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## TRANSABDOMINAL CERVICAL SUTURE

### 1. CARE IN HOSPITAL

#### Eating and drinking

You can suck a small amount of ice for the first four hours after your procedure. You may then commence drinking fluids but take it easy initially as nausea can be a problem.

Eight hours after your procedure you can commence eating but again take it easy for the first few hours. You should be eating normally within 24 hours of surgery.

#### Pain relief

In theatre you will have been given your initial pain relief which is usually a combination of the following:

- Panadol suppositories:

These should be given every six hours until you are eating normally.

- Voltaren:

You will have your initial suppository in theatre but you should not have any more suppositories as they are likely to cause diarrhoea. You should commence taking Voltaren in tablet form 12 to 18 hours after your procedure and continue this medication on a regular basis until you leave hospital.

- Narcotics:

These may be administered as:

1. Proladone suppositories which are given every six hours;
2. Pethidine or Morphine injections which are given every two to three hours;
3. Pethidine or Morphine via a continuous or patient controlled infusion; or
4. Oxycodone tablets which are given every six hours.

- Tramadol:

This medication is given as an injection or tablet every six hours as a supplement to the other pain relief prescribed above.

Whatever combination or form your pain relief takes, it is unacceptable for you to have anything more than mild discomfort. At no time should you be in significant pain; if you are, you need to ask your midwife for assistance.

### **Antibiotics**

You will have been administered antibiotics during the course of your procedure. In some circumstances it is necessary for the antibiotics to continue for the 24 hours after the procedure. If this is the case I will advise you.

### **Prevention of deep venous thrombosis**

Depending on your level of risk for developing a deep venous thrombosis you may have been given a prophylactic injection at the time of surgery. It is quite common for me to prescribe this for several days after surgery until you are fully and completely mobile. If you are at particularly high risk of a DVT you will need to take six weeks of preventive treatment.

### **Wound care**

Your wound will have been closed with a continuous Monocryl suture (a very fine almost invisible suture which will be taped down at the ends with steristrips placed diagonally). Occasionally, staples are used. If you have a Monocryl suture you will also have additional steristrips placed across the wound. Prior to discharge, the Monocryl suture is cut flush with the skin but it is not removed as it is completely dissolvable. The two diagonal steristrips will be removed but the remainder of the steristrips should stay in place for as long as you can tolerate them. This is normally two to three weeks at which time you can gently peel them off having soaked them in the shower.

If you have staples these will be removed with a staple remover prior to your discharge. Although it sounds daunting the removal of staples should be a virtually painless procedure.

The dressing that has been placed on the wound after your procedure will be removed the following morning. It may be replaced with a light dressing but usually the wound is left open. You are free to shower with the dressing removed, simply pat the wound dry but do not apply any strong pressure.

### **Drain tubes**

Drain tubes may be required to remove any excess bruising from under the skin. These will normally be removed after 24 to 48 hours after the caesarean section. It is uncomfortable but should not be excessively painful to have drain tubes removed. It is a good idea to have pain relief about 30 minutes before they are removed.

## **Fever**

It is not unusual to have a low grade fever (below 38 degrees) in the first 48 hours after the procedure. Temperatures above 38 degrees are not normal and will require investigation. Occasionally the fever may be related to a urinary tract infection or a wound infection. If any problems arise you will be treated in hospital.

## **Bowels**

Constipation is very common after any abdominal surgery. Because stronger pain killers are used in association with this procedure there is a tendency towards constipation. The most important aspect is to prevent constipation and you can do this by ensuring an adequate fluid intake (at least two litres of water a day), ensuring an adequate fibre intake and being mobile as quickly as possible. Two glasses of pear juice daily commencing the day after your procedure is the best way to prevent constipation. Pear juice is supplied at Frances Perry House although you may need to write it on the menu as a special request. Ask your friends to bring you fruit rather than flowers and be sure to let me know if you are having trouble using your bowels. Kiwi fruit (sliced paper thin with the skin still on) is the best fruit that you can have to prevent constipation.

## **2. CARE AT HOME**

### **Pain relief**

By the time you are discharged you may not require any pain relief at all. If you do require pain relief then Nurofen for the first few days after discharge is usually more than adequate. If you need stronger pain relief than this you need to contact me so I may review you.

### **Lifting**

You should not lift anything heavy for the first 6 weeks after a surgery. This includes baskets of clothes or bags of groceries at the supermarket. You should not vacuum or sweep.

### **Driving**

You will generally be physically ready to drive approximately 10 days after you leave hospital. It is essential that you sit in a car and turn the steering wheel and press the brakes as you would in an emergency to make sure that pain will not restrict you in movements when you are driving. You should also check with your insurance company and ensure that they are happy with you driving. Generally they will indicate that they are happy provided that I am happy; I will indicate to you if you should not drive 10 days after leaving hospital.

### **Exercise**

Gentle to moderate walking is reasonable for the 6 weeks after surgery. When you have had your postoperative check with me I will give you the all clear to resume normal exercise. You should avoid swimming.

**Sexual relations**

You may resume sexual relations when you feel comfortable doing so. This is generally four to six weeks after the surgery although it can be sooner. Conception should not occur for three months after the procedure.

**Removal of suture**

The transabdominal cervical suture must not be removed. It stays in place to support future pregnancies.

**Delivery**

Delivery is always by caesarean section and is usually planned for 37 weeks gestation.

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