Burch Procedure for Stress Incontinence
Care After Surgery

These discharge instructions provide you with general information on care after leaving the hospital. Refer to this sheet in the next few weeks if you have questions. Your surgeon may also give you specific instructions. While treatment has been planned according to the most current medical practices available, unavoidable complications occasionally occur. If you have any problems or questions after discharge, please call your surgeon.

AFTER SURGERY

- After surgery, you will be taken to the recovery area. Your nurse will watch and check your progress there.
- Generally you will have a catheter (flexible tube) in the bladder to drain your urine. This will be connected to a plastic bag that hangs on the side of the bed. This bag will have to be emptied periodically as it fills.
- Once you are awake, stable, you will generally be sent to a hospital room.
- If your surgery was done early in the morning you may be allowed to go home in the evening if you are able to tolerate oral fluids and a light meal.
- If your surgery is performed later in the afternoon you will probably spend the night in the hospital.
- Some doctors will send you home with the catheter in the bladder and possibly a plastic bag that will attach to the leg for you to move around. Instructions will be given to you on how to change the catheter from the bedside bag to the leg bag before you go home.
- Depending upon the surgeon and how the surgery was performed the catheter may be removed before you leave the hospital with a trial to see if you can void. If you cannot the catheter may be replaced or you might be told to try intermittent catheterization.
- Intermittent catheterization is a process where the patient or a caregiver takes a sterile plastic tube and inserts that into the bladder to drain the bladder. As soon as the bladder is drained the plastic tube is removed and thrown away. These tubes usually come in individual sterile packages. If this method of draining the bladder is chosen you will be given instruction by the nursing staff before you leave the hospital unless this instruction was given to you in the doctor's office before the surgery.
- If your surgery was performed by tiny incisions in the abdominal wall (*laparoscopically*) your hospital stay will be much shorter than if you had a large open abdominal incision.

HOME CARE INSTRUCTIONS

- Take all medications as directed by your physician.
- If you have a catheter connected to a bedside bag make certain that the bag is always below the level of the bladder. Do not lay it on the floor. If you cannot connected to the side of your bed then sometimes a small stool or chair can be placed near the bed for you to hang the bag on.
- If you have a catheter connected to the leg bag, make sure that you do not lie down with the leg bag attached to your leg. If you do the leg bag is on a level equal to the bladder and sometimes urine can flow back into the bladder from the leg bag. This is not good because once the urine leaves the bladder it is not sterile anymore. If you allow the urine to run back into the bladder you will probably get a urinary tract infection.
- You may have a pack of gauze or bandages in the vagina. Your surgeon will give you instruction regarding its removal either by you or when you return to the clinic.
- You may have some mild discomfort in the throat. This is common if you had a tube placed there while you were sleeping. Sometimes you will have anesthesia given to you from a mask and in this case will not have a sore throat.
- You will also have some abdominal discomfort and discomfort from the cuts (*incisions*). If you had a laparoscopic procedure the discomfort is significantly less than a long incision from an open operation.
- If you take over-the-counter medications or prescriptions for any reason make certain that you discuss those with your surgeon.
- Showers are preferred. Ask your surgeon for their opinion on how you can wash.

- Do not drink alcohol, drive a car, or use public transportation.
- Do not sign important papers for at least 1 day following surgery.
- Do not resume physical or sexual activities until directed by your caregiver and surgeon.
- You may resume normal diet as directed.
- Change bandages (*dressings*) as directed.

SEEK MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in a wound.
- There is pus coming from a wound.
- You develop bleeding or drainage from the stitches or birth canal (vagina) following surgery.
- There is increasing pain.
- There is drainage from a wound lasting longer than 1 day.
- You have trouble with your catheter or the intermittent catheterization.
- An unexplained oral temperature above 103°F (39.4°C) develops, or you develop chills or fever. If you develop high temperatures, record them and have them ready to show your caregiver when seen.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of a wound (edges not staying together) after stitches have been removed.
- You notice increasing pain in the shoulders (shoulder strap areas).
- You develop dizzy episodes or fainting while standing.
- You develop persistent nausea or vomiting.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You develop or feel you are developing any reaction or side effects to the medications given.

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