

Gynecology Surgery Guide

If you have any questions, ask your physician or nurse.

This brochure will give you and your family an overview of what will happen. It will also tell you what you need to do before and after your gynecology surgery.

Your surgeon (the physician who will be doing the surgery) will talk with you more about your specific surgery. Your care team will follow treatment practices that have been studied and proven to help you recover more safely and quickly. You are the most important member of this team. As partners in this program, we will teach you about the things you can do to recover faster.

Before your surgery

Your physician may ask you to make an appointment with the Northwestern Memorial Hospital Pre-operative (Pre-op) Clinic (312.926.4566). This visit should be scheduled 4 to 30 days before your surgery. It will include education about your surgery, and a pre-surgery and anesthesia-focused evaluation. You may also see your own primary care physician for a pre-op evaluation. If you see your own primary care physician, please call the Pre-op Clinic after that visit. The Pre-op Clinic will give you important information about your surgery and any blood work you may need. You should have blood work done at the same hospital as your surgery.

Our goal is to help you be in your best health before surgery. This will help you recover after surgery. If you have other medical problems, please follow your physicians instructions to care of yourself. You may need to delay surgery if your other medical conditions are not taken care of since that may limit your ability to recover from surgery.

1 week before your surgery

Stop taking these medications 7 days before your surgery:

- Aspirin (do not stop taking aspirin if you have coronary stents or coronary artery disease, or if you have ever had a stroke or trans ischemic attack [TIA].)
- Nonsteroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen, Motrin® or Aleve®
- Vitamins and herbal supplements

If you take medication daily, please ask your prescribing physician if you should stop or continue to take it on the day of surgery.

1 day before your surgery

Pre-operative phone call

The day before your surgery (or on Friday if your surgery is on Monday), A staff member at the Pre-op Clinic will call to remind you of what you need to do before your surgery. This call will happen between 2:30 pm and 6:00 pm. **If you do not get a call by 6 pm, please call 312.472.0610 to confirm your arrival time for the next day.**

Pre-operative diet

We recommend increasing the carbohydrates in your diet for 1 to 2 days before your surgery. This will help your body have the energy you need for surgery and recovery. Foods that are good sources of carbohydrates include:

- Pasta
- Beans and lentils
- Rice
- Milk
- Cereals
- Fruit
- Bread

If you have diabetes, please talk to your physician about your diet.

At bedtime on the night before surgery:

- Stop all solid foods.
- Drink 32 ounces (4 cups) of Gatorade. If you have diabetes, drink low-sugar Gatorade (G2).

Preparing your skin for surgery

You can help prevent an infection after surgery. Reduce the number of germs on your skin by carefully washing before surgery. You will need to shower with a special soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens®, but any CHG brand is OK to use. The soap may come in a liquid form or in a scrub brush applicator. Either form is OK. Do not use this soap if you are allergic to CHG.

Follow these instructions to make sure your skin is clean before surgery. Shower or bathe with CHG 2 times before surgery: once on the night before surgery and again on the morning of surgery. Do not shave the area of your body where you will have surgery.

Instructions:

1. With each shower or bath, wash your hair as usual with your normal shampoo.
2. Rinse your hair and body thoroughly after you shampoo your hair to remove all of the shampoo.
3. Then apply the CHG soap to your entire body **only from the neck down. To avoid permanent injury, do not use CHG near your eyes or ears.** Wash thoroughly. Pay special attention to the area where you will have surgery, including your belly button.
4. Turn the water off so you do not rinse the CHG soap off too soon. Wash your body gently for **5 minutes**. Do not scrub your skin too hard. Do not wash with your regular soap after you bathe with CHG.

5. Turn the water back on and rinse your body thoroughly.
6. Pat yourself dry with a clean, soft towel.

Bowel preparation

Depending on the type of surgery you are having, your physician may ask you to clean out your bowel before surgery. If you need to do a bowel prep, please follow the instructions that your physician gives you for your pre-op diet and bowel cleanse.

The day of your surgery

Diet and medication

Do not eat solid food.

If you are having a hysterectomy, your physician may ask you to take phenazopyridine (AZO[®], Pyridium[®]) with a sip of water about 2 hours before arriving for surgery. You can buy this over the counter as a 95 milligram (mg) tablet or you may get a prescription for a higher dose of 100 to 200 mg. Be aware that it will turn your urine orange and the orange color will last for about 24 hours.

2 hours before time of arrival at the hospital:

- Drink 8 ounces (1 cup) of Gatorade or Gatorade G2.
- Take your usual daily medication at this time as directed by your physician. (Your care team will review your medications at your Pre-op Clinic visit).
- With the Gatorade, take 500 mg acetaminophen (Tylenol[®]) and the phenazopyridine, if it was prescribed to you. (If you were not prescribed these medications or you did not take them, the care team may give them to you after you check in.)
- After this time, do not eat or drink anything.

Getting ready for surgery

Before you come to the hospital, remember:

- Take the 2nd CHG bath or shower as instructed.
- Do not shave or mark your skin anywhere near your surgical site.
- Do not wear makeup.
- Remove all jewelry, including body piercings. Leave all jewelry at home.
- Wear loose and comfortable clothing.

All patients must have a competent adult (age 18 or older) to help them get home after surgery. Please arrange for someone to go home with you.

Arrival

Your surgery will take place at Prentice Pavilion, 250 East Superior Street. Arrive at the time you were told and go to the 6th floor registration desk.

Please arrive on time. We will make every effort to make sure your surgery starts at the scheduled time. However, we may have to delay your surgery due to a hospital emergency or earlier cases that may run longer than expected.

Pre-operative area

A nurse will take you to the pre-operative area and complete a final checklist with you. They will ask you to change into a hospital gown. The nurse may give you tight elastic stockings to wear. The stockings will help your circulation and prevent blood clots from forming. You should wear them throughout your stay. You may also get a small injection of a blood thinner to prevent blood clots.

The care team will put an IV (into the vein) line in your hand or arm so that you can get fluid and medication during the surgery. You will meet your anesthesiologist (the physician who will give you anesthesia) and other members of your surgical team. They will answer any questions and ask you to sign consent forms.

During your surgery

You will be under anesthesia (asleep) during your surgery.

Family spokesperson

It is helpful to choose a family spokesperson who can update other family members and friends about your condition after surgery. Tell us their name. We cannot share any medical information about you by phone to outside callers.

Waiting room

Family or friends may wait for you in the surgical waiting area of the operating room. Please limit the number of people who come with you. A video screen will display the status of your surgery with a coded number. Volunteers at the desk can give updates. Your family may visit you once you are in your hospital room.

After your surgery

Recovery area

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). Your nurse will check your blood pressure, pulse and incision frequently. The nurse will ask you about your pain and help make you comfortable. You will stay here for 1 to 3 hours until you are fully awake. Visitors are not allowed in the PACU until about 2 hours after your surgery.

You may have:

- An oxygen mask over your face
- An IV giving you fluids and medication
- A urinary catheter (tube) draining urine out of your bladder

When you are ready, you will go to your room. Your family may visit you once you are in your hospital room, which is usually 1 to 3 hours after the surgery is finished.

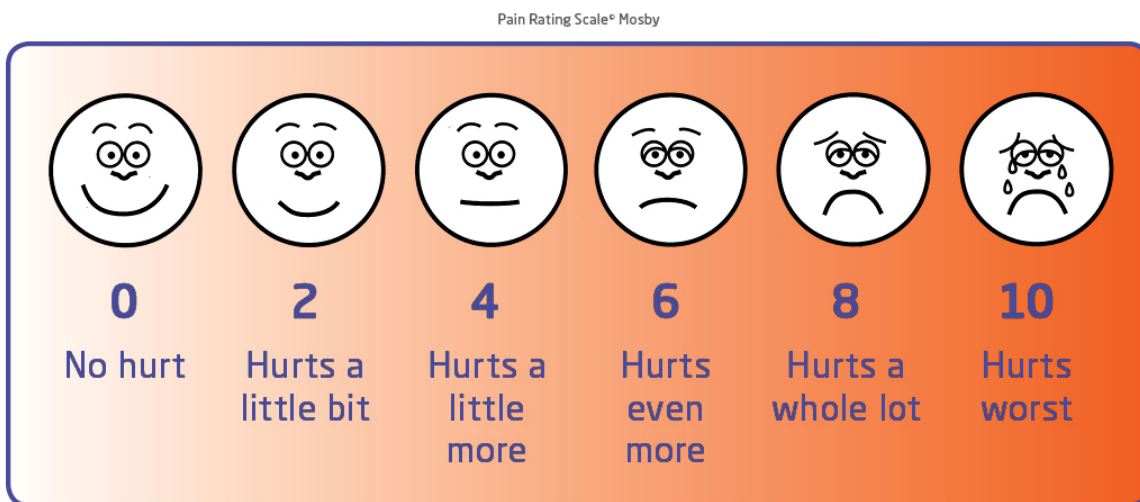
Pain control

We will work with you to help manage your discomfort after surgery. When your pain is under control, you will be able recover better by:

- Taking deep breaths to help prevent lung problems
- Getting out of bed
- Eating better
- Sleeping well
- Doing things that are important to you

While no medication stops all pain right after surgery, our goal is to manage your pain and keep you comfortable as you recover. Your nurse will ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4 (out of 10).



You may receive medication through your IV or by mouth to help control your discomfort. You may get some medications continuously; you may get other medications as needed. Please tell us if you have uncontrolled pain, and we will help you.

Recovering in the hospital after your surgery

You are the most important member of your recovery team. Walking, deep breathing, coughing and turning are some of the things you can do to help yourself. Following the goals will:

- Speed your recovery
- Improve your circulation
- Promote healing
- Improve bowel function
- Prevent complications

You will be ready to go home when you have reached the following goals:

- Your pain is managed on oral medication only.
- You can walk without help.
- You can eat a soft diet without too much nausea.
- You can urinate on your own. If you cannot fully empty your bladder, you still may go home, but with a catheter in place and with a leg bag. We will give you these instructions if this is needed.

Your care team will decide when you are ready for discharge. Before you leave, your physician team and nurse will review your discharge instructions with you.

Recovering at home after your surgery

Most patients improve every day after surgery and gradually feel stronger and become more active. Follow your discharge instructions to help your recovery. It is important to keep your follow-up appointments with your physician, even if you are feeling well. If you have any questions or concerns, please ask your physician or nurse.

Pain

It is common to have discomfort after surgery. You may have discomfort from the incision and muscle aches. You also may have neck or throat soreness or discomfort with urination, at first. Some patients have bloating, gas pains or shoulder pain after surgery. Getting up and moving around can ease some of the discomfort. Brace your incision with a pillow when you cough or sneeze.

Your physician may prescribe pain medication such as:

- **Acetaminophen** (Tylenol®): Take 500 mg every 6 hours for 3 days as needed. After 3 days, take 500 mg every 6 hours as needed.
- **Ibuprofen** (Motrin®): Take 600 mg every 6 hours for 3 days as needed. After 3 days, take 600 mg every 6 hours as needed.
- **Tramadol** (Ultram®): Take 50 mg to 100 mg every 6 hours as needed for pain not managed by acetaminophen and ibuprofen.
- **Oxycodone**: Take 5 mg every 4 hours as needed for severe pain not managed by acetaminophen, ibuprofen and tramadol (optional).

Take your pain medication as ordered. Some medication may upset your empty stomach. You should take medication with food to help prevent nausea.

Call your physician if you have any side effects, such as:

- Vomiting or nausea that does not go away
- Headache
- Rash
- Drowsiness
- Dizziness

- Constipation (It is common not to have a bowel movement for several days. Pain medication may cause constipation and bowel pain.)

To help your bowels stay regular:

- Drink more liquids.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 15-minute walk is a good start).
- Take stool softeners, such as Colace® 2-in-1 (docusates sodium/sennosides) 2 tablets, 2 times a day.
- Use a laxative, such as MiraLAX® or milk of magnesia, if you have not had a bowel movement by day 3 or 4 after surgery (as instructed by your physician).

Some of your pain medication may contain acetaminophen. Acetaminophen can cause liver damage if you take too much. Be sure to read labels carefully and check with your pharmacist about your medication.

If you are taking Tylenol® (acetaminophen) for pain, do not take more than 3,000 mg in 24 hours. Norco® and Tylenol 3® also contain acetaminophen. Check with your physician about the 24-hour limits that are right for you.

If you are taking narcotic pain medication or sleeping medication, do not drink any alcohol. You should not drive any vehicles while taking narcotics.

Activity

The most important thing is to use common sense to plan your activities. If it hurts, do not do it. Do not do anything to the point of exhaustion. Rest if you get tired.

After minimally invasive procedures (such as laparoscopy, hysteroscopy, vaginal surgeries and robotic procedures), you should be up and moving about freely soon after surgery.

Gradually increase your activities as follows:

- You may climb stairs, but try not to become too tired.
- Avoid heavy lifting. Do not lift anything more than 10 pounds (about the weight of a gallon jug of milk).
- Avoid heavy exercise or sports for 2 to 6 weeks.
- You should not drive for 24 hours after you had general anesthesia. After that, do not drive until you can do so without discomfort and without using prescription pain medication. This can take from 3 to 7 days.
- You may shower and wash your hair.
- Do not have sexual intercourse. Do not douche or use tampons for at least 2 weeks. You may be restricted longer (6 weeks or more) if you had vaginal surgery or a hysterectomy.
- Talk with your physician about the best time to return to work or school.

Caring for your incision

It is important to keep your incision clean and dry to prevent infection. This will help your incision heal. Leave any covering over the incision in place for 3 days unless otherwise instructed, or if a large amount of fluid or redness develops. You should wear comfortable clothing. Do not wear soiled or tight clothing over the wound. If you have paper strips of tape (Steri-Strips™) on the skin over your incision, leave them on until they fall off. These may offer extra support as your incision heals.

Once home, you may shower and care for the incision as follows:

1. Always wash your hands before and after touching your incision.
2. You may run soapy water over the incision.
3. Rinse well.
4. Pat the incision dry with a clean towel, rather than rubbing. You may use a hair dryer on low heat to dry your incisions.

Do not soak the incisions in a tub until you are told you may do so.

2 days after surgery, start washing the incision with CHG every day. Continue for 1 week.

Note: If you do not have paper tape or other bandage over the incision, it is possible that the surgeon used Dermabond® to close the incision. In this case, you do not have to wash with CHG after surgery. Check with your physician if you are not sure.

Do not use lotions, cream or ointments on the wound unless they have been ordered by your physician.

Diet

You may eat and drink as you are able. Stay simple at first, with clear liquids, soup or broth, and crackers. Then progress to solid food as you are able.

Increase fiber and fluids if you get constipated. If needed, you can buy a stool softener (such as Surfak®, Colace® or a generic equivalent) and take it by mouth as directed. It is common for narcotic pain medications to cause constipation. Most patients do not have a bowel movement until 3 to 6 days after surgery. If you do not have a bowel movement, you may use MiraLAX®, milk of magnesia or Senokot®. Do not use Correctol® or Ex-Lax®.

Follow-up visit

Most patients return for their post-operative check up about 1 to 2 weeks after their procedure. If the care team did not make an appointment for you, call your physician's office. Tell them the date of your surgery and which procedure you had. They will schedule an appointment for you.

When to call your physician

Contact your physician if you notice any of the following:

- Temperature more than 100.2 degrees F, chills or sweats
- Drainage or fluid from the incision that continues or is foul-smelling
- More tenderness or soreness at the wound
- Wound edges that are no longer together
- Redness or swelling at the wound site
- Vaginal bleeding heavier than a period or foul-smelling discharge
- Strength of your urinary stream seems to be less than half of what is normal for you or you have urinary frequency, urgency, pain, burning or difficulty emptying your bladder for 4 hours or more
- Severe pain not managed by your pain medication
- Chest pain, shortness of breath, dizziness
- Pain in your calves or legs
- Nausea or vomiting that does not go away
- If you are unable to drink fluids or keep fluids down
- If any symptom is getting worse with time
- If you just do not feel well, or are not sure if your symptoms are normal

Contact information

You may contact your physician 24 hours a day, 7 days a week.

- During business hours (8 am to 5 pm, Monday through Friday) please ask for your surgeon's nursing team.
- Non-emergent messages, such as paperwork requests, can be sent through your physician's electronic medical record (such as MyNM, Greenway or eClinicalWorks). Electronic messages make take 2 business days before you receive a response. They are intended for non-urgent issues only.
- For urgent issues during non-business hours, an answering service will take your call.
- For all emergencies, call 911.