

Pre-Operative Instructions For Inpatient Surgery

Patient: _____ Surgery Date: _____

Type of Surgery: _____

Facility: St. Johns Mercy Missouri Baptist Arrival Time: _____ Surgery Time: _____

Post-Operative Appointment(s): _____

There are many things to prepare for surgery. Most of the instructions are similar for all GYN surgeries but there are a few that are specific to the type of surgery *so please read this entire instruction sheet before your surgery.*

Purchase a pre-op kit at our office or go to the pharmacy and buy:

- One Fleets enema
- One Fleets pre-op oral phospho-soda
- Medicated douche (also called a Betadine douche)
- Betadine scrub
- Colace (#30), to be taken after surgery to prevent constipation
- Vitamin K (200 mg., 6 tablets)

Fill your prescriptions for:

- Xanax 0.5 mg. (#4), to take for anxiety the day before surgery.
- Ambien 10 mg. (#4), to take the nights before surgery if you cannot sleep.
- Keflex 500 mg. (#24), take one tablet 4 times a day the day before surgery and five days after returning home from surgery. (If you are allergic to cephalosporins, then you will take Cipro, 500 mg. twice daily the day before surgery and for five days after returning home).
- Compazine 10 mg. (#4), take one orally every 6 hours for nausea the day before surgery.
- Vicoprofen 7.5 mg. (#40), to be taken after surgery every four hours for pain. You will need these at home after surgery.
- Hormone patch if you are having your ovaries out (will be given post-operatively).
- All of your personal prescription medication, especially migraine medication.

14 days before surgery:

- Stop all medications on the attached list that will cause you to bleed or bruise during and after surgery, e.g. aspirin products, oil based vitamins.

3 days before surgery:

- Begin taking vitamin K 200 mg., one per day, to help you clot your blood.
- **DO NOT TAKE IF YOU ARE ON COUMADIN, ANY BLOOD THINNER, OR HAVE HAD DANGEROUS BLOOD CLOTS IN THE PAST.**

The day before surgery:

- Take vitamin K 200 mg.
- If you were instructed to do a full bowel prep, do not eat any solid food the day before your surgery (clear liquids only).
- Do not plan to work the day before surgery as you will probably be doing your bowel prep and will have diarrhea most of the day. Other preparations will consume the day if you have no bowel prep ordered.
- Take your medication—Fleets bowel prep and Keflex (or Cipro) starting in the morning.
- Because you will be losing water with your bowel prep, please drink at least 12 eight ounce glasses of clear liquids (water, tea, soda, juice, Crystal Light, or Gatorade) prior to midnight the day and night before your surgery.
- If you have a surgery time that is after 10:00 a.m., stop drinking 8 hours before surgery. For example, if your surgery is scheduled for noon, stop drinking clear liquids after 4:00 a.m. **ALWAYS STOP EATING AT MIDNIGHT THE NIGHT BEFORE SURGERY.**
- Use your enema before you go to sleep the night before surgery. Feel free to take an Ambien (sleeping pill) at bedtime.
- Use a Betadine (medicated) douche the night before—follow the instructions on the box.
- If you are anxious, you may take the Xanax every 4-6 hours the day before surgery.
- If you are nauseated, take the Compazine as ordered.
- Scrub your abdomen (the area between your ribs and pubic hair, including the pubic hair and belly button) with the Betadine. Use a washcloth or loofa in the shower the night before surgery and the morning of your surgery. Scrub for at least 5 minutes each time but don't scrub so hard that you hurt your skin.
- If you choose to shave your perineum (the hair around your vagina and mons), you may do it yourself instead of letting the OR crew do it. If you have hair on your abdomen (belly), you may shave it, too.
- Remove all belly button rings, piercings, labia jewelry, and other adornments prior to surgery—they can cause burns when the cautery is used.

The day of surgery:

- Take only high blood pressure medication in the morning with a sip of water.
- Scrub abdomen and inner thighs with Betadine scrub in the shower.
- Fleets enema in the morning before surgery.
- Please be at the admitting area of the hospital 3 hours before your surgery.
- Make sure you have someone to drive you home from the hospital.

Suggested items to bring for your hospital stay:

- 10-12 large Ziplock freezer bags (use for an ice pack in the hospital (better than what they give you)
- Peppermints or lemon drops to suck on the day after surgery when you cannot eat
- Sipper cup or large disposable plastic cups to drink from (hospital cups are small)
- No-skid socks or slippers
- Robe or front-buttoning night shirt
- Lipton soup or other dried clear soup, if you desire (hospital broth is salty)
- Favorite soda or tea bags
- Face and hand cream
- Book, CD player and music, crossword puzzles (anything to entertain you!)

The hospital will on occasion allow a friend or family member to stay with you overnight. If you are staying in a semi-private room (you have a roommate), there might not be enough room to have a friend or family member stay with you. If someone does stay with you, please have him/her read this information also. Your friend or relative can get you ice packs, sips of water, or pain medicine when needed. They should plan on sleeping in a chair. If desired, they can bring a blow-up mattress for the floor.

What to expect in the hospital:

You will enter the pre-op area to check in. If your testing was not done the day before, you will have blood drawn and all of your testing done before surgery in the pre-op area. The nurse will ask you about your illnesses, previous surgeries, and hospitalizations, as will the anesthesiologist. You may type or write a

complete history to shorten the process. This should include your medications with dosages, allergies, previous surgeries, and dental work. Prepare to say the same thing over and over again!

The hospital or surgery center will need to make a copy of your insurance card, so please bring it with you. If you have secondary insurance, they will also require a copy of it. Please leave money and jewelry at home—you will not be allowed to wear jewelry during surgery. Your manicure may also be disrupted because the anesthesiologist will have to use an oximeter on your finger and if you don't remove the polish, they will do it for you. After the initial interview they will have you put on a hospital gown (no underwear), booties, and a surgical cap. The anesthesiologist will start an IV and give you some fluids.

You will be asked to sign a consent for your surgery—make sure it says the same thing we have discussed and if there are any questions, please have them page your doctor prior to getting anything to make you relaxed. If you need something for relaxation or if you have had trouble with anesthesia in the past, please ask the anesthesiologist when he/she interviews you—they are in charge of putting you to sleep and waking you up.

All surgeries require an IV to give you the drugs you need to go to sleep and the fluids you will require while you are asleep. The IV will be started by the anesthesiologist prior to surgery and will remain in your arm until you are able to drink without vomiting after your surgery (usually the first post-op day). We also routinely give an antibiotic through your IV while you are in the pre-op area.

Your doctor will talk to you in the pre-op area before you are taken to the operating room. If you have any last minute questions, please ask! Your family will remain in the general waiting room unless there are unusual circumstances. The doctor will talk to your family immediately after your surgery to tell them how it went and what was found. **If you do not want us to talk to certain family members, please tell us when we speak to you in the pre-op area before surgery.**

Bladder catheters & shaving:

During most surgeries we place a catheter in your bladder to drain urine while you are asleep and shave the skin where the incision will be made. These are necessary procedures to insure your safety and prevent injury and infection. The bladder catheter is removed the first post-op day. If you require a “bladder tie-up” by a urologist during your GYN surgery, or if the bladder is injured during your surgery, you will be told and the catheter may stay in up to a week and will be removed in the office. The nursing staff at the hospital will tell you how to empty the catheter and get you a leg bag if you are to take it home.

Sequential TED hose:

During all surgeries in the hospital we place stockings on your legs that inflate and gently compress your legs to prevent blood clots from forming during and after your surgery. Sometimes patients like them but most often they are hot and itchy. They are very necessary so we encourage you to keep them on until you are moving around your room. Your doctor will write an order to remove them when you are able to get out of bed on your own.

Talking to the doctor:

After surgery you may not remember anything until you wake up in your room. We will talk to you in the recovery room, as will the nurses, but you will most likely not remember it. If you are staying in the hospital, we will discuss your surgery the next day when we make rounds and you are more awake. You can also ask your family what we discussed with them. If you are having a one-day surgery and are admitted and discharged the same day, we will discuss the operation and pathology at your first post-op visit in the office (two weeks after surgery).

First night after surgery:

The night after surgery is always the hardest and you will have a PCA (medication dosing system) for pain relief. You will be able to press a button to get morphine or Demerol through your IV every 15 minutes—you

cannot overdose because the system locks out extra button pressing. Please push the button when you need your medicine because if you are in too much pain you will not heal quickly.

If your pain is not relieved, tell the nurse and we will add a medication called Toradol **or** we will increase the dose you are being given in the PCA. The PCA can last 24-48 hours and after that you may have pain pills, one or two every 4 hours. For pain pills, please call the nurse about a half hour before you need them to give her time to get to you.

Medications post-op:

Additional medications that patients sometimes receive after surgery include medications for nausea and vomiting, sleep, anxiety, and stool softeners. Medications that you routinely take will also be administered by the nurse. Do NOT bring your personal prescriptions to the hospital.

Passing gas:

We consider passing gas a big deal because it tells us that your bowel has awakened from surgery and you are ready to eat real food. Please tell your nurse when this occurs. If you become distended and cannot pass gas, we will give you a suppository, an enema, or both to relieve your gas pains. Rocking, walking, warm showers, and warm liquids help the bowel to resume normal movement.

Inspiratory spirometer/coughing:

You will be asked to use a spirometer every few hours during the first few days after your surgery. Taking deep breaths is very important and coughing after you use your spirometer is just as important! These two things will prevent pneumonia and collapsed lungs, which are two risks of the post-operative period. Please follow directions and even if the nurses don't remind you, take 3 deep breaths and a cough every time you wake up—about every two hours.

Getting out of bed:

If you don't get out of bed when we encourage you to, you will get very stiff and have trouble breathing and increase your risk of blood clots and pneumonia! The first night you should dangle your legs over the side of the bed. The next day you should get up with assistance to the bathroom and be able to walk around your room by the end of the day. The second day after surgery you should be able to walk up and down the halls with help and will probably go home that day.

A good regimen is to ask for pain medicine, wait for 30 minutes after taking it, and then take a walk or just get out of bed to a chair if that is all you can do. The pain medicine will take away enough pain so you will be able to walk and stretch and move easily.

Eating/Diet:

At first you will not be hungry but you will be very thirsty. You will only be given ice chips and sips of water for the first night. If you are not nauseated the first morning, and can keep down clear liquids (avoid the broth and use your own, if possible), you will receive Jell-O, tea, coffee, and broth. If you can eat this without trouble, we will likely advance your diet to solid foods.

Activity/Hormones/Diet:

The day after surgery you will begin to get out of bed and urinate on your own, once the catheter has been removed from your bladder. Your IV and PCA may even be stopped. When you are out of bed you will have the compression stockings removed. If your ovaries were removed (and there is no reason you may not have estrogen, e.g. breast cancer) an estrogen patch will be applied to your hip, abdomen, or thigh.

Ice packs:

We advise you to have the nurses or your friend/relative fill up the Ziplock bags and put them in a pillowcase and place them over your incision. This not only decreases the pain but decreases the swelling. You should do this for the first 2-3 days continuously and when you are in pain at home.

Binders:

When there is tension on your incision we often order a binder for you to wear in the hospital and after you go home. They are not a good fit for most women so we have to cut them in width to fit. They should not impair your breathing **and** they should put pressure on your incision. If the binder is above your incision, it is doing more harm than good so you should just put ice over the incision and hold the incision with a pillow when you cough.

Drains:

We often place drains to drain your pelvis or fatty tissue. These will remain in place from 2-10 days, depending on the reason they are there. If you have a drain, you will have to watch it yourself at home and you should make sure your nurse shows you how to empty it before your are sent home.

- Start at the point on the tube closest to your incision and “strip it” toward the collection “grenade.” The idea is to squeeze the blood and fluid from the inside of your body to the collection area to get it out of your body!
- When the grenade is full, or every 8 hours, open the cap and see how much is in there, write it down, and squeeze the fluid into the toilet.
- Turn the grenade right side up with the cap on top, squeeze out the air and replace the top. The grenade should now look kind of flat.
- Re-pin the drain to your gown or binder.
- It should be emptied every 6-8 hours.
- The record of the amounts should be brought to your doctor visits until it is removed.

Incisions:

Incisions might be closed with staples or sutures. The staples can come out 2-3 days after surgery with a horizontal incision and 7-10 days with a vertical one. Sutures are usually dissolvable and do not need to be removed.

- If your incision becomes redder around the area, please call our office (314-993-7009) to be seen and have it evaluated. **THIS CANNOT BE DONE OVER THE PHONE!**
- If your incision weeps a small amount of yellow or red fluid, **gently** clean the incision with alcohol or peroxide.
- If your incision opens or bleeds more than 2 tablespoons, come in to the office at once if during regular business hours during the week or go to the emergency room to be seen by the ER doctor—they will call us after you have been evaluated.

Going home:

If all goes well and you do not develop complications, you will go home on the second post-op day. You will need someone to drive you and assist you from the car into your house.

- You should not climb stairs for the first week unless there are very few steps or you are very slow taking the stairs.
- You may not lift more than 15 pounds for 6 weeks.
- You may not exercise your abdominal muscles (no sit-ups, jogging, weights, bicycling, swimming) for 6 weeks.
- You should not drive for 2 weeks if you have an automatic car and 6 weeks if you have a manual transmission.
- You should not scrub your incision or take off steri-strips until after your 2-week visit.

- You may take a shower after 3 days, or if you have staples, after they are removed.
- You may take a bath after a week (only if no staples or drains).
- You should use a stool softener for 2-4 weeks.
- You should use pain medication as needed for 4-6 weeks. Often patients are able to taper their pain medication to one before bed within 1-2 weeks after surgery. You will be most sore at the end of the day so it does help to take a pain pill before bed.
- You should plan on being out of work for 6 weeks for an abdominal procedure and 4 weeks for a vaginal procedure if you have a desk job with no lifting—otherwise you will be off 6 weeks. If there are any complications, you may be off work longer.
- Have someone with you for the first week you are home.
- If you have no one to help, we can have a home health nurse come visit you daily.
- If you have special needs, e.g. need a walker or portable potty, please tell us so we can have it arranged while you are in the hospital and ready for you when you are discharged.

Forms for disability or family leave:

All forms for disability or time off work should be sent to our office at 10806 Olive Boulevard, Creve Coeur, Missouri 63141, attention Angie. They are filled out by our staff before our signature.

List of possible complications:

Minor complications:

- Abdominal swelling is common and not usually a complication. It may take months to fit back into your normal size.
- Incision won't heal—secondary to infection, obesity, diabetes, or poor nutrition.
- Incision is infected—if there is a yellow discharge, clean with hydrogen peroxide 3 times a day. If there is a reddened area around it that is getting bigger and bigger, then come to the office that day—**it is an emergency**—or go to the emergency room if at night.
- Hematoma of the incision or the vaginal area (like a big bruise that contains dark blood). If it is not getting visibly bigger, then ice and pressure (the binder) are needed. If it is growing, then a visit to the office or emergency room is necessary.
- Constipation—take Milk of Magnesia once, two tablespoonfuls, or try a Fleets enema or Ducolax suppository or all of the above. If vomiting begins, then go to the emergency room to rule out bowel obstruction.
- Diarrhea—take over-the-counter meds at first. If that is ineffective or you are getting dehydrated, go to the emergency room for fluids through an IV.
- Anemia—will be diagnosed while in the hospital and you will be given an iron supplement, a B₁₂ shot, or both.
- Nausea/vomiting—from meds or anesthesia is normal in the first post-op week. If it is constant so you cannot eat while at home, then you will have to go to the hospital to evaluate for a bowel obstruction, IV fluids for dehydration, and possible readmission to the hospital.
- Dizziness may be secondary to lack of food (low blood sugar), pain medication, anemia, pain, or neurologic disorders. If it is severe, you must go to the emergency room for tests. Try to eat or drink some juice and wait for pain meds to wear off before seeking emergent care.
- Headache—may be from minor things that should get better with Tylenol, Motrin or Aleve. It also may be from hormone changes and usually from lack of estrogen. If it is migraine-like, then call for an increased dose of hormones or migraine medicine. **If it is the worst headache of your life, please go to the emergency room quickly and tell them that you may be having a neurologic problem.**
- Hot flashes/night sweats—might be related to a drop in hormone levels. Call during office hours for an adjustment of your hormone dose.

More severe complications:

- Inability to pass gas, accompanied by pain and nausea—could be a blockage of the bowel and further surgery might be necessary—**go to the emergency room!**

- Bladder spasms—this is frequently from irritation from the catheter and we usually give medicine for it. If it is an infection, it will feel like burning. Please call us for an appointment to determine the cause and treatment.
- Urinary tract infection—antibiotics are given but it is determined by tests in the hospital or office.
- Upper back pain—back pain over the kidneys may be from musculoskeletal problems but also may indicate a kidney blockage or infection. If alternating heat and ice every 30 minutes and pain medicine do not make it tolerable, please call for an appointment if you are already home or go to the emergency room if pain is severe.
- Internal bleeding—could be because a stitch popped off a vessel or your clotting is poor for medical reasons. This might necessitate a blood transfusion or a repeat surgery. It is usually detected when you are in the hospital and treated there.
- Increasing abdominal pain and pain meds don't help—we would have to evaluate you to determine the cause but the possibilities are infection, obstruction, internal bleeding—all of which require emergent treatment.
- Difficulty breathing—can be anxiety or it can be a severe problem. We will order multiple tests to determine the cause and treat you accordingly.
- Heavy vaginal bleeding—would need evaluation in the office or emergency room depending on the time of day. It could be that a stitch has dissolved and it is self-limiting (will stop on its own) or that the vaginal incision has broken down and would need surgical repair.
- Pneumonia—inability to breathe or productive cough—would require evaluation, testing, and possible readmission to the hospital.

The severe complications above need evaluation so call for an appointment during office hours or go to the emergency room.



Please Avoid These Medications
Two Weeks Before Your Surgery
(Unless You Check With Us First)
They Can Increase Your Tendency To Bleed
(Tylenol may be substituted for Aspirin)

Aspirin and Aspirin Containing Compounds

Alka-Seltzer	Momentum
Alka-Seltzer Plus	Norgesic
Anacin	Percodan
Arthritis Pain Formula	Robaxisal
Ascriptin	Sine-Aid
Bufferin	Sinu-Tab
Cope	Soma Compound
Darvon Compound	Stendin
Dristan	Synalogs DC
Ecotrin	Talwin Compound
Empirin	Triaminicin
Excedrin	Trilisate
Fiorinal	Vanquish
Midol	

Anorexant (Reacts With Adrenalin)

Tenuate Dospan

Antispasmodic

Tenuate

Antibiotic

Flagyl
Mesteclin
Tetracycline
Vibramycin

Herbal Preparations

Glucosamine/Chondroitin
Herbal Fen-Phen in any form
St. John's Wort
Yohimbe (Natural Viagra)
Ginko Bilboa
PC-SPEC (used for prostate cancer)
Ginger, garlic, cayenne, bilberry
Ginseng
Melatonin
Echinacea
Aloe

Antihistamine

Ru-Tuss

Analgesics (Non- Narcotic)

Nalfon 6000

Phenothiazne Derivatives

Compazine

Mellaril
Sparine
Stelazine
Trilafon

Anti-Inflammatory Agents

Clinoril	Indocin
Kutaspressin	Motrin
Naprosyn	Prednisone
Tolectin	Tolectin Ds
Zomax	Butazolidin
Anaprox	Aleve
Ultram	Lodine

Ibuprofen

Advil
Medipren
Midol 200
Nuprin

Anticoagulants

Coumadin
Persantine

Tricyclic Antidepressants (Reacts with Adrenalin)

Elavil
Endep
Pamelor
Surmontil
Triavil
Tofranil

Vitamins

Vitamin E

All of the above medications should be stopped at least two weeks before surgery and not restated until two weeks after surgery unless otherwise directed by this office.

This list may not include all drugs that can cause bleeding. If you are taking any medications not listed above, please check with our office first. Please check with our office if you intend to begin a new medication.

ATTENTION SMOKERS: Smoking greatly reduces your ability to heal. You should not smoke for at least one month prior to surgery and until your incision heals.