

KEEP AT HOME

Women's Health and Surgery Center

About Your Surgery

Please thoroughly review this helpful packet prior to your surgery and keep it at home with you for reference post-operatively. Many of the answers to your questions will be found in this packet.

25 Hospital Center Blvd Ste 221

Stafford, VA 22554

(540)720-7340

Pre-Operative Instructions

Patient Name: _____

Procedure: _____

Hospital/Surgery Center: _____

Date of Surgery: _____

One Month Prior To Surgery

Clearance for Surgery

Depending on any existing medical condition(s), you may be required to obtain clearance for your surgery.

Medical Clearance Cardiac Clearance

Please arrange for your primary care provider (PCP) to perform an EKG and any other testing deemed necessary to clear you for surgery. The testing should be performed two to four weeks prior to surgery. Your PCP should fax test results to:

(540)720-7341

Pre-Admission Testing

Pre-Admission testing must be completed at least one week prior to your surgery but no more than two weeks prior. Failure to complete these steps may result in a delay or cancellation of your surgery.

1. Call centralized scheduling to pre-register and schedule a nurse interview at (540)741-2000
2. In your folder of paperwork, fill out the top portion of the Anesthetic Health Questionnaire (the green form) and place it back in your folder for registration once completed.

3. Go to Patient Access/Registration at the hospital and give them your folder of paperwork (from your physician). They will guide you where you need to go for any labs, etc.

<p>● Stafford Hospital Center 101 Hospital Center Boulevard Stafford, Va. 22554 (540)741-9000</p>	<p>● Mary Washington Hospital 1001 Sam Perry Boulevard Fredericksburg, Va. 22401 (540)741-1100</p>
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Anesthesia

One part of pre-admission testing is a review of your medical history by an anesthesiologist. The type of anesthesia we recommend for your surgery is indicated below. However, when the anesthesiologist evaluates your medical needs, it is possible that a different type of anesthesia will be indicated.

- General- General anesthesia causes a patient to be unconscious during surgery. A breathing tube will be inserted into your “windpipe” to maintain proper airway during surgery. You may experience a sore throat after surgery.
- IV Sedation- The anesthesiologist will administer medication through an intravenous line to make you sleep. You will breathe on your own as you sleep.
- Epidural/Spinal- The anesthesiologist will place a thin catheter or perform an injection into the middle to lower back. This will numb the lower half of your body. You will breathe on your own as you sleep.

Seven Days Prior To Surgery

Discontinue use of the following medications that have anticoagulant (blood thinning) properties seven days prior to surgery:

- °NSAIDs including but not limited to Ibuprofen®, Advil®, Aleve®, Motrin®, Celebrex®
- °Aspirin products including but not limited to Excedrin®
- °Anticoagulants including but not limited to Plavix®, Coumadin®, and Vitamin E
- °Herbal medications (all kinds)

The Night Before Your Surgery

- Review the hospital information sheet provided to review what you can eat or drink prior to surgery.
- You may take your regular medications the morning of your procedure (with the exception of those which you have been instructed to discontinue).
- If you have been instructed to do a bowel prep by your physician, please see section below. If your doctor did not mention this at your pre-operative visit, you will not need to follow these instructions.

Bowel Preparations

□ A bowel preparation **may rarely be required** for your surgery. **If you have been instructed by your doctor to do a bowel prep, please follow the directions below.** The goal of the bowel prep is to prepare your bowel so that stool will not be present that could compromise your scheduled surgery.

One Day Prior to Surgery

24 hours before surgery, you will begin a clear liquid diet. This includes liquids you can see through. For example, Water, Jell-O® Gatorade®, Chicken/Beef/Vegetable Broth, Ginger Ale, 7UP®, and apple/grape/prune/cranberry juice may be consumed.

These items are **NOT ALLOWED**:

Milk, cream, milkshakes, orange juice, tomato juice, cream soups, oatmeal, cream of wheat, and any soups other than clear broths.

At 3p.m. the day before surgery, you must drink a bottle of magnesium citrate. You can purchase this in different flavors at any drugstore. Chill for better taste. Your stool should become watery.

Reporting To The Hospital

You **must** arrive 2 hours prior to your scheduled surgery time. Unless told otherwise by our surgical coordinator.

Hospital Stay

Most of our patients have outpatient surgery or a brief one day hospitalization. We encourage you to return to your home environment as soon as possible. It is there that you will sleep and eat better, which is very important to your recovery.

Post-Operative Instructions/ Items for Home Care

Approximately 20% of patients experience temporary difficulty emptying their bladder after pelvic surgery. If you are unable to sufficiently empty your bladder upon discharge from the hospital, you may be sent home with a temporary indwelling catheter and antibiotics to prevent Urinary Tract Infection (UTI) may be sent to your pharmacy. The temporary catheter will be secured to a leg bag that collects urine. Be sure the catheter collection bag is below the level of your bladder for proper drainage. If you have any questions on the care of your catheter, feel free to call our office. Within several days, you will be seen in the office to assess your ability to void and to have the catheter removed.

Items for Home Care

Have the following over-the-counter medications and items **ready for use at**

home: NSAIDs (Ibuprofen, Advil, Motrin, Aleve)

Extra Strength Tylenol

Stool Softener (Colace,

Miralax etc.) Milk of

Magnesia

Fleet disposable enema

Gauze/tape, Band-aids, Neosporin- for abdominal/pelvic

incisions Epsom salt/Sitz bath, Ice packs- for vaginal

incisions

Post-Operative Instructions/ Things to Expect

- **Pain management:** Every effort is made to minimize your discomfort; however, pain after surgery is normal and to be expected. Take Ibuprofen (600 mg every 6 hours) with food for relief of mild to moderate pain and swelling. And you may also take Extra Strength Tylenol (1,000 mg every 4-6

hours). These medications work differently and can be used safely together. If you have been prescribed narcotics for pain, use sparingly for severe post-operative pain only.

- **Bowel movements:** It is normal to have difficulty having a bowel movement after surgery. Take Colace, Miralax, or a generic equivalent, to soften the stool as instructed on the packaging for as long as necessary after your surgery. In addition to stool softener, it may be helpful to begin a gentle bowel stimulant or laxative (e.g. Milk of Magnesia) as instructed on the bottle. You should be passing gas regularly. **If you are not passing gas and/or still unable to have a bowel movement after the third post-operative day, please call our office**
- **Vaginal bleeding:** You may notice vaginal bleeding or spotting for several weeks post operatively- this is normal, especially once you increase your activity. Please call our office immediately if the bleeding becomes heavier than a normal menstrual period and/or you are soaking a pad every hour or less.
- If you had general anesthesia, you may feel very tired for the first two weeks. Keep moving and you will recover quicker.
- If you feel feverish or have chills, take your temperature. It is normal to run a low-grade fever after surgery. If your temperature is greater than 100.5 degrees, please call the office.
- Resume any medications unless instructed otherwise.
- Place nothing in your vagina for six weeks or until you are "cleared". No tampons, douching, intercourse, vaginal creams, etc.
- You may take stairs slowly as tolerated. Please take care especially if you are taking pain medication.
- For the first 2 weeks, do not lift anything heavier than a gallon of milk (approx. 8 lbs.). For about two months, avoid heavy lifting (20-30 lbs.).
- No baths, hot tubs/spas, or natural bodies or water for 4 weeks. You may cool off in private swimming pools after your physician examines you in

approximately 2 weeks (NO diving). You may shower as soon as you feel up to it after getting home.

- Do not drive until you are free of discomfort from your surgery and are not taking pain medication. If you can walk up and down the stairs and get in and out of a chair without discomfort, you may drive.

Incision/Bandage Care

If you have had laparoscopic surgery:

You may have 3-4 small incisions- two on the bikini line and one umbilical incision. Remove any outer bandages that you went home with in about 2-3 days after surgery. You may let mild soap and water run over the incisions in the shower. Apply Neosporin as needed and only apply light gauze dressing if incision is draining.

If you have a vaginal incision:

If you are able to safely get in and out of the tub, a sitz bath (two cups of Epsom salt in six inches of warm tub water) for 20 minutes each day for 2 weeks will make you more comfortable. A commode sitz bath may also be used (two tablespoons of Epsom salt to warm water in commode sitz bath).

You may apply ice packs to the perineum (outside the vagina) for up to 20 minutes as often as needed.

If you notice a rough, sticky area in the groin or buttock area, do not attempt to remove it. This is surgical glue (used instead of stitches), and it will loosen and fall off on its own.

If you notice stitches in the groin or buttock area, do not attempt to remove these. They are dissolvable sutures and will disintegrate on their own.

You may notice a yellow vaginal discharge, which may have a mild odor, for up to six weeks while the vaginal sutures dissolve.

Follow-Up Visits

A nurse will call to check on your progress 2-3 days after your surgery. At that time, you will schedule a post-op appointment two weeks from your date of surgery if you have not already. Our doctors will recommend subsequent post-op visits as necessary, usually six weeks post-op and four months post-op.

****If you have a post-op concern that requires you to visit the emergency room, please go to **Stafford Hospital**, if you are unable to get there then go to your nearest hospital. Our surgeons only have privileges at Stafford Hospital and do not go to the other hospitals in our area.****

How to Reach Us

If you still have questions or concerns after reading this packet, please contact our office. If you have concerns regarding medications, complications, etc., please choose the option for the “Nurse Triage Line” when given the prompts. If you have concerns regarding insurance, scheduling, etc., please choose the option for “Surgical Coordinator”.

Stafford Location

125 Hospital Center Blvd Ste 221

Stafford, VA 22554

P: (540) 720-7340

Fredericksburg Location

2535 Cowan Blvd

Fredericksburg, VA 22401

P: (540) 368-9472

Office Hours: Monday-Friday 8:30 A.M. - 5:00 P.M.

EMERGENCIES: After hours and on weekends you can call the office and leave a message with the answering service for a physician to

return your call. The answering service will page the physician on-call for your emergency.