

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

Gynecology Surgery Guide

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

Your surgeon (the physician who will be doing the surgery) will talk to you more about your specific surgery. Your healthcare 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 choose to 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 that may need to be done at the same hospital as your surgery.

For more information, go to nm.org > Patients and Visitors > I Am Having Surgery. You may also watch the video “Preventing Complications After Surgery” on this site.

One week before your surgery

Stop taking the following medicines 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 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.

One day before your surgery

Pre-operative phone call

The day before your surgery (or on Friday if your surgery is on Monday), you will receive a pre-op call to remind you of all the necessary steps to take before your surgery. This call will occur between 2:30 pm and 6:00 pm. **If you do not receive 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, 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 okay to use. The soap may come in a liquid form or in a scrub brush applicator. Either form is okay to use. Do not use this soap if you are allergic to CHG.

Please following these instructions to ensure that your skin is clean before surgery. Shower or bathe with CHG twice before surgery: once on the night before surgery and again on the morning of surgery. Do not shave the area of your body where your surgery will be done.

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 the shampoo residue.
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, paying special attention to the area where your surgery will be done, including your belly button.
4. Turn the water off so you do not rinse the 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 CHG is used.

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

Bowel preparation

Your physician will instruct you about a bowel preparation before surgery if you need it.

The day of your surgery

Diet and medication

Do not eat solid food.

3 hours before time of arrival at the hospital:

- Drink 8 ounces (1 cup) of Gatorade or Gatorade G2.
- With the Gatorade, take 500 mg acetaminophen (Tylenol®) and 300 mg gabapentin. (Gabapentin will be prescribed for you only if you are younger than 65 years old.) If these medications have not been prescribed or taken before you arrive to the hospital, they may be given to you after you have checked in.
- Your usual daily medication may be taken at this time as directed by your physician.
- After this time, do not eat or drink anything.

If you are having a hysterectomy, your physician will 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 mg tablet or you may receive a prescription for a higher dose of 100 to 200 mg. Be aware that it will turn your urine orange.

Getting ready for surgery

Before coming to the hospital, remember the following:

- Take the second 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 escort them home after surgery. Please arrange for someone to go home with you.

Arrival

Your surgery will take place at the Prentice Pavilion, 250 East Superior Street. Arrive at the time directed and come up to the 6th floor registration desk.

Please arrive on time. Every effort will be made to ensure your surgery begins at the scheduled time. However, your surgery may be delayed 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. You will be asked 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.

An IV (into the vein) line will be started in your hand or arm so that you can receive fluid and medicine during the surgery. You will meet your anesthesiologist (the physician who will provide your anesthesia) and other members of your surgical team who will answer any questions and ask you to sign consent forms.

During your surgery

You will be under anesthesia during your surgery.

Family spokesperson

It is helpful to designate a family spokesperson who can update family members and friends about your condition after surgery. 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 will be able to provide 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 surgery is completed.

You may have:

- An oxygen mask over your face
- An IV giving you fluids and medicine
- 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 control 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 medicine completely removes all pain, 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.

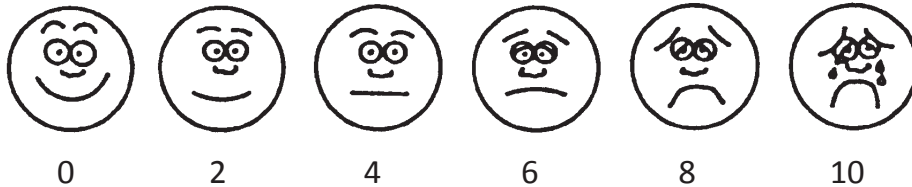
We want to keep your pain below 4 (out of 10).

0 1 2 3 4 5 6 7 8 9 10

No Pain

Moderate Pain

Worst Pain



You may receive medicine through your IV or by mouth to help control your discomfort. Some medicines may be given continuously; others may be given 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 controlled on oral medication only.
- You are able to walk without assistance.
- You are able to eat a soft diet without too much nausea.
- You are able to urinate on your own. If you are unable to fully empty your bladder, you still may go home, but with a catheter in place and with a leg bag. You will be given more instructions if this is needed.

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

Recovering at home after your surgery

Most patients improve each day following surgery, and gradually feel stronger and become more active. Follow your discharge instructions to assist in 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 feel free to 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 and discomfort with urination, at first. Getting up and moving around can ease some of the discomfort. Brace your incision with a pillow when you cough or sneeze.

Your physician will prescribe pain medicine.

- **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 breakthrough pain.
- **Oxycodone**: Take 5 mg every 4 hours as needed for severe breakthrough pain (optional).

Take your pain medicine as ordered. Some medicine may upset your empty stomach. To prevent nausea, you should take the medicine with food.

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

- Nausea that does not go away or any vomiting
- Headache
- Rash
- Drowsiness
- Dizziness
- Constipation, although it's common not to have a bowel movement for several days

Pain medicine may cause constipation. 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.

Some of your pain medicine 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 medicine. 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 good common sense in planning your activities. If it hurts, don't do it. Don't 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 are allowed to climb stairs, but try not to become too tired.
- Avoid heavy lifting, not more than the equivalent of a gallon jug of milk (about 10 pounds).
- Avoid strenuous exercise or sports for 2 to 6 weeks.
- You should not drive for 24 hours after receiving general anesthesia. After that, do not drive until you can do so without discomfort and without using prescription pain medicine. This can take from 3 to 7 days.
- You may shower and wash your hair.
- No intercourse, douching or tampons for at least 2 weeks. You may be restricted longer (6 weeks or more) if you had vaginal surgery or a hysterectomy.

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 a week 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:

- Always wash your hands before and after touching your incision.
- Soapy water can run over the incision.
- Rinse well.
- 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 dressing over the incision, it is possible that Dermabond® was used. 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 tolerated. Go easy at first, with clear liquids, soup or broth, and crackers, before you progress to solid food.

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 by mouth as directed. It is common for narcotic pain medicines to cause constipation. Most patients do not have a bowel movement until 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 about 1 to 2 weeks after their procedure. If an appointment has not been made for you, call your physician's office. Tell them the date of your surgery and which procedure you had, and they will schedule an appointment for you.

When to call your physician

Contact your physician if you notice any of the following:

- Temperature over 100.2 degrees F, chills or sweats
- Drainage or fluid from the incision that continues or is foul-smelling
- Increased 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
- If the strength of your urinary stream seems to be less than half of what is normal for you or if you have urinary frequency, urgency, pain, burning or difficulty emptying your bladder for 4 hours or more.
- Severe pain not controlled by your pain medication
- Chest pain, shortness of breath, dizziness
- Pain in the calves or legs
- Nausea or vomiting that is not relieved
- 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 just aren't sure whether 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 submitted through your physician's electronic medical record (such as NM MyChart, Greenway or eClinicalWorks). Electronic messages make take 2 business days before you receive a response and 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.