

UROGYNECOLOGIC SURGERY

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing the University of Virginia Health System for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- Every office visit
- Your admission to the hospital
- Follow up visits

Contact Information

The main hospital address: UVA Health System
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Pelvic Medicine & Reconstructive Surgery at Fontaine	434.924.2103
Fax - Pelvic Medicine & Reconstructive Surgery at Fontaine	434.243.6329
If no call for surgery time by 4:30pm the day before surgery	Main Hospital call, 434.982.0160 OPSC call, 434.982.6100
Anesthesia Perioperative Medicine Clinic	434.924.5035
UVA Main Hospital	434.924.0000 (ask for the urogynecology resident on call)
Lodging Arrangements	434.924.1299
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Hospital Billing Questions	800.523.4398

Your Care Team

In addition to the nursing staff, the Urogynecology team will care for you.

This team is led by your surgeon, and includes a fellow or a chief resident along with residents, and 1-2 medical students.

There will always be a physician in the hospital 24 hours a day to tend to your needs.



Dr. Kathie Hullfish



Dr. Elisa Trowbridge



Dr. Monique Vaughan



Dr. Renee Ward

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



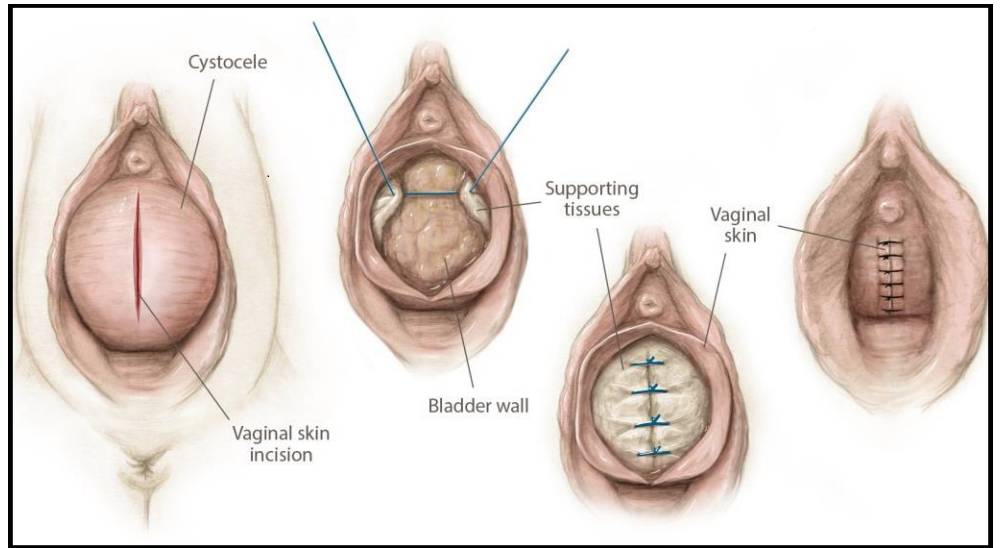
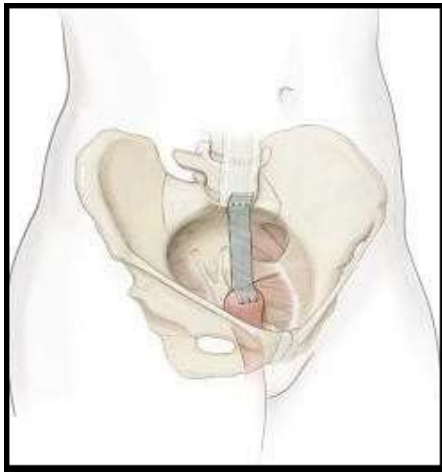
There are four main stages:

1. Planning and preparing before surgery– giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Your Planned Surgery



- Abdominal Hysterectomy
- Abdominal Sacrocolpopexy
- Anal Sphincteroplasty
- Anterior & Posterior Repair (A&P)
- Anterior Repair (Cystocele)
- Colpectomy (post-hysterectomy)
- Colpocleisis (Lefort)
- Cystoscopy
- Enterocele Repair (Vaginal Vault Sling)
- Exam Under Anesthesia
- Excision of Sling Mesh
- Excision of Vaginal Mesh
- Posterior Repair (rectocele)
- Removal of Foreign Body
- Robotic Colpopexy (RASC)
- Sacral Nerve Stim Phase 1
- Sacral Nerve Stim Phase 2
- Total Abdominal Hysterectomy
- TVT (ET)/TVT-O (KH)/ SPARC (KH)
- Vaginal Hysterectomy

Before Your Surgery

Clinic

During your clinic visit we will check to see if you need surgery and what type you will need. You will work with our entire team who will help you prepare for surgery:

- The surgeons, who may have fellow, residents, or medical students working with them
- Registered nurses (RNs)
- Medical Assistants
- Administrative assistants



During your clinic visit, you may:

- Answer questions about your medical history
- Have a physical exam
- Sign the surgical consent forms
- Be screened for snoring and sleep problems like obstructive sleep apnea (OSA). If at risk, you may do a sleep study before surgery.

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery if you are on any blood thinners

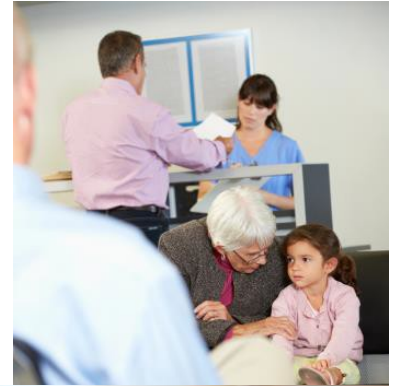
Write any special instructions here:

Anesthesia Perioperative Medicine Clinic

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to decide if you will need an evaluation prior to surgery.

If an in-person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will let you know. Then:

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call 434-924-5035. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case, you are welcome to a “same day” appointment but please allow up to 2 hours.

Remember:

If you are taking any blood-thinning medications, be sure to tell your doctor and nurse as it may need to be stopped before surgery. It is especially important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!

If you have any questions on the instructions you received, call your surgeon's office right away

Preparing for Surgery

You should expect to be in the hospital for about _____ days. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:



- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. But remember that you WILL be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- Cut the grass, tend to the garden and do all house work.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- We recommend you have the following non-prescription medications at home before your surgery:
 - Tylenol (acetaminophen) 325mg tablets (for pain)
 - Advil/Motrin (ibuprofen) 200mg tablets (for pain)
 - Colace (docusate sodium) 100mg tablets (stool softener)
 - Miralax powder (for constipation)
- Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may continue to take acetaminophen (Tylenol®).
- If you are taking additional medications for chronic pain, please continue those up until your surgery.

Other Helpful Tips:

- Eat healthy food before your surgery - this helps you to recover faster.
- Get enough exercise so you are in good shape for surgery.
- Stop or cut back your smoking with the assistance of your primary care
- Follow the orders you were given regarding blood thinners and diabetes medicines.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by the doctor
- A copy of your Advance Directive form, if you completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP, if you have one



What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to “safe keeping.”

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home (If you are going home the same day). If you plan to take public transportation, a responsible adult should travel with you.



Quitting Smoking Before Surgery

If you smoke, we encourage you to stop at least 4 weeks before surgery because it will:

- Improve wound healing after surgery
- Help avoid complications during and after surgery



If you are not able to be off cigarettes at least 4 weeks before surgery, we ask that you cut back on your smoking and encourage you to quit smoking as soon as possible after surgery. This is very important to your health. Please let your surgeon's nurse know if you smoke.



Some Long-Term Benefits of Quitting May Include:

- Improved Survival
- Fewer and less serious side effects from surgery
- Faster recovery from treatment
- More energy
- Better quality of life
- Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting

- All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay
- Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.

Here are some tips to help you throughout your journey:


- Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- Identify your triggers and develop a plan to manage those triggers.
- Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit have: nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.

Keys to Quitting and Staying Smoke Free:

- Continue your quit plan after your hospital stay
- Make sure you leave the hospital with the right medications or prescriptions
- Identify friends and family to support your quitting

You Don't Have to Quit Alone!

 1.800.QUITNOW

 <https://smokefree.gov/>

Days Before Surgery

Scheduled Surgery Time

A nurse will call you 1-3 days before your surgery to tell you what time to arrive for your surgery. If your surgery is on a Monday, you will be called the Friday before.



If you do not receive a call by 4:30pm the day before your surgery, please call the phone number below based on the location of your surgery:

- Main Hospital : 434-982-0160
- Outpatient Surgery Center : 434-982-6100

Food and Drink the night before surgery

- Do not eat solid foods after midnight before your surgery.
- You CAN have water or Gatorade™ (no Red Gatorade) after midnight.
- Have a 20-ounce Gatorade™ (No red) ready for the morning of surgery.

Drink this in the morning and complete before the specific time instructed from the phone call nurse.



Other important reminders:

- Follow the instructions you were given regarding blood thinners and diabetes medications.

Instructions for Bathing



We may give you a bottle of HIBICLENS foam (body wash) to use the night before and the morning of your surgery.

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

Before using HIBICLENS, you will need:

- A clean washcloth
- A clean towel
- Clean clothes

IMPORTANT:

- HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, and do NOT put any more HIBICLENS on.
- Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- Do NOT shave your pubic hair or surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower and sleep on clean bed linens the night before surgery.

Day of Surgery

Before you leave home



- Wash with the body wash provided.
- Remove nail polish, makeup, jewelry and all piercings.
- Continue drinking water or Gatorade™ on the morning of your surgery. Do NOT drink any other liquids. If you do, we may have to cancel surgery.
- Remember to drink your Gatorade™ on the way to the hospital and finish at the time specifically instructed by the phone call nurse.

Hospital arrival

- Arrive at the hospital on the morning of surgery at the time you wrote on page 1. (this will be approximately 2 hours before surgery).
- Finish the Gatorade™ at the time instructed by the phone call nurse. You cannot drink after this.
- Check in at your scheduled time at the location provided by the phone call nurse.
- Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the preoperative area.

In the Preoperative Area, you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- Be given several medicines that will help keep you comfortable during and after surgery. The medications may include acetaminophen (Tylenol), ibuprofen (Advil/Motrin) or celecoxib (Celebrex).
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time.
- A physician may also mark your abdomen depending on the type of surgery you are having



In the Operating Room

From the preoperative area, you will then be taken to the operating room (OR) for surgery and your family will be taken to the waiting room.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- We will do a “check-in” to confirm your identity and the location of your surgery.
- You will lie down on the operating room bed.
- You will be hooked up to monitors.
- Boots will be placed on your legs to circulate your blood during surgery.
- You may also be given a blood thinner shot to prevent blood clots.
- We will give you antibiotics, if needed, to prevent infection.
- Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.
- After you are asleep, a foley catheter will be placed to keep your bladder empty.



After this, your surgeon will perform your surgery.

During your surgery, the Operating Room nurse will call your family every 2 hours to update them.



After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then are assigned an inpatient room, go to an extended stay unit overnight, or may be discharged the same day depending on your surgery.

Once you are awake, you will:

- Be given clear fluids to drink.
- Get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and prevents you from getting blood clots and pneumonia.

The surgeon will also call your family after surgery to give them an update.

Extended Stay Unit

You will be brought to the Extended Stay Unit if your surgeon plans to send you home the same day or the next morning. Typically patients sent to the Extended Stay Unit will be sent home within 24 hours of surgery.

From the recovery room, you will be sent either to the Extended Stay Unit or a Hospital Surgical Unit.

Here you will:

- ✓ Be given oxygen and have your temperature, pulse, and blood pressure checked.
- ✓ Have an IV in your arm to give you fluid. This will be removed before discharge.
- ✓ Be allowed to drink fluids. Be allowed to eat, as tolerated.
- ✓ Be placed on your home medications (with the exception of some diabetes and blood pressure medications).

You will be discharged home when you are:

- ✓ Off all IV fluids and drinking enough to stay hydrated.
- ✓ Comfortable and your pain is well controlled.
- ✓ Not nauseated or belching (burping) and are able to pass gas.
- ✓ Able to eat with little to no stomach upset.
- ✓ Able to get around on your own.
- ✓ Able to urinate on your own.



Hospital Inpatient Unit

Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients. The volunteers in the family lounge will tell your family your room number so they can join you.

Once to your room, you:

- May have a small tube in your bladder called a Foley catheter. We can measure how much urine you are making and how well your kidneys are working.
- Will be given oxygen, if needed
- Will have your temperature, pulse, and blood pressure checked.
- Will have an IV in your arm to give you fluid.
- Will be allowed to drink fluids.
- May receive a blood thinner injection(s) every day to help prevent blood clots.
- Will be placed on your home medications (with the exception of some diabetes and blood pressure medications).
- Will get up and out of bed on the day of your surgery, with help from the nurse.
- Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour, while you are awake, to keep your lungs open.

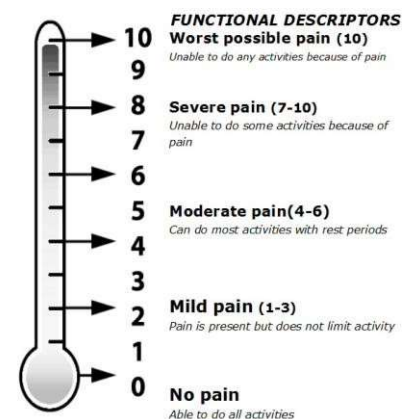


Pain control following surgery

Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



Pain control following surgery (cont.)

- We will treat your pain during surgery with an injection at the surgery site.
- You will get several *non-opioid*, pain medications around-the-clock to keep you comfortable.
 - Tylenol (acetaminophen) – is a pain killer and reduces fevers.
 - Celebrex (celecoxib) or Advil, Motrin (ibuprofen) – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you had a gastric bypass).
- You will have *opioid* pain medication as needed for additional pain.
 - Opioids are powerful pain medications, with many serious side effects. Opioids (usually oxycodone) may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
 - Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
- Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

We will encourage you to use the “Splinting Technique” to minimize pain at your surgical site. To do this, press a pillow or your hand against your incision area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

Comfort Menu

Your comfort and controlling your pain are very important to us. As part of your recovery, we like to offer you different ways to address your pain. In addition to medication, we offer other options to help make you comfortable during your stay. We hope this comfort menu will help you and your healthcare team to better understand your pain and recovery goals. Please discuss your pain control goals and comfort options with your nurse.



Please let your care team know if you would like to try any of these options to help address your pain and improve your comfort. If you need additional items or have any questions, please ask.

- Distraction:** focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- Ice or Heat Therapy:** ice packs and dry heat packs are available, depending on your surgery
- Noise or Light Cancellation:** an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Pet Therapy:** hospital volunteers visit the unit with therapy animals. Ask about their availability.
- Positioning/Movement:** changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- Prayer and Reflection:** connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- Controlled Breathing:** taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach).

Using the 4-7-8 technique, you can focus on your breathing pattern:

- Breathe in quietly through your nose for 4 seconds
- Hold the breath for 7 seconds
- Breathe out through your mouth for 8 seconds
- Television Distraction:** we offer a relaxation channel through the UVA in-room television. Turn to channel 17.
- Calm App:** for Android or iOS: if you have a smart device, download the free **Calm** app for meditation and guided imagery. You can find it by searching in the app store.



First Day After Surgery

On the day after your surgery, you will:

- Be able to eat regular foods as soon as you are ready.
- Be encouraged to drink.
- Likely have your IV be stopped and removed.
- Have your catheter removed and a bladder test done to make sure your bladder has returned to normal. If you are unable to urinate, another catheter will be placed and you will return to clinic in 3-4 days.
- Be asked to get out of bed with help and sit in the chair for 6 hours.



You may be able to go home if you are:

- Off all IV fluids and drinking enough to stay hydrated.
- Comfortable and your pain is well controlled.
- Not nauseated or belching (burping).
- Passing gas.
- Not running a fever.
- Able to get around on your own.



Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

Discharge

Before you are discharged, you will be given:

- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for pain medicine.
- Instructions on when to return to see your surgeon (2-4 weeks), depending on your surgery.



Before you leave the hospital

- We will ask you to identify how you will get home and who will stay with you.
- If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- Be sure to collect any belongings that may have been stored in “safe keeping.”

Our Case Managers help with discharge needs. Please let us know the names of:

- Your home pharmacy:

- Your home healthcare agency (if you have one):

- Any special needs after your hospital stay:

Complications Delaying Discharge

Bowel Function

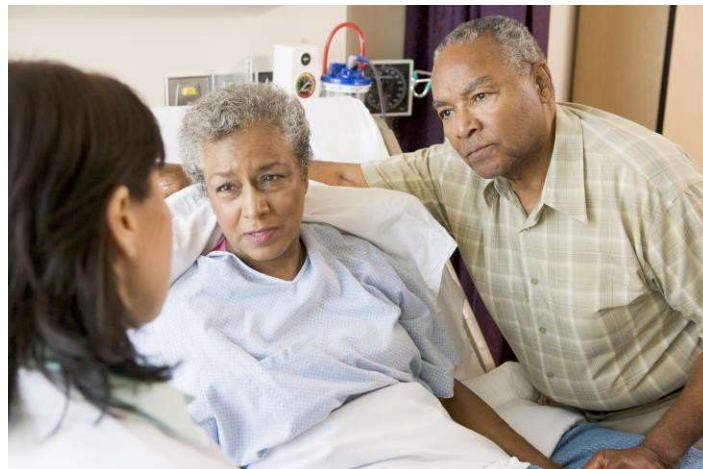
Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.



If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.



After Discharge

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- You have a fever greater than 100.4° F
- You are vomiting and cannot keep down liquids
- You have severe abdominal pain, constipation or severe diarrhea
- You are unable to pass gas for 24 hours
- Your wound opens up, is draining pus, or is very red
- Unequal swelling in your calves. This may be a sign of a blood clot and requires immediate attention



Contact Numbers



It is easiest to reach someone between 8am and 5pm in our office. Please don't hesitate to call during this time.

Pelvic Medicine & Reconstructive Surgery at Fontaine: 434.924.2103

After 5pm and on weekends, call 434.924.0000. Ask to speak to the [Urogynecology resident on call](#). The resident on call is managing patients in the hospital so it may take longer for your call to be returned.

Perineal Care

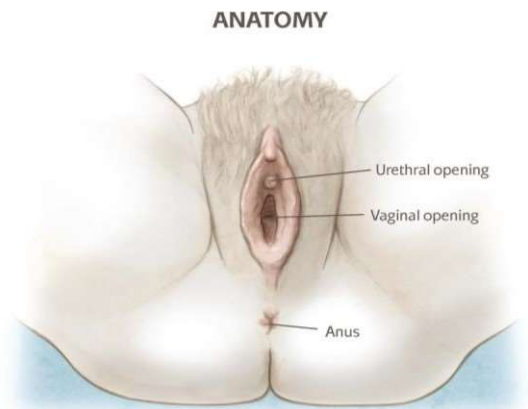
The perineum is the area between the vagina and the anus (see figure). You may have an incision (cut) that your doctor made between the vagina and the anus and sewed back together as part of the vaginal reconstruction.

In the first few weeks after surgery, you will have soreness or pain in your perineum. Perineal care will help your perineum heal faster, feel better, and help prevent infection. You may need to continue doing perineal care for 1 to 3 weeks after surgery.

We can show you how to use a peri-bottle to rinse your perineum. Squirt warm tap water on your perineum after emptying your bladder and after all bowel movements to keep it clean and relieve pain.

To cleanse your perineum:

1. Rinse with water after you use the toilet. While you are still sitting on the toilet, aim the bottle opening at your perineum and spray so the water moves from front to back.
2. Pat the area dry with toilet paper or cotton wipes starting at the front and moving to the back.
3. Put on a fresh peri-pad. Put the peri-pad on from front to back by placing the front part of the peri-pad against the perineum first.
4. Wash your hands after doing perineal care.



Wound Infection

This is one of the most common complications of surgery. We do everything possible to prevent infection. If you do develop a wound infection, you may have an open wound that requires dressing changes at home.

Perineal Pain

Icing the perineum after surgery can help it to heal, prevent swelling and control pain. We recommend bags of frozen vegetables (example: peas or corn) as they work better over the perineum than ice packs.

1. Wrap the bag of frozen vegetables in a wash cloth or cloth napkin.
2. Gently place the ice bag between your legs for 15 to 20 minutes.
3. Remove the ice pack for at least 10 minutes before placing it between your legs again.
4. Recommend icing perineum for minimum of 72 hours. Repeat as many times per day as needed.

Bathing after Vaginal Surgery

During the first week following surgery, we recommend that you get in the tub with 4-5 inches of warm water (no soaps) and soak for 10-15 minutes. This will help with swelling and pain. You may also use a portable sitz bath instead of drawing water in the bath. Sit for 10 minutes 2-3 times a day.

Vaginal Discharge

In the first few weeks after surgery, you will also have discharge coming out of your vagina. After a few days, the amount of discharge slows down and becomes pink or brown. After that, you will have a creamy or yellowish discharge for another 1 or 2 weeks. This creamy colored discharge may continue for a longer period depending on the type of surgery that was performed. Occasionally the discharge can even be bright red if a stitch dissolves and comes out. Any of these symptoms are completely normal unless your discharge is enough to fill a pad in one hour. In that case, you should contact the office.

Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Bowel movements that are loose or constipation
- Difficulty controlling bowel movements with occasional accidents
- Continuing to feel that you need to have a bowel movement even if you've had several in a row



Make sure you eat regular meals, and take regular walks during the first two weeks after your operation.

It is important to let us know if you are having very watery diarrhea more than 6 times daily. There is a dangerous bacterial infection that we may want to test you for if you are having a lot of watery diarrhea.

Constipation



It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain, bleeding and possibly tearing of vaginal sutures.

To prevent constipation, it is very important to stay on a bowel regimen. You are encouraged to take Miralax for 2 days after surgery, unless told differently by your surgeon.

- Take one heaping capful of Miralax powder daily (mix in 6oz of fluid).
- If no bowel movement in 2 days, increase Miralax to twice a day and add sennokot-s daily.
- If no bowel movement in 3 days, call our office.

Urinary Function

After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not urinating or if there is any concern, contact us.

If you have severe stinging or burning when passing urine, please contact us as you may have an infection.

Abdominal Wound Care

Some procedures require incisions to be made in the abdomen/belly area.

For the first 1-2 weeks following your surgery, these wounds may be slightly red and uncomfortable.

It is common for your incisions to have pinkish/yellowish drainage. It is important to monitor for signs and symptoms of infection such as fever, change in drainage color, or smell.



If your wound is inflamed, painful, swollen or leaking milky fluid, please contact us.

Some surgeons use a skin glue, called Dermabond, to close the abdominal incisions. If you have dermabond on your wounds:

- Do not peel it off. Allow the skin glue to wear off on its own in the next 10-14 days.
- You may shower and let warm soapy water wash over your incisions, but do not scrub, soak in a tub, or swim for at least 1 month. After a shower, you should pat the area dry.
- Other than showering, you should keep the incisions dry and avoid ointments unless directed to use.

Diet

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry. Also consider taking a multivitamin with minerals.

You should try to eat a balanced diet, including:

- Foods that are soft, moist and easy to chew and swallow
- Foods that can be cut or broken into small pieces
- Foods that can be softened by cooking or mashing
- Eating 4-6 small meals throughout the day to reduce gas and bloating
- Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially, below)



Be sure to:

- Chew food well – take small bites!
- Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc.
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables

Avoid:

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call your nurse.

Abdominal Pain

It is not unusual to suffer gas pains (colic) during the first week following surgery. This pain usually lasts for a few minutes but goes away when the bowels return to normal.

If you have severe pain lasting more than 1-2 hours that doesn't go away with your pain medicine, have a fever and feel generally sick, you should contact us.



Pain Management

You may alternate NSAIDS (like ibuprofen) and acetaminophen (Tylenol) for improved pain control. Take these over-the-counter medications as prescribed.

Additionally, we may send you home with a prescription for a narcotic pain medication (usually oxycodone). Only use the narcotic pain medication for severe pain. If you would like this filled at the hospital pharmacy, please tell your nurse so it will not cause delay in your discharge home.



Narcotic pain medications often cause nausea. To help reduce the risk of nausea, take this pain medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of narcotic pain medicines is a serious public health concern. If you take your narcotic pain medication at a higher dose or more frequently than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Ask your health care team if you have specific questions.

Virginia has a Prescription Monitoring Program for these types of medications to help keep patient safe.

Please ask your health care team if you have specific questions about your pain management plan.

Pain Medication Weaning



You may find that your pain is well controlled by over-the-counter medicines such as NSAIDs (like ibuprofen) and acetaminophen (Tylenol).

However, if you are taking narcotic pain medication, you will need to wean off this medication as your pain improves. Weaning means slowly decreasing the amount you take until you are not taking it anymore. Weaning to lower doses of narcotic pain medication can help you feel better and improve your quality of life.

It's important to remember that taking narcotic pain medication may not provide good pain relief over a long period of time and sometimes they can actually cause your pain to get worse. Narcotic pain medications can also have many different side effects including constipation, nausea, tiredness and even dependency (addiction). The side effects of narcotic pain medications increase with higher doses, which means the more you take, the worse the symptoms may be.

To wean from your narcotic pain medication, we recommend slowly reducing the dose you are taking. ***To do this, you can increase the amount of time between doses.*** If you are taking a dose every 4 hours, extend that time:

- _ Take a dose every 5 to 6 hours for 1 or 2 days
- _ Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose. If you are taking 2 pills each time, start taking fewer pills:

- _ Take 1 pill each time. Do this for 1 or 2 days.
- _ Then, increase the amount of time between doses, as explained above.

If you are not sure how to wean off of your narcotic pain medication, please contact your family doctor.

Once your pain has improved and/or you have weaned off your narcotic pain medication, you may have pills remaining. The **UVA Pharmacy** is now a **DEA registered drug take-back location**. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

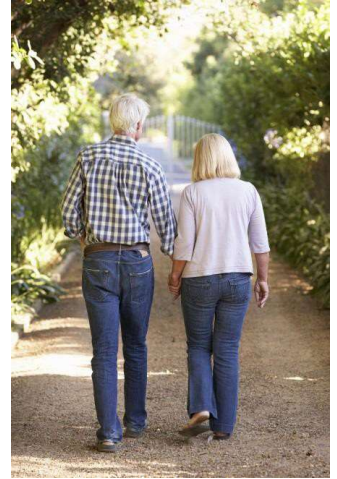
Hobbies and Activities

Walking is encouraged from the day following your surgery.

Plan to walk three or four times daily.

You SHOULD NOT:

- Do any heavy lifting for 6 weeks.
(no more than a gallon of milk = 10 lbs.).
- Play contact sports until 6 weeks following your surgery.
- Insert anything into the vagina (no tampons, intercourse, etc) until your postop appointment.
- Use any estrogen products until your post-op appointment. Ask your doctor about this at your visit.



You SHOULD:

- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

Work

You should be able to return to work 4–6 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at 434.243.6329.

Driving

You may drive when you are off narcotics and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2–4 weeks following surgery. For our minimally-invasive surgery patients, this may occur earlier.



Resuming Sexual Relationships



Some people having operations near the pelvis may have specific sexual problems.

While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse, using tampons or douching.

It is important to wait at least 6 weeks and see your surgeon for an exam. Your surgeon will examine you and make sure you have healed enough.

You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.

Please talk to your doctor if you are having problems resuming sexual activity or if you are bleeding like your normal period.

Gynecology Surgery: Patient Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

Weeks prior to Surgery	Actions	Check when complete	
Actions	<p style="text-align: center;">We recommend you purchase:</p> <ul style="list-style-type: none"> ○ Tylenol (acetaminophen) 325mg tablets ○ Advil/Motrin (ibuprofen) 200mg tablets ○ Colace (docusate sodium) 100mg tablets <ul style="list-style-type: none"> ○ Miralax powder 		
Medications	<p>Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may continue acetaminophen (Tylenol®).</p>		
Day prior to Surgery	Action	Check when complete	
Medications	<p>Follow orders given to you for blood thinners and diabetes.</p>		
Diet	<p>If you are doing a bowel prep, eat a regular diet until 6pm, and then start on clear liquids. If you are not doing a bowel prep, you may eat regular food until midnight. Be sure you have a Gatorade™ ready for the morning of your procedure.</p>		
Actions	<p>If you have not received a phone call by 4:30, call 982-0160 if your surgery is at the Main operating room or 982-6100 if your surgery is at OPSC.</p>		
Actions	<p>Wash with the Hibiclens foam soap provided to you in clinic. Follow instructions in book.</p>		

Morning of Surgery	Action	Check when complete	
Medications	Take any medication you were instructed to take the morning of surgery.		
Actions	Wash with the Hibiclens foam soap provided to you in clinic. Follow instructions in book.		
Diet	Do not eat the morning of surgery. You are able to drink water and Gatorade. Stop drinking your Gatorade at the time instructed by the phone call nurse.		
Actions	Bring your CPAP machine with you, if you use one.		
Actions	Bring your blood band with you, if you were given one.		
Actions	Bring an updated <u>list</u> of your medications.		
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery.		
After Surgery	Action	Check when complete	RN Initials
Mobilize	Walk outside of hospital room within 2 hours of arriving on the floor.		
Weight	Identify importance of daily weights during hospitalization.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Clear liquid diet	Take clear liquids as tolerated.		
Breathing	Use the incentive spirometer as instructed by your nurse.		

Post-operative Day 1	Action	Check when complete	RN Initials
Urinary Catheter	Remove catheter if appropriate. May do a voiding trial.		
Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Fluid monitoring	Identify the importance of daily weights during hospitalization. Participate in keeping strict record of intake and output.		
Mobilize	Spend at least 6 hours out of bed. Walk twice in hallway. State one benefit of mobility to nurse.		
Diet	Tolerate 2 meals of a transitional or normal diet.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		

Discharge	Action	Check When Complete	RN Initials
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay		

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