clinical features, and diagnosis of inguinal and femoral hernias in adults](#)

[Complications of gynecologic surgery](#)

[Management of hemorrhage in gynecologic surgery](#)

[Management of acute perioperative pain](#)

[Overview of gynecologic laparoscopic surgery and non-umbilical entry sites](#)

[Pelvic examination under anesthesia](#)

[Postoperative ileus](#)

[Overview of preoperative evaluation and preparation for gynecologic surgery](#)

[Postoperative peritoneal adhesions in adults and their prevention](#)

[Complications of laparoscopic surgery](#)

The following organizations also provide reliable health information.

- National Library of Medicine

(www.nlm.nih.gov/medlineplus/healthtopics.html)

- United States Department of Health and Human Services

(<http://womenshealth.gov/publications/our-publications/fact-sheet/hysterectomy.html>)

- Mayo Clinic

(<http://www.mayoclinic.org/pain-medications/ART-20046452>)

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