

Park Central OB/GYN Associates
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RECOVERING FROM CESAREANSECTION

General Warnings—call the office if you have:

1. Temperature over 100.5
2. Heavy vaginal bleeding (greater than one soaked pad/hour)
3. Difficulty urinating, nausea/vomiting, or altered bowel function
4. Sudden onset of sharp pain that doesn't respond to your pain medication
5. Redness or drainage from your incision(s) if applicable

1st Week:

1. Call the office to schedule an appointment for your 4 week check-up. If you still have skin clips, call to schedule an appointment to have them removed on the 4th – 6th day after surgery.
2. Try to arrange for help during your first week at home.
3. Limit your activity to care of your baby and self. Your body is metabolically behind and you'll need lots of rest. When the baby naps, try to get some sleep yourself.
4. If not nursing, wear a tight bra and avoid hot showers until your breasts stop producing milk. Tylenol for fever and aches may be necessary, as well as ice packs to the breast if your milk comes in. There are no medications available to stop the milk production and we are limited to using the above means to dry up the milk production.
5. If you are breastfeeding, you will need a nursing bra with good support. Wear it for the duration of nursing.
6. Once at home, you do not need to cover your incision with a dressing or bandage, and it may be submerged in a tub or shower. You may use Preparation H or other hemorrhoidal medications as needed.
7. It's not time to start an exercise program, except for beginning your Kegle tightening exercises.
8. Diet:
 - a. Include anything you like. Keep in mind that you need lots of fluids and fiber (bran flakes, salads, apples, etc...)
 - b. Continue your prenatal vitamins and iron supplements for at least 4 weeks, and for the duration of nursing if applicable.
 - c. Nursing moms need supplemental calcium (1000 mg/day) and lots of fluid intake
 - d. Constipation can be prevented by drinking lots of fluid and taking a fiber-based stool softener such as Metamucil, Per Diem, Fibercon, or Konsyl. If you do become constipated, Dulcolax suppositories or tablets, Milk of Magnesia, or Magnesium Citrate (that special drink in the green bottle) will get your intestinal tract moving again

2nd Week:

1. You will still tire easily, so add activities slowly
2. Driving: You may drive when you are no longer requiring narcotic pain medications and when you can move your foot from the accelerator to the brake pedal without causing abdominal discomfort. This is simply a safety precaution—we don't want you driving if your reflexes are impaired by medications or your post-operative discomfort.
3. It's still not time to worry about starting an exercise program

4th Week:

1. Your activity level should be near normal. Do not be alarmed if bleeding increases somewhat when activity is increased. If the bleeding is heavier than a normal menstrual period, decrease your activity level until you are no longer bleeding, then slowly resume your activity level.
2. You may resume intercourse, but use contraceptives of some sort unless you had such a great experience that you'd like to be back in 9 months or so... If you are nursing, you will notice that vaginal dryness and discomfort may be a problem. Using a water-based lubricant such as K-Y jelly will help prevent the abrasions and discomfort that can occur.
3. At your 4 week check-up we'll discuss contraceptive choices.
4. If you have a period you may use tampons if that has been your routine previously.
5. Now you should feel like exercising again. Brisk walking would be the best way to begin, and then work up to your previous level of exercise.

Patient Signature

Nurse Signature

Today's Date: March 26, 2006