

Postoperative Care Instructions

D&C / Hysteroscopy / Hysteroscopic IUD Removal / MyoSure NovaSure Ablation



The following guidelines are intended to address the most common questions and topics we hear from patients following minor OB/GYN surgeries. However, every body is different, and it's important that you call with any questions.

Post-Operative Visit

Your provider should have advised you to schedule a postoperative appointment or discussed that one was not required, during your preoperative appointment, prior to surgery. If you have questions or concerns, or feel like you need to be seen, call our office during routine business hours.

Information regarding activity, diet, sexual intercourse, and when to return to work is below.

Activity

- You may resume your normal daily activities, but as a result of surgery and anesthesia you may find that you tire more easily.
- Avoid driving until you are off all narcotic pain medication, if prescribed.
- Unless advised otherwise, sexual intercourse can usually be resumed approximately 2 weeks after surgery.

Diet

- Resume a normal, well-balanced diet, as tolerated.
- You may experience residual nausea from the anesthesia or pain medication, if prescribed, which may decrease your appetite. Try to start with bland non-greasy foods, or clear liquids and add in other foods as tolerated.
- It is most important to remain hydrated, so try to drink at least 8-10 glasses of water each day.
- Pain medications, if prescribed, may contribute to constipation. Try to incorporate a high fiber diet (bran, fruit, prune juice) in addition to regular water consumption to promote normal bowel function, however, the following products may be used if you are experiencing constipation: Milk of Magnesia, Colace, Fibercon or Dulcolax.

Bathing

You may shower, when you feel comfortable, but it is best to avoid baths, soaking in a tub, or swimming for at least 2 weeks.

Work

There are no fixed rules about returning to work. Each individual's work situation is evaluated separately, and should be discussed with your provider.

Vaginal Bleeding/Discharge

Expect that you will have bleeding or spotting, following your procedure. It should resolve spontaneously within 7 days. If your procedure included a uterine ablation (NovaSure), you may also note a watery or blood tinged discharge several days after surgery. This discharge may last up to 4 weeks.

If your bleeding increases to where you are saturating a pad an hour for 2 or more hours, or discharge becomes odorous, our office should be notified.

Pain Management

- Cramping is a common side effect after your procedure, and may last approximately 48 hours. Depending on your procedure, your physician may prescribe pain medication to be taken home, take as directed.
- An ice pack can help with pain and swelling, or you may also use a heating pad, as needed.
- Non-steroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen (Motrin or Advil) or Tylenol work best to control post-operative pain. You may use these alternately with your prescription pain medication, if prescribed. You should be able to gradually reduce the number and frequency of the pain medication.
- Be aware that narcotic pain medication may impair your judgment. Do not drive while using narcotic pain medication.
- We do not fill pain medication after office hours or on weekends, so please make sure you plan ahead and call our office and speak to a Triage Nurse.

When to Call Your Doctor

For emergencies, call our office number day or night.

Call our office immediately if you experience:

- Persistent heavy bleeding (saturating a pad an hour for 2 or more hours)
- Foul smelling or odorous vaginal discharge
- Progressively worsening pain
- A temperature above 100.4 F

