

Attachment #1

Common Post-Surgical Problems

Symptom	Issue	Response
Constipation	Your bowel function should return to normal after the surgery (over 2-4 weeks). Note, however, pain medications can cause constipation and, therefore, should be discontinued as soon as tolerated.	Adjust your diet so that you avoid constipation. If you have a problem with constipation you can take Colace, an over the counter stool softener, for prevention after you leave the hospital. If you do become constipated take mineral oil or milk of magnesia. It is important to drink plenty of fluids to help prevent constipation.
Abdominal pain	This is common. The pain is from irritation of the abdominal muscles; sometimes it is where the drainage tube exited. It will resolve spontaneously, but it is not uncommon to have sensitivity around the incisions for 3-6 months after surgery.	You may take the pain pills that prescribed for you but we encourage patients to start with ibuprofen (if you do not have trouble with ulcers) or Tylenol. I usually recommend taking three 200mg tablets of ibuprofen (Advil or Motrin) every 6-8 hours or 1000mg of Tylenol every 6-8 hours (not to exceed 4000mg in 24 hours) with meals for the first 5 or 6 days. This provides excellent pain control with minimal side effects. You can also alternate ibuprofen and Tylenol (taking one medicine every 3-4 hours) for better coverage. After 5 days, wean off the ibuprofen as this can be harsh on the GI tract. If you take Prevacid/Protonix/Nexium etc. be sure you resume this after surgery.
Firm areas or lumps in the incision.	You may notice sensitivity when you fasten your pants belt or a seat belt. This is normal. This is part of the normal healing process.	If you notice a hard area or lump at the top of the incision, this is where the suture material was tied and is also normal. It will resolve with time.
Numbness around the incision	Small cutaneous (or skin) nerves can be injured with an incision. Sensation almost always returns, but it may take 3-6 months to do so.	Patience, sensory nerves almost always regain function. If any issues with muscle weakness or worsening numbness, please contact the office.

<p>Drainage from the wound</p>	<p>This can either be clear fluid (a seroma) or a mixture of blood and pus. In either instance it usually can be treated simply.</p>	<p>If the wound should open or the edges separates, obtain some hydrogen peroxide and Q-tips; soak the Q-tip in the hydrogen peroxide and place it through the opening in the wound to clean the open area and then remove the Q-tip. This will keep the opening from closing until all the material has drained. I suggest that you shower in the morning washing this area thoroughly (you cannot hurt it). After your shower use the Q-tip and then place a dressing or band-aid over the site. Repeat the Q-tip and dressing before you go to bed that night. Feel free to call me for further advice (see below)</p>
<p>Pain in your calf or swelling in your ankle or leg</p>	<p>During the first 4-6 weeks after surgery, the major complication that occurs in 1-2% of patients is a clot in a vein deep in your leg (deep venous thrombosis). These clots may break loose and travel to the lung producing a life threatening condition known as pulmonary embolus.</p> <p>A pulmonary embolus can occur without any pain or swelling in your leg.</p>	<p>If you develop any of these symptoms or pain/swelling in your leg, call me.</p> <p><i>Also</i>, you should immediately call your local physician or get to an emergency room and state that you need to be evaluated for deep venous thrombosis or pulmonary embolism. If the diagnosis is made early, treatment with anticoagulation is easy and effective.</p>
<p>Chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood.</p>	<p>A pulmonary embolus can occur without any pain or swelling in your leg.</p>	<p>If the diagnosis is made early, treatment with anticoagulation is easy and effective.</p>
<p>Sediment in the urine</p>	<p><u>Urinary sediment</u> is not uncommon to see. This can be manifested in a number of different ways. Old clots may appear as dark particles that occur after the urine has been grossly bloody. There are normal substances in the urine called phosphates. They precipitate out in alkaline urine and form cloudy masses in the urine. If you see these periodically do not be concerned. This is a normal phenomenon.</p>	<p>With hydration these will usually clear spontaneously and are of no concern. Also, the pH (acidity or alkalinity) of the urine changes throughout the day. After a meal the urine oftentimes becomes alkaline. Finally, if the urine is persistently cloudy this suggests that an infection may be present (see above re UTI).</p>

<p>Swelling and discoloration of the scrotum and the penile skin</p>	<p>This is simply fluid that has not been absorbed by the body. For men, the scrotum is often the lowest body part when sitting or laying down and gravity will pull excess fluid into the scrotum and genitals. It is not harmful.</p>	<p>If the scrotum is swollen, put a rolled hand towel underneath the scrotum to elevate it when lying down.</p>
<p>If discharged with a catheter in place...</p>		
<p>Bloody discharge around the catheter when you strain to have a bowel movement and/or blood in the urine.</p>	<p>This is not uncommon; do not become concerned; it will stop. It may arise from vigorous walking, or it may occur spontaneously. Blood in the urine usually has no significance and spontaneously resolves on its own.</p>	<p>Drink plenty of fluids: this will dilute out the blood so that it does not clot off the catheter and will encourage the cessation of bleeding.</p>
<p><u>Leakage around the catheter</u></p>	<p>This is very common, especially when you're up walking around. The tip of the catheter is not in the most dependent part of the bladder; the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck. For this reason, when walking many patients have leakage around the catheter.</p>	<p>This can usually be managed through the use of diapers or other absorbent materials</p>
<p>Catheter stops draining completely</p>	<p>It is possible that your catheter has become obstructed or dislodged.</p>	<p>Lie down flat and drink a lot of water. If after 1 hour there is no urine coming through the catheter tubing, call me (see below).</p>
<p>A strong sudden desire to urinate with pain over the bladder area and simultaneous leakage of urine or blood around the catheter</p>	<p>This is called a <i>bladder spasm</i> and commonly occurs at the time of a bowel movement. While the catheter is in place, this is not an unusual occurrence.</p>	<p>You should lie down until the discomfort passes. If bladder spasm becomes frequent and bothersome, Motrin or Advil can be used to help stop the spasm. These medicines should not be used if the urine is still bloody because they could lead to clotting of the catheter.</p>

<p>Permanently cloudy urine, or Purulent (thick) drainage around the catheter, or Continuous pain at the end of the urethra</p>	<p>Urinary tract infections (UTI) can occur with a catheter in place. With these symptoms prior to catheter removal you may have a UTI. (Drainage of mucous around the catheter is normal.) It is not unusual for some bacteria to be present in the urine. (Additionally, note that it is common to have burning with urination after catheter removal (from irritation of the urethral lining) and this does not mean that you have a urinary tract infection.) It is also common to see passage of some blood or blood clots after catheter removal and this is of no concern unless it is persistent.</p>	<p>The burning should improve within several days.</p>
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