

# Pelvic Surgery Enhanced Recovery Program

This handout will give you information about what you need to know about your surgery.

Follow the instructions before and after surgery

If you have any questions, please talk with your physician.

## Before surgery

### Preoperative appointments

The surgical scheduler will help make these appointments. You will need the following appointments before surgery:


- › Pre-operative (pre-op) visit with the Pre-anesthesia Clinic or your primary care physician. The surgical scheduler will let you know what appointments you need.
- › Depending on your medical history, you may need to get clearance from other specialists such as a cardiologist.
- › Pre-op visit with your surgeon. Your surgeon will talk with you about the surgery.
- › Pre-op educational visit and bladder testing with one of the nurses.

### Scheduling post-operative appointments

The surgical scheduler will schedule these visits for you. You will come back to our office for a 2-week and 14-week post-op visit.

### Medical leave of absence forms

Check in with your job to see if you need to fill out family medical leave of absence (FMLA) forms. If so, find out the deadline for returning the forms and fax them to the location where you will be having surgery.

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- › Northwestern Memorial Hospital (Lavin Pavilion): Fax 312.694.9116
  - › Northwestern Medicine Prentice Women's Hospital: Fax 312.694.9116
  - › Northwestern Medicine Lake Forest Hospital: Fax 847.535.7259
  - › Northwestern Medicine Central DuPage Hospital: Fax 630.938.4416
  - › Northwestern Medicine Palos Hospital: Fax 779.334.0151

Allow staff at least 1 week to complete the forms.

### **Diet before surgery**

Eating carbohydrate-rich foods before surgery can help reduce post-op nausea, vomiting and fatigue. During the 2 days before your surgery, eat more foods such as these:

- › Beans
- › Bread
- › Fruit
- › Milk
- › Pasta
- › Rice

### **Day before surgery**

The day before your surgery (or the previous Friday if you are having surgery on a Monday), a nurse from the hospital will call you to tell you what time to come to the hospital for your surgery.

Your surgery will be at 1 of these locations:

- › Northwestern Memorial Hospital Lavin Pavilion  
259 East Erie Street, Chicago
  - Check in at 11th floor preoperative area.
- › Northwestern Medicine Prentice Women's Hospital  
250 East Superior Street, Chicago
  - Check in at the main entrance.
- › Northwestern Medicine Lake Forest Hospital  
1000 North Westmoreland Road, Lake Forest
  - Check in at the main entrance.
- › Northwestern Medicine Grayslake Outpatient Center  
1475 East Belvedere Road, Grayslake
  - Check in at the surgical entrance.

- › Northwestern Medicine Central DuPage Hospital  
25 North Winfield Road, Winfield
  - Check in at either the East or North Entrance. You will get the exact location from the nurse the day before surgery.
- › Northwestern Palos Hospital  
12251 South 80th Avenue, Palos Heights
  - Check in at the surgical area directly to the left of the main entrance.

## Infection prevention

Showering with or using an antimicrobial soap before your surgery may lower your risk for infection. It can reduce the germs and bacteria on your skin.

You will need 2 bottles of a 4% chlorhexidine gluconate soap solution (Hibiclens®) or 1 pack of 2% chlorhexidine gluconate cloths (Sage® wipes). You can buy Hibiclens at any drugstore or pharmacy, like Walgreens, CVS or Walmart. You can buy Sage wipes on Amazon.


## Shower instructions

Take 2 showers using the antimicrobial soap – 1 the night before your surgery and 1 the morning of surgery. Use 1 whole bottle for each shower.

- › Wash your hair as usual. Rinse completely. Do not use any other hair products afterwards.
- › **Do not shave or wax the area of your body where you will have surgery for 2 days before surgery.**
- › **Do not use Hibiclens on your face or inside the vagina.**
- › If you have an allergy to chlorhexidine gluconate, wash with regular soap.
- › If using Sage wipes, follow instructions on packaging. Do not use on face or inside vagina.

To wash your body:

1. Wet and rinse your skin completely.
2. Turn the water off.
3. Use a clean washcloth or your hands to apply the antimicrobial soap to your entire body from the neck down. Wash for 5 minutes.
  - If you are having a sacral neuromodulation procedure: Pay extra attention to lower back and buttocks.
  - If you are having robotic, abdominal or laparoscopic surgery: Pay extra attention to abdomen, pelvic area and thighs.

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4. Do not use your regular soap after using the antimicrobial soap.
  5. Pat dry with clean towel.

- › After the shower or wipes, put on clean clothes or pajamas.
- › Sleep on clean linens and sheets.
- › **Do not apply lotions, perfume, hair products, powders, makeup or deodorant.**

## Diet

You may eat a normal dinner the evening before surgery.

## Day of surgery

Follow these instructions on the day of surgery before you come to the hospital.

## Diet

### After midnight on the day of surgery:

- › Stop eating all **solid** foods after midnight
- › You may drink **clear liquids** up to 2 hours before arriving for your surgery including:
  - Water
  - Soda
  - Cranberry juice
  - Black coffee and tea (no milk, dairy creamer or honey)

**6 to 8 hours before your arrival at the hospital for surgery** (or the evening before if surgery is very early in the morning):

- › Drink 4 cups (32 ounces) of Gatorade®  
**or**
- › Drink 2 bottles (20 ounces) of Ensure PreSurgery®  
**or**
- › Drink 1 cup (8 ounces) apple juice (not from concentrate)

## 2 hours before your arrival at the hospital for surgery:

- › Drink 1 cup (8 ounces) of Gatorade  
or
- › Drink 1 bottle (10 ounces) of Ensure Presurgery  
or
- › Drink 1 cup (8 ounces) apple juice (not from concentrate)
- › **Do not eat or drink anything else until after your surgery.**

## Medications

### Your usual medications

If you take any medications, the Pre-op Clinic clinician will tell you whether or not you should take them with a sip of water on the morning of surgery. If you have any questions about your medications, talk with your physician.

### Pre-op medications

At your pre-op visit, the clinician will give you instructions about medications to take before surgery.

- › **2 hours before your arrival for surgery, take these medications with a sip of Gatorade, Ensure PreSurgery or apple juice (unless instructed not to do so by your surgeon):**
  - Acetaminophen (Tylenol®) 1,000 milligrams (mg)
  - Ibuprofen (Advil® or Motrin®) 600 mg
  - Pyridium 200 mg (this medication will make your urine red-orange)

## After your surgery

Each person recovers in their own way. In the first few days after the surgery, you will probably feel sluggish and not your usual self. As you heal, you will slowly return to normal.

Many people have questions about when they can go back to their normal activities after surgery. The most common concerns after surgery include:

- › Pain
- › Bowel function
- › Bladder function and the possibility of having a urinary catheter (thin tube that drains urine out of the bladder)
- › Fatigue, feeling very tired

## Pain

You are likely to have some pain during your recovery. The pain should improve over the 1st few weeks. It may linger at a low level for a little longer. Talk with your care team about your surgical pain at each follow-up visit.

The clinician will give you prescriptions for pain-relieving medications at your pre-op visit. After surgery, take these medications as prescribed. Let your clinician know if you are allergic to any of these medications so they can prescribe something different.

- › **Ibuprofen** – Use this as one of your primary pain medications after surgery.
  - Take 600 mg every 6 hours, as needed.
  - Alternate with acetaminophen as needed.
- › **Acetaminophen** – Use this as one of your primary pain medications after surgery.
  - Take 650 mg every 6 hours, as needed.
  - Alternate with ibuprofen, as needed.
- › **Tramadol** – Use this if you are taking acetaminophen and ibuprofen around the clock and you still have moderate to severe pain. Tramadol is a narcotic medication.
  - Take tramadol 50 mg every 6 hours, if needed.
  - Side effects may include nausea, vomiting, constipation, and feeling lightheaded or dizzy.
  - Always take Tramadol on a full stomach.

It is important that you do not allow yourself to have severe pain by “avoiding pain pills.” The risk of addiction to pain medication is lowest when you control your pain by using the medication as prescribed.

## Bowel function

It is very common to have some constipation after any operation. Narcotic pain medications also cause constipation. To help prevent constipation, please take the stool softeners and laxatives listed below.

- › **Docusate (Colace®)** – This is a mild stool softener.
  - Take 1 tablet (100 mg) by mouth 2 times a day (once in the morning and once in the evening).

- Take it less often if your stools are too loose.
- › Polyethylene glycol (MiraLAX®) – This is a laxative.
- Take 1 scoop in 8 ounces water or juice 1 to 2 times a day until you have a bowel movement.

**Stop taking these medications if your stools become too soft, watery or loose.**

### **Bladder function**

You may need a urinary catheter to drain urine from your bladder for several days to several weeks after surgery. This will protect your bladder as you heal. You might go home with the catheter in place or learn how to pass a catheter to empty your bladder several times a day.

- › The urine is usually clear, but sometimes there is a bit of blood or tissue in the tube or bag.
- › Keep the catheter taped snugly to your thigh so that it does not pull.
- › Empty the bag several times a day and before going to bed.
- › You can go back to all your usual activities and can shower while the catheter is in place.

If you go home with a catheter in place, the nursing team will call the day after surgery to schedule an appointment in the office for a voiding trial to remove the catheter. The catheter usually stays in for 3 to 4 days.

Call 312.694.7337 if you have these symptoms:


- › Urine is very bloody
- › Strong (even painful) feeling to urinate, but there is no urine going into the bag

### **Fatigue**

Most people find that they tire more easily after surgery. This fatigue usually gets better over the next several weeks. Plan to rest often. But do not stay in bed, as that may increase the risk of dangerous blood clots.

### **Activities**

Be mindful in planning your activities after surgery. Increase activity slowly when you feel strong enough and ready to do so.



**Walking and using stairs:** Although you may be tired, you may walk and climb stairs right away after surgery. Walking and climbing stairs as you are able should not hurt your surgical repair or recovery.

**Exercising:** You may go back to these exercises as soon as you feel strong enough:

- › Lifting
- › Running
- › High-impact aerobic activities
- › Sit-ups

Do not ride a bicycle, stationary bike or go horseback riding for 2 weeks if you had a mid-urethral sling.

**Showering and bathing:** You may shower or bathe right away after surgery.

**Swimming and using hot tubs:** You may begin swimming in public pools and using hot tubs 2 weeks after surgery.

**Do not go in public pools or hot tubs if you are bleeding.**

**Driving:** Do not drive while you are still on prescription pain medication or your pain is not managed enough that you can drive safely. You may ride in the car while someone else is driving. Wear your seat belt and shoulder harness.

**Travel (airplane/train):** Do not plan any long trips in the 1st 2 weeks after surgery unless your surgeon tells you that you may do so. After the first 2 weeks, you may travel by airplane, train or automobile if you feel up to it.

**Sexual intercourse:** You should not have anything in your vagina while your tissues are healing for:

- › 4 weeks after mid-urethral sling surgery
- › 6 weeks after prolapse surgery

This includes intercourse, tampons and douching. You can expect to have some spotting of blood from your vagina for the 1st several weeks after surgery.



## When to call the physician

Call the physician's office if you have these symptoms:

- › Temperature more than 101 degrees F
- › Pain that is not controlled even though you are taking your pain medication the way it was prescribed
- › Nausea and vomiting
- › Heavy bleeding
- › Foul-smelling discharge from your vagina
- › Unable to urinate
- › Incision becomes red, hot to touch, painful or oozing
- › Unable to have a bowel movement
- › Any time you feel something seems wrong, you are not progressing well or are concerned

If you need a prescription refill, call the office during business hours  
Monday through Friday, 8 am to 4 pm.

## Contact information

Northwestern Medicine Urogynecology and Reconstructive Pelvic Surgery  
**urogynecology.nm.org**  
312.694.7337

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For more information about Northwestern Medicine, please visit our website at **nm.org**.