

A Guide for Patients Having Minor Gynecologic Surgery

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 information 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.

Before Your Surgery

Anesthesia Perioperative Medicine Clinic

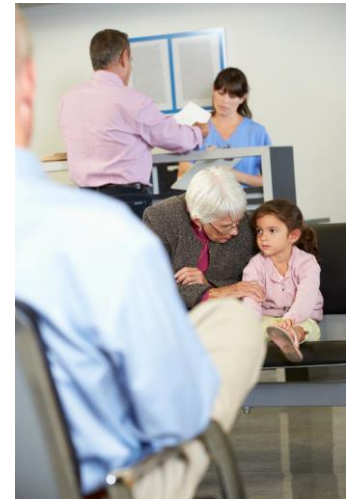
The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery.

If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you.

- 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 for up to 2 hours.

Please note: If you were told by your surgical team that you did not need any testing or evaluation prior to surgery but receive a call to schedule with the Anesthesia Perioperative Medicine Clinic, this is because the anesthesia team feels it is in your best interest when they review your history.



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 very 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

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 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®).**
- Remember to talk to your surgeon if you are taking blood thinners (see page 9).**
- 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 physician before surgery.
- Follow the orders you were given regarding blood thinners and diabetes medications.**

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
- Comfortable clothes to wear to and from the hospital



What you SHOULD NOT bring to the hospital:

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

For your safety, you should plan to:

- Have a responsible adult with you to hear your discharge instructions and drive you home.
If you plan to take public transportation, a responsible adult should travel with you.



Miralax Preparation



Prior to Surgery:

- No Miralax
- Take 1 dose (1 heaping capful) of Miralax daily on each of the 2 days before you come in for surgery. This will help to get your bowels regular.

After Surgery:

- Use Miralax only as needed for constipation
- Continue to use Miralax as instructed by your physician

Days Before Surgery

Scheduled Surgery Time

Please write what time the phone call nurse tells you to arrive on page 1 of this handbook in the space provided.



If your surgery is in the Main Hospital:

A nurse will call you the day prior to surgery and tell you what time to arrive at the hospital 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, please call 434.982.0160.

If your surgery is in the Outpatient Surgery Center:

A nurse will call you approximately 3 days prior to surgery and tell you what time to arrive at the hospital for your surgery.

If you do not receive a call by 4:30pm the day before your surgery, please call 434.982.6100.

Food and Drink the night before and morning of surgery:

- You may eat and drink normally until midnight, unless instructed differently by your surgeon.
- After midnight, you may **only** have water and a 20-ounce Gatorade (no red) until the time you are told by the phone call nurse.
- Have a 20-ounce Gatorade (no red) ready for the morning of surgery. Drink this the morning of surgery and complete before the specific time instructed from the phone call nurse before surgery.

- IF surgery is in the Main OR you can drink the Gatorade up until you arrive at the hospital.
- IF surgery is in the Outpatient center you will need to stop drinking 2 hours before your arrival.
- Follow the instructions from the phone call nurse.

Other important reminders:

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

Day of Surgery

Before you leave home

- Take another shower with the body wash, if provided and instructed to do so.
- Remove nail polish, makeup, jewelry and all piercings.
- Continue drinking water or Gatorade™ (no red) 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™ (no red) on the morning of surgery and finish at the time specifically instructed by the phone call nurse.



Surgical arrival

- Arrive at the surgical location on the morning of surgery at the time you wrote on page 1 during your pre-surgery phone call. (This time will be approximately **2 hours before surgery**)
- Check in at the location instructed 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.

Recovery Room

After surgery, you will be taken to the recovery room (PACU). You will remain in the recovery room until you are safe to go home.

Once you are awake:

- You will be given clear fluids to drink.
- Will be given a copy of your discharge instructions.
- Will be given a list of any medications you may need.
- May be given a prescription for pain medicine.
- Will be given instructions on when to return to see your surgeon, depending on your surgery.

Pain Management

Managing your pain is an important part of your recovery. We will use the UVA Pain Rating Scale and will ask you regularly about your comfort.

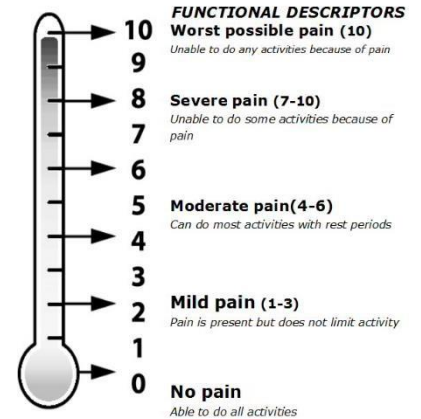
Preventing and treating your discomfort early is easier than trying to treat pain after it starts, so we have created a specific plan to stay ahead of your pain.

- You will get several medications in the preoperative area to help keep you comfortable.
- You may be discharged with medication to help with pain you may have once you are home.

This pain plan will decrease the amount of narcotics you will need after surgery. Narcotics can significantly slow your recovery and cause constipation.

You may find that the pain is controlled by medicines such as NSAIDS (ibuprofen) and acetaminophen (Tylenol). You may alternate Tylenol and ibuprofen for improved pain control. Take over the counter medications as prescribed.

UVA ADULT PAIN SCALE TO HELP YOU CONTROL YOUR PAIN



If you are on long standing pain medication prior to surgery, you will be provided with an individualized regimen for comfort management.

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 100.5°F
- You are vomiting and cannot keep down liquids
- You have severe abdominal pain or severe diarrhea
- You are unable to pass gas for 24 hours
- You have pus or flow of fluid coming from your abdominal incision. You may have a few drops of fluid or blood but call if concerned.
- You fill more than one pad every hour or have sudden heavy bleeding
- Pain with urination
- Unequal swelling in your calves



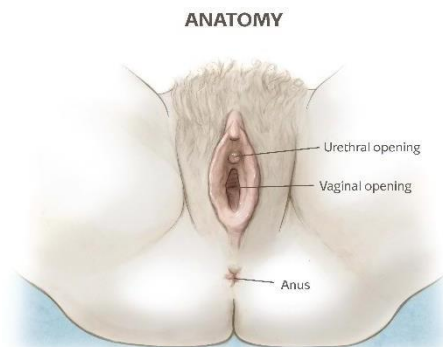
Perineal Care

Depending on the type of surgery you had, you may have an incision (cut) that your doctor made between the vagina and the anus and sewed back together as part of your surgery. This area is called the perineum.

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.
5. Avoid perfumed soaps or detergents.



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.

Wound Care

Depending on the type of surgery you had, you may have tiny surgical incisions on your abdomen. For the first 1–2 weeks following your surgery, your abdominal wound may be slightly red and uncomfortable. If your abdominal wound opens up, drains fluid, or has redness that spreads, call the office.



- You may shower and let the soapy water wash over your abdominal incision.
- Avoid soaking in the tub for 1 month following surgery or until the abdominal wound is well healed.
- The abdominal wound will “soften up” in several months.
- It is common to have lumpy areas in the abdominal wound near the belly button and at the ends of the incision.

- If you have staples or sutures, we will arrange for them to be removed 7-14 days after discharge.
- If your incision is closed with steri-strips or skin glue, it will come off on its own in a few weeks.

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.
(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.

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.

