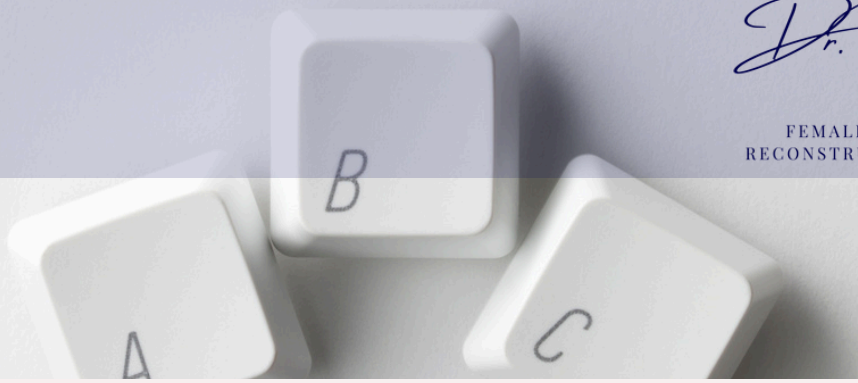
Youtube Video- Centre for OASIs:
https://www.youtube.com/watch?v=qr_aPGf-Sro

Instruction Manual

My Peri-Operative Instructions

Dr. Maria Giroux
BSC MD FRCSC
FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY (FPMRS)



Patient Name:

Surgery Date:

Location: Regina General Hospital

Last Updated: April 21 2026

Table of Contents

**You may print multiple copies for daily use to track your recovery!*

Surgical Pathway

You can use this page to write appointment dates as they are scheduled.

Date(s) & Location:

Bladder testing (Urodynamics & Cystoscopy): *Endoscopy at Regina General Hospital with Dr. Giroux*
Endoanal ultrasound: *Centre for OASIS*
Pelvic and/or renal ultrasound: *patient will be called by medical imaging with location and date*

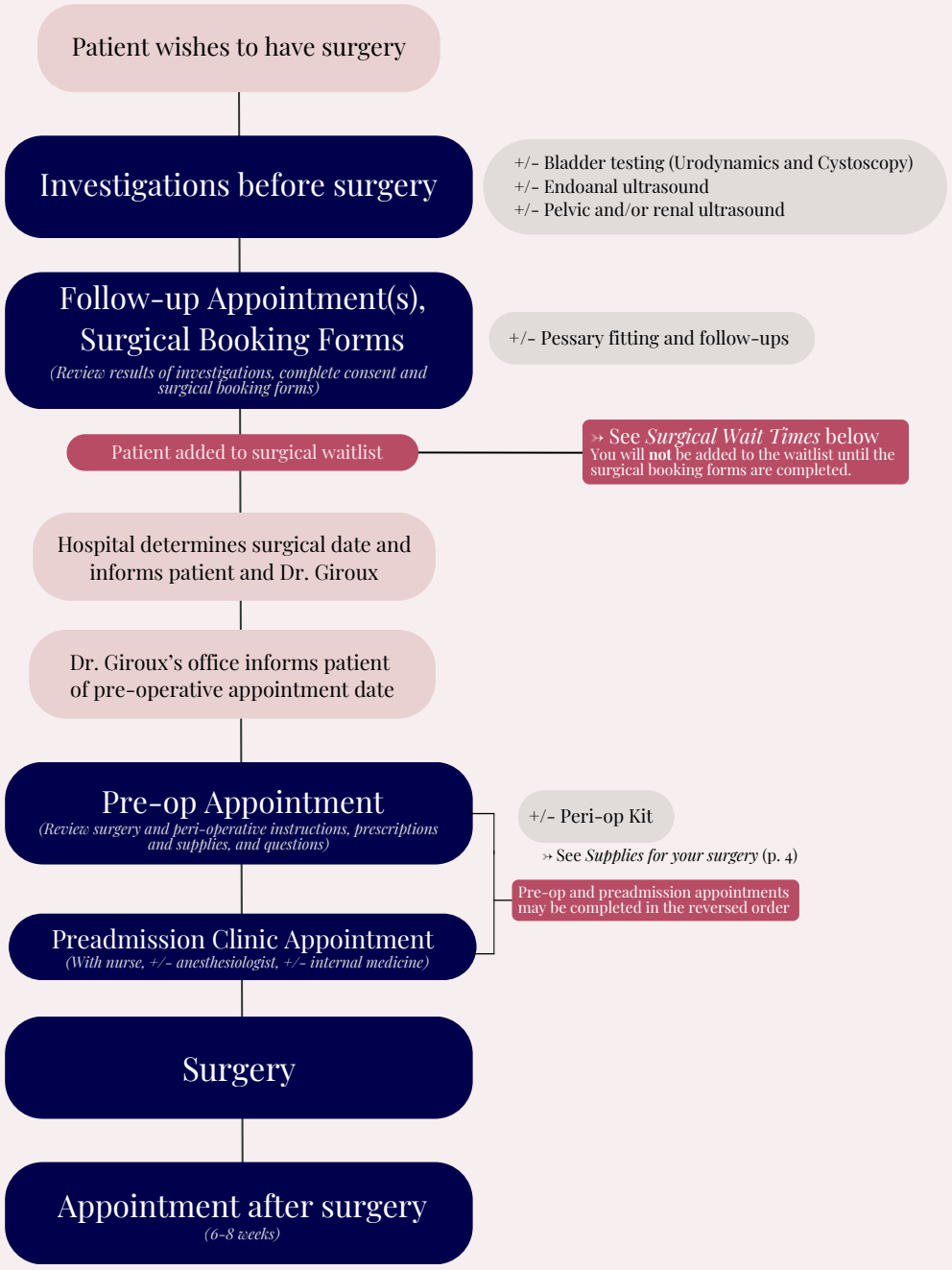
Phone or in-person at Centre for OASIS

Phone or in-person at Centre for OASIS

Regina General Hospital

Regina General Hospital

In-person at Centre for OASIS



Surgical Wait Times

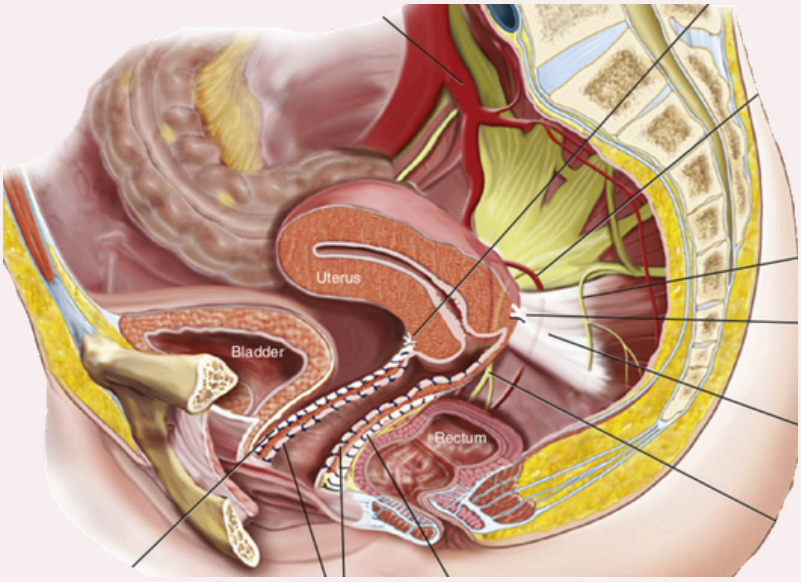
Surgical dates are determined by Regina General Hospital and Dr. Giroux's office does not provide estimates regarding surgical dates. For questions about your position on the surgical waitlist, please contact the SHA Surgical Waitlist Inquiry Line.

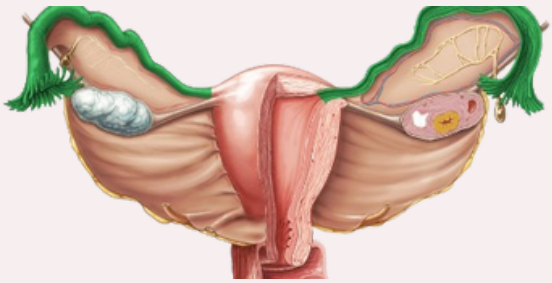
SHA Surgical Waitlist Inquiry Line Contact Information:

P: (306)766-0460
TF: 1-866-622-0222

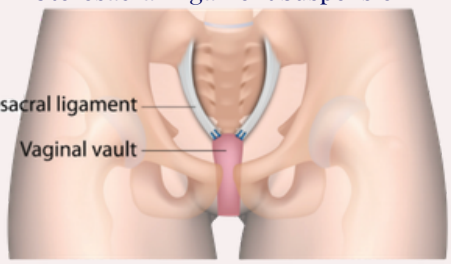
surgicalwaitlist@rqhealth.ca

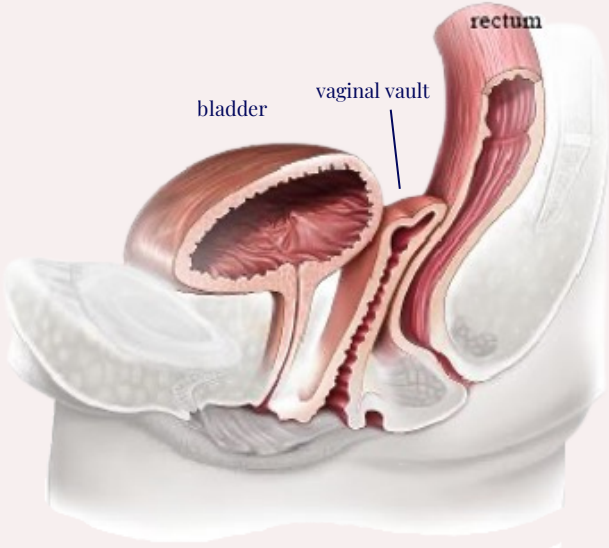
Patient Education Diagrams

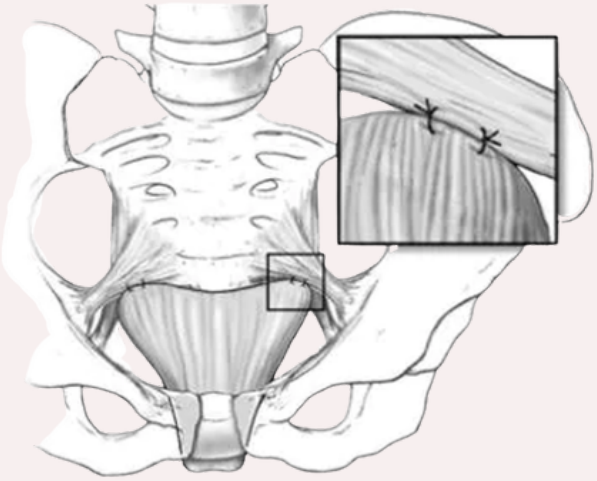


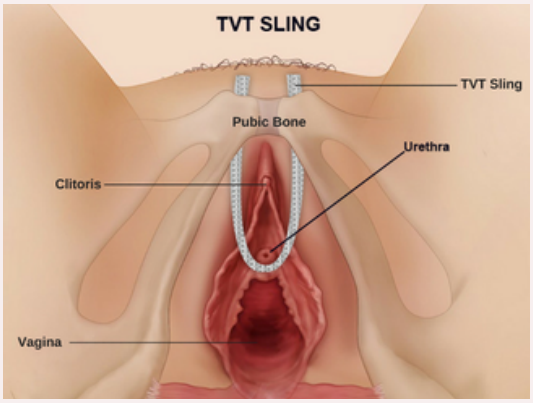


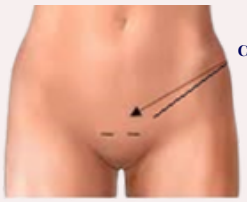
Uterosacral Ligament Suspension



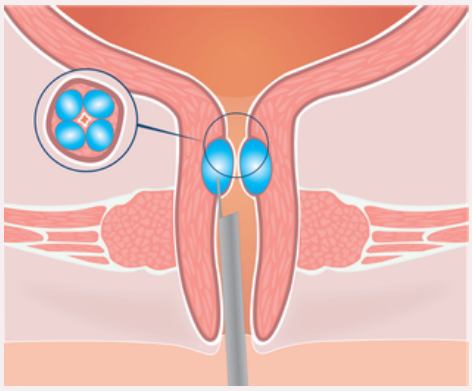


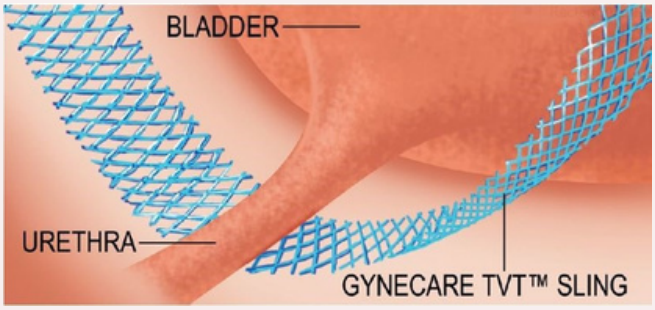


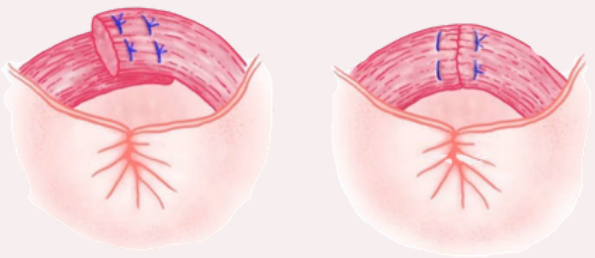




Cuts for TVT Surgery







BGTN ACADEMY

Catheter Options After Surgery

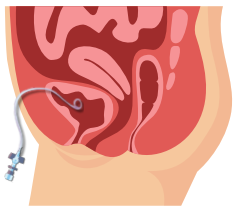
Comparison of bladder drainage strategies

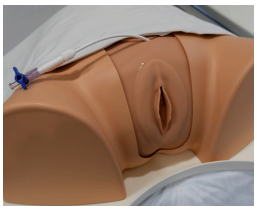
Bladder Drainage

1) Suprapubic Tube (SPT)

A tube placed through the lower abdomen into the bladder.
The tube may be intermittently opened to allow flow of urine into a voiding hat or attached to a bag for continuous collection of urine.

- ☑ *Greatest patient satisfaction; easy to use*
- ☑ *Rare risk of complications and lowest risk of urinary tract infection (UTI)*
- ☑ *Inserted in the operating room*
- ☑ *Does not require a leg bag to collect urine after leaving the hospital*
- ☑ *Can be removed by a provider or by patient at the discretion of provider*
- ☒ *Requires measuring volume of urine emptied through the urethra and a second volume of urine drained from the catheter (example on next page)*



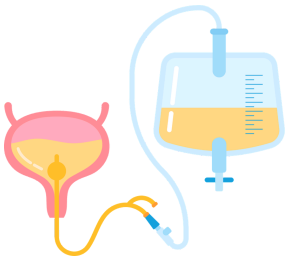


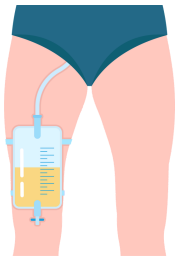
2) Foley Catheter

A tube placed through the urethra into the bladder and attached to a bag for continuous collection of urine.

Also known as transurethral indwelling catheterization (TIC)

- ☑ *Easy to use*
- ☑ *Eliminates the need to get up to urinate*
- ☒ *Requires a leg bag to continuously collect urine*
- ☒ *Higher risk of UTI*
- ☒ *Possible discomfort at the urethra and/or urinary urgency*
- ☒ *Requires removal by a provider to test bladder function and reinsertion if the bladder is not emptying appropriately*

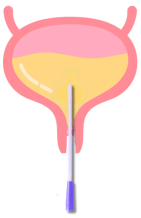


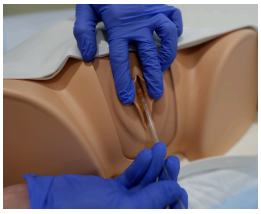


3) Clean Intermittent Self-Catheterization (CISC)

A tube inserted through the urethra to empty bladder several times per day.
This may be performed by yourself or a designated provider (ex. nurse).

- ☑ *Fastest return to appropriate bladder function*
- ☑ *Intermediate risk of UTI*
- ☒ *Possible discomfort at the urethra or difficulty with insertion*





Supplies for Your Surgery

The following items are recommended to support your recovery after surgery. You may obtain them individually or purchase a pre-assembled kit from Dr. Giroux's office for $175. The cost of both options may be similar.

1. Sitz bath kit
2. Acetaminophen (Tylenol)
3. Naproxen (Aleve)
4. Simethicone (GasX)
5. RestoraLAX
6. Multivitamins
7. Vitamin C
8. Peri bottle
9. Baby wipes
10. Perineal ice pack
11. Pads
12. Handheld mirror
13. Lozenges (ex. Halls)
14. Gum
15. Utiva
16. *For secondary anal sphincter repair only:* Polysporin Complete (black)

Specific doses of over-the-counter medications found in the peri-op package can be found in the post-operative checklist section on pages 11-12 of this manual, if you choose to purchase these items yourself.

Prescriptions

Dr. Giroux will fax prescriptions directly to your pharmacy. Please pick up your medications from the pharmacy before your surgery.

- **Dilaudid 1mg** every 4 hours as needed for pain
- **Premarin cream 1g** in the vagina every night for 6 weeks, starting 1 week after surgery
- *For secondary anal sphincter repair: amoxiclav 875/125mg twice per day for 14 days (antibiotic to prevent wound infection)*

If your symptoms are not well-controlled with these medications, please call Dr. Giroux's office during office hours or present to the emergency department if you have any urgent concerns.

Reminders Before Surgery

1. **Prescriptions:** Pick up prescriptions at the pharmacy before your surgery.
2. **Pessary:** If you wear a pessary, please remove your pessary **2 weeks** before surgery.
3. **Driving:** Do not drive yourself home or go home alone in a taxi/Uber. If you go home the same day after surgery, do not drive or make important decisions for 24 hours after surgery. **Please arrange for an adult to pick you up and stay with you for the first 24 hours.**
4. **Self-catheterization:** If you have selected intermittent self-catheterization (ICC) as the bladder drainage option after surgery, teaching and supplies will be provided to you in the Pre-Admission Clinic (PAC).

Before surgery, please follow all instructions that are provided to you by the hospital

If you have any changes to your health, have any questions about your surgery or medications or experience any upper respiratory symptoms, fever/chills/cough, or test positive for COVID-19/RSV/influenza, please notify Dr. Giroux's office and the hospital immediately. If you do not feel well the morning of your surgery, your surgery may be postponed to a later date when you are feeling better.

Hospital Packing List

- Your SK Health Card and 1 piece of photo ID
- Cell phone
- A list of all of your home medications and any medications in their original containers, including insulin and puffers
- CPAP/BIPAP machine if you have obstructive sleep apnea
- Glasses (wear glasses instead of contact lenses)
- Hearing aids
- Dentures
- Cane or walker
- Gum to stimulate bowels
- Lozenges (ex. Halls) for any dryness or sore throat, which can happen after general anesthesia
- Bag to store all of your belongings (ex. shoes, jacket)

Do not bring any valuables (e.g., credit card, personal devices, etc.) with you to the hospital, as these items can be lost easily.

What to Expect on the Day of Surgery

- Your surgery is expected to last _____ hours.
- You will be in recovery room for 2-3 hours after surgery, then you will be
  - ☐ Admitted to the hospital for at least 1 night
  - ☐ Going home same day
- Who should be called after surgery with an update? _____
- If you are admitted:
  - You can call your family once you are upstairs on the ward (most likely *Short Stay Unit* on the 2nd floor or 6A on the 6th floor)
  - You will have a catheter to drain your bladder and vaginal packing (gauze in the vagina) overnight, which will be removed in the morning.
- Before you go home, a trial of void will be done (a nurse will test how well your bladder empties). You may need to go home with a catheter if your bladder does not empty well after surgery and follow-up with Dr. Giroux regarding removal of the catheter.
- **Your anticipated recovery after surgery is 6 weeks.**
  - Please follow the post-operative instructions detailed in this manual.
- You will be given a card with a list of your follow-up appointments, which include:

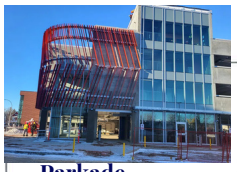
  - **If you go home with a catheter:** within 1 week with Home Care (in-person at the Treatment Centre in Regina (1311 Broadway Ave, Regina, (306)766-0370)
    - If you live outside of Regina, you may be given the option to follow up closer to home (ex. Emergency Department)
    - Please give page 15 of this instruction package to the healthcare provider assisting you at that appointment
  - **6-8 weeks** after surgery (in-person at Dr. Giroux's office)
    - This appointment may be provided to you at a later date

Arriving at Regina General Hospital

You will have an appointment with a nurse, anesthesiologist, +/- internal medicine physician prior to your surgical date. Please arrive to Regina General Hospital before your surgery and proceed to **day surgery** on the **2nd floor**. Step-by-step directions to day surgery are detailed on page 8.

TIME OF MY SURGERY: _____
TIME I NEED TO ARRIVE AT THE HOSPITAL: _____

Directions to the elevator for access to the 2nd floor



If your support person wishes to park, there is a parkade in front of the main entrance.

- **ParkMobile App: Zone #16101**
  - $2.40 per hour for up to 5 hours, $10.40 for 5 hours, $12.40 per day, $45.40 for 7 days
  - **How to use ParkMobile App:** https://www.youtube.com/watch?v=X1_oefiYjXI

ParkMobile: Park. Pay. Go.
Airport, Lot & Street Parking
Get

Parkade

Step-by-Step Directions to Day Surgery

Step 1: At the main entrance, Robin's Donuts will be on your right. Go straight down the main hallway towards the elevators. You do **not** need to go to the Registration Services to check in.

Step 2: Continue straight down the main hallway until you reach the **brown elevators** (elevators 7, 8, and 9).

Step 3: Take the elevator to the 2nd floor, exit to the right, and follow the signs for **"Day Surgery"** and **"Day of Admission Surgery."**

The DO'S of After Surgery

Not following these instructions may result in complications and surgical failure.

DO:

1. **Pain:** Take acetaminophen (Tylenol) and/or naproxen (Aleve) for pain. If this is not enough, then you can take hydromorphone (Dilaudid), but this is a strong medication (take only if needed) and can slow down bowel and bladder function. Do not drive if you are taking Dilaudid.
2. **Bleeding:** Use pads for bleeding. Some spotting or vaginal bleeding after surgery for the first 3-4 weeks is normal, but you should not be soaking through more than 1 pad per hour. It is normal to have bloody/yellow vaginal discharge for the first 8 weeks after surgery as your sutures dissolve.
3. **Sitz Baths:** Take Sitz baths in cold plain water 2-3 times per day for 5 minutes each time.
4. **Hygiene:** Keep the perineum clean and dry. Use a peri bottle and/or baby wipes to clean your perineum after bowel movements to prevent infection. Always wash your hands before touching any healing areas.
5. **Wound monitoring:** Use a handheld mirror daily to check that the wound is healing well. Contact Dr. Giroux's office if there are any signs of infection (abnormal discharge, wound coming apart, redness, excessive warmth, or increased swelling/bruising). It is normal for your incisions to be itchy, feel slightly tender, tight, and/or numb while healing.
6. **Diet:** Eat a well-balanced diet to help your body heal. If you have poor appetite, eat smaller amounts more frequently or use supplements (ex. Ensure) until your appetite is back to normal.
7. **Breathing:** Take 10 deep breaths per hour for the first week after surgery to keep your lungs expanded and prevent collapse of a lung and pneumonia. If you are at risk of shallow breathing (ex., pre-existing lung disease, smoking), please acquire an incentive spirometer from the hospital to assist you with taking deep breaths.
8. **Urination**: Urinate regularly every 3-4 hours. If you go home with a suprapubic tube (SPT), please follow the provided instructions. If you go home with a Foley catheter, empty the drainage bag every 4-8 hours.
9. **Bowel movements:** Chew gum to stimulate your bowels. If you do not have a bowel movement by post-operative day 3, please take a fleet oil enema every 2 hours until you have a bowel movement (not included in the peri-op kit, must be purchased at the pharmacy over the counter).
10. **Activity:** Take at least 3 walks per day (morning/afternoon/evening) to prevent blood clots in your legs or your lungs. You may start at 5 minutes and work up to 20-30 minutes per walk.
11. **Perineal ice:** Apply a perineal ice pack to your perineum to help with pain relief every 2-3 hours for 15-30 minutes while awake. Put the perineal ice pack into a freezer for 15-30 minutes before using.
12. **UTI prevention:** Take Utiva 1 tab daily to prevent UTI.
13. **Constipation prevention:** Take a laxative as needed to keep bowel movements soft and regular (daily).
14. **Bloating:** Take Simethicone if you experience bloating.
15. **Nausea:** Take Gravol if you experience nausea.
16. **Sitting comfort:** (If preferred) Use a donut pillow if you experience pain while sitting.
17. **Dry mouth prevention:** (If preferred) Use lozenges if you find that your mouth is dry after surgery. You may experience some hoarseness or sore throat, or muscle ache for a few days after surgery.
18. **Dressing and steri-strip removal:** If you have abdominal dressings after laparoscopic surgery, remove them 2 days after surgery. If you have steri strips, remove them 7 days after surgery. You may wash steri strips with soap and water to help them fall off.
19. **Vaginal estrogen:** after week 1, use your finger rather than the applicator to apply the Premarin cream, as the applicator may scratch against the incision sites. The cream is used to help your incisions heal.
    - If you were using Vagifem before surgery, stop using it and change to Premarin for the first 6 weeks after surgery.

DON'TS of After Surgery

Not following these instructions may result in complications and surgical failure.

DON'T:

1. **Heavy lifting and strenuous activity:** Do not lift, push, or pull more than 10 lbs, and avoid strenuous activity for 6 weeks (including exercise, stretching, gardening, golfing, pickleball, or yoga). If you cough or sneeze, place a pillow or your hands on your lower abdomen to reduce pressure on the incision sites.
2. **Vaginal insertion:** Do not put anything into the vagina for 6 weeks (no intercourse, tampons, or menstrual cups).
3. **Swim or bathe:** Do not bathe, swim, or use hot tubs for 6 weeks.
4. **High-pressure water:** Do not direct high-pressure water into the vagina (e.g., from a shower head or vaginal douching).
5. **Epsom salts:** Do not add epsom salts to your sitz bath water, as this may cause irritation.
6. **Driving:** Do not drive until your pain is well-controlled, you are no longer taking opioids (hydromorphone/Dilaudid), and you can safely step on the gas and brake pedals and turn your head comfortably. It may take 2 or more weeks to feel ready to drive.
7. **Stairs:** Avoid frequent trips up and down stairs; limit stair use to 2–3 times per day for the first 2 weeks.
8. **Straining with bowel movements:** Do not strain to have a bowel movement, as this may disrupt your surgical repair. Take a laxative as needed to keep bowel movements soft and regular. If you are unable to have a bowel movement despite these measures, contact Dr. Giroux's office.
9. **Opioid medication:** Do not share your opioid medication (hydromorphone (Dilaudid)) with anyone else.
10. **Alcohol and recreational drugs:** Do not consume alcohol or recreational drugs for the first 24 hours after surgery.

Reasons to Seek Medical Care

Seek medical care if you experience any fever >38°C (or >100.4°F), chills, heavy bleeding (>1 pad per hour), abnormal vaginal discharge, vomiting, difficulty urinating, lightheadedness, chest pain, difficulty breathing, coughing up blood, or any redness/swelling/skin changes/pain in your lower legs/ankles/feet.

For questions or non-urgent concerns during office hours, please call Dr. Giroux's office and leave a voicemail if we are unable to answer. If you have any emergent concerns, please go to the emergency department at **Regina General Hospital**. If you live outside of Regina, please go to the nearest emergency department. Please notify Dr. Giroux's office that you went to the emergency department.

Any post-operative complications (ex. UTI) need to be brought to Dr. Giroux's attention.

Dr. Giroux's Clinic Contact Information

P: (306)501-3421
F: (306)586-3128

Centre for OASIS Medical Prof. Corp.
2332 Scarth St., Regina, SK, S4P 2J7

www.centreforoasis.com

Please note that insurance forms or doctor's notes completed by Dr. Giroux are subject to a $50 administrative fee.

Week 1 Checklist

You may print multiple copies for daily use to track your recovery!

Date: _____

	Time
Pain medications • Tylenol 1000mg every 6 hours scheduled for pain • Naproxen 500mg twice daily scheduled for pain • Dilaudid 1mg every 4 hours as needed for pain	
Antibiotic medication *For secondary anal sphincter repair only:* • Amoxiclav 875/125mg twice per day (week 1 & 2 only) • Polysporin complete (black tube) to the perineum twice per day	
Laxative • Restoralax (PEG3350) dissolve 17g in 8oz of any fluid. Take once daily as needed for constipation. • Fleet mineral oil enema every 2 hours until bowel movement on post-operative day 3 if do not have a bowel movement.	
Multivitamins • Multivitamin 1 tab once per day • Vitamin C 500mg once per day	○ Multivitamin ○ Vitamin C
Prevention of UTI • Utiva 1 tab once per day	○ Utiva
Any Other Medications • Gravol 25-50mg every 4-6 hours as needed for nausea. • Simethicone 125mg as needed for gas and bloating. Do not exceed 4 tablets in a 24 hour period.	
Perineal Ice Packs • Apply perineal ice packs to your perineum to help with pain relief every 2-3 hours for 15-30 minutes while awake.	
Sitz Baths • Take Sitz baths in cold plain water 2-3 times per day for 5 minutes each time. Do not add Epsom salts to Sitz baths.	○ Sitz bath #1 ○ Sitz bath #2 ○ Sitz bath #3 
Keeping Perineum Clean • Use a peri bottle and/or baby wipes to clean your perineum after bowel movements to prevent infection	
Check Incisions • Use a handheld mirror daily to check that the wound is healing well	○ Incisions checked
Walking • Take at least 3 walks per day (morning/afternoon/evening) to prevent blood clots in your legs or lungs. You may start at 5 minutes and work up to 20-30 minutes per walk.	○ Walk #1 ○ Walk #2 ○ Walk #3
Deep Breathing • Take 10 deep breaths per hour	

Week 2-6 Checklist

You may print multiple copies for daily use to track your recovery!

Date: _____

	Time
Pain medications • Tylenol 1000mg every 6 hours as needed • Naproxen 500mg twice daily as needed • Dilaudid 1mg every 4 hours as needed	
Antibiotic medication *For secondary anal sphincter repair only:* • Amoxiclav 875/125mg twice per day (week 1 & 2 only) • Polysporin complete (black tube) to the perineum twice per day	
Vaginal Estrogen • Premarin cream 1g in the vagina every night for 6 weeks starting 1 week after surgery	○ Premarin cream
Laxative • Restoralax (PEG3350) dissolve 17g in 8oz of any fluid. Take once daily as needed for constipation	
Multivitamins • Multivitamin 1 tab once per day • Vitamin C 500mg once per day	○ Multivitamin ○ Vitamin C
Prevention of UTI • Utiva 1 tab once per day	○ Utiva
Any Other Medications	
Sitz Baths • Take Sitz baths in cold plain water 2-3 times per day for 5 minutes each time for the first 4 weeks after surgery. Do not add Epsom salts to Sitz baths.	○ Sitz bath #1 ○ Sitz bath #2 ○ Sitz bath #3 
Keeping Perineum Clean • Use a peri bottle and/or baby wipes to clean your perineum after bowel movements to prevent infection	
Check Incisions • Use a handheld mirror daily to check that the wound is healing well	○ Incisions checked
Walking • Take at least three 20-30min walks per day (morning/afternoon/evening) to prevent blood clots in your legs or lungs	○ Walk #1 ○ Walk #2 ○ Walk #3

Bladder Drainage Options After Surgery

Some patients may empty their bladder appropriately right after reconstructive pelvic surgery. However, it may take up to several days for your bladder to start working appropriately again. If your bladder needs time to recover, a catheter is a small tube that can help empty your bladder safely and prevent discomfort or complications.

What is a catheter used for?

- To drain urine from your bladder when it is not emptying appropriately on its own.
- To prevent bladder from overfilling, which can cause discomfort or complications.

How long will I need a catheter after surgery?

- About 25% of people experience temporary difficulty emptying their bladder.
- Most people only need a catheter short-term.
- Long-term catheter use is very rare.

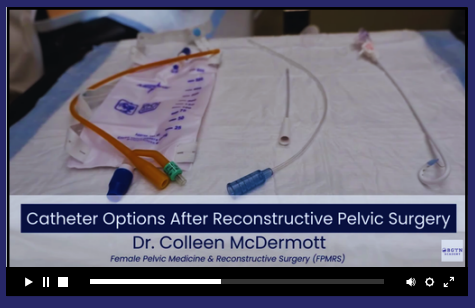
Which catheter is right for me?

There are three catheter options: ***suprapubic tube (SPT), Foley catheter, and clean intermittent self-catheterization (CISC)***.
You will have a discussion with your provider and select the option that you feel would be most appropriate for you.

How will the catheter be removed?

Once your bladder is emptying appropriately, suprapubic tube and Foley catheter are typically removed by your provider (nurse or physician), but may be performed by yourself in some circumstances under the discretion of your provider. Clean intermittent self-catheterization is typically performed by yourself or a nurse.

Video: Catheter options after surgery



https://youtu.be/cIX37nf6CBo?si=tbHxxeLLsWa6Mul3

Leaflet created by:
Heather Rathgeber
Maria Giroux, BSc MD FRCSC

Video created by:
Colleen McDermott, MSc MD FRCSC
Maria Giroux, BSc MD FRCSC

References:
Anglim, B. C., Ramage, K., Sandvith, E., Brennand, E. A. (2021). Postoperative urinary retention after pelvic organ prolapse surgery: influence of peri-operative factors and trial of void protocol. *BMC women's health*, *21*(1), 195. https://doi.org/10.1186/s12905-021-01330-4
McDermott, C.D., Ryan, V., Pulver, A., Boutet, M. (2019). Postoperative Voiding Dysfunction: The Preferred Method for Catheterization. *Female Pelvic Medicine & Reconstructive Surgery*, 25(1), 56-62.
https://doi.org/10.1097/spv.0000000000000512
van Doorn, T., Berendsen, S. A., Scheepe, J. R., Blok, B. F. M. (2022). Single use versus reusable catheters in intermittent catheterisation for treatment of urinary retention: a protocol for a multicentre, prospective, randomised controlled, non-inferiority trial (COMPaRE). BMJ open, 12(4), e056649. https://doi.org/10.1136/bmjopen-2021-056649

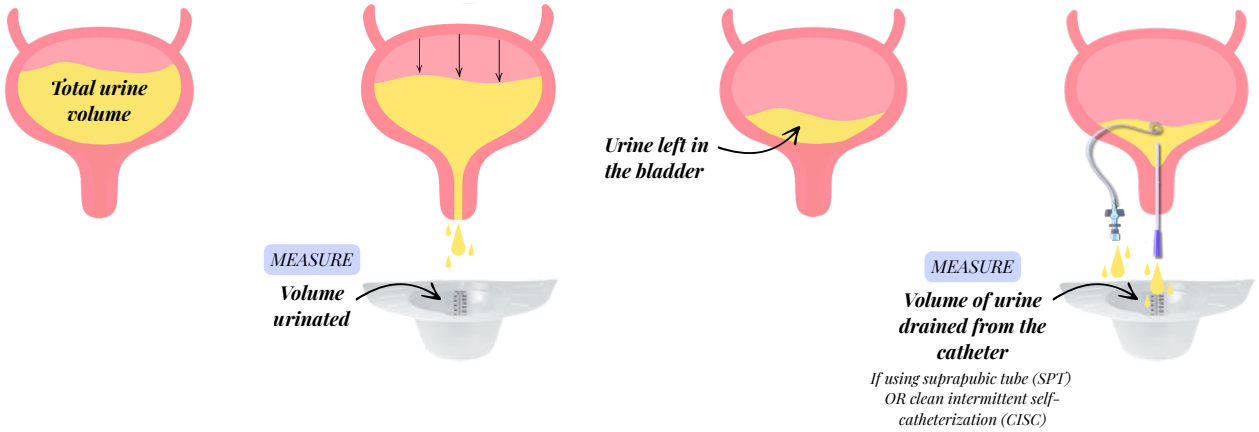
Version:
August 6, 2025

Diary of Bladder Function

For Suprapubic Tube (SPT) and Clean Intermittent Self-Catheterization (CISC)

Trial of void is used to test bladder function. Typically, this test is performed at the hospital after your surgery before going home. If you pass the trial of void, this means that your bladder is emptying appropriately and a catheter is no longer needed. If your bladder is not emptying appropriately, you may go home with one of the catheter options.

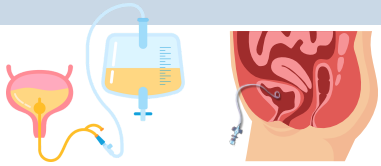
If you go home with a ***Foley catheter***, trial of void is typically performed by your provider. If you go home with a ***suprapubic tube (SPT)*** or use ***clean intermittent self-catheterization (CISC)***, please use the chart below to record your bladder function and discuss the results with your provider. The first line of this chart has been completed for you as an example.



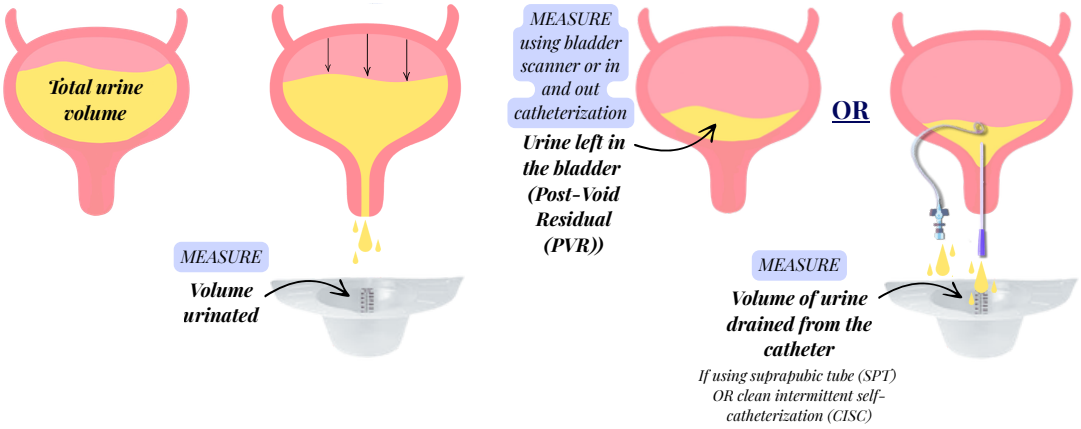
Date	Time	Volume Urinated	Volume of Urine Drained from the Catheter
July 25	7 AM	70ml	150 mL

Trial of Void (TOV) Performed in the Community

Please give these instructions to your provider.



- This patient had surgery by a urogynecologist, Dr. Maria Giroux, at Regina General Hospital (RGH). She had post-operative urinary retention (POUR) and was discharged home with either a ***Foley catheter*** or a Resolve ***suprapubic tube (SPT)***.
- She has been asked to present to a provider (ex. Home care, family physician, or emergency department) to perform trial of void within 1 week after surgery.



Trial of Void (TOV) Instructions

- **STEP 1:** Fill the bladder with 300 mL of normal saline using a syringe through the Foley catheter or suprapubic tube (SPT).
  - If the patient has a Foley catheter, remove it after filling the bladder.
  - If the patient has a SPT, please lock it after bladder filling.
- **STEP 2:** Please have patient void into a voiding hat in the bathroom. Measure amount of urine voided.
- **STEP 3:** Measure post-void residual (PVR) using a bladder scanner, an in-and-out catheter, or by opening the suprapubic tube (SPT) stopcock.
- **INTERPRETATION:**
  - Passes TOV if voided volume is ≥ 200 mL and PVR is ≤ 150 mL.
    - If the patient passes TOV, she may be discharged home without a Foley or SPT (remove SPT) and continue to follow up with Dr. Giroux at her scheduled appointment.
  - Fails TOV if voided volume or PVR does not meet the above criteria.
    - If the patient fails TOV, reinsert a 14F Foley or keep the SPT in place, order a urinalysis C&S, and provide the patient with a follow-up to repeat the TOV in 2–3 days (ex. home care, family physician, or emergency department).
- **Dr. Giroux kindly requests for the provider to call the clinic ((306)501-3421) and leave a voicemail describing whether this patient has passed the trial of void. If she failed TOV, please include a follow-up date in the voicemail. For any questions related to trial of void, Dr. Giroux may be reached through the clinic's phone number ((306)501-3421) or Regina General Hospital's Switchboard (306)766-4444.**

Questions

Questions