

SYDNEY ADVENTIST HOSPITAL  
CENTRE FOR PELVIC RECONSTRUCTIVE SURGERY  
**DOCTOR PROTOCOL**

**DR BRUCE FARNSWORTH**  
**STANDARD MESH REPAIR WARD PROTOCOL**

Last updated 3/8/2006  
Last updated by Dr Bruce Farnsworth

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1. PAIN RELIEF

Initial pain relief at the discretion of the anaesthetist.

Intermittent narcotics.

Digesic 2 tablets 4/24prn

Voltaren or Indocid suppositories

**AVOID CODEINE PREPARATIONS**

2. DIET

Fluids only on return to ward. Increase diet as tolerated.

3. MOBILITY

Sit out of bed day 1. Increase mobilization once catheter and pack removed.

4. THROMBOSIS

Calf compression to continue in ward after surgery in at risk patients.

Subcutaneous heparin 5000u bd to commence after surgery. First dose to be given 4-6 hours post op if stable. **ALTERNATIVE TREATMENT WITH CLEXANE 20mg daily**

5. CONSTIPATION

Coloxyl with senna 1 tablet daily to commence on Day 2 Post Op

Movicol 1 sachet tds to commence on Day 2 Post Op

500mls of warm water to be drunk 1-2 hours after Movicol

Increase Movicol to 2 sachets tds on Day 4 if no response.

6. ANTIBIOTICS

Cephalosprin IV to continue postop whilst IV patent.

Change to Keflex orally after IV drip ceases. Continue for 1 week.

## 7. PATHOLOGY

Check FBC Day 2 Post Op.  
Check MSU before discharge.  
Other pathology tests as ordered

## 8. CATHETER MANAGEMENT

Catheter to be left on free drainage for 48 hours.  
Catheter to be removed at same time as pack on second day after surgery.  
Monitor voiding function closely with bladder scans and in/out catheters.  
Empty bladder with in/out catheter if residual measures more than 200 mls  
Repeat scans until residuals less than 100mls on 3 consecutive occasions  
Bladder must be checked at least once every 4 hours initially.  
Indwelling catheter if any residual measurement greater than 500mls at ANY TIME

## 9. VAGINAL PACK

Remove on morning of Day 2 at same time as catheter.

## 10. DISCHARGE HOME

Discharge can be organized once bladder and bowels are functioning normally.  
**REMOVE ANY EXTERNAL BUTTOCK OR GROIN SKIN SUTURES PRIOR TO DISCHARGE.**  
**DO NOT ATTEMPT TO REMOVE ANY VAGINAL SUTURES.**  
Appointment with Dr Farnsworth 1 month postoperatively.  
Post operative instruction sheet to be given to patient .