

**Pre- and Post-Operative Instructions  
For Outpatient Surgery**

**Patient:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

**Type of Surgery:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Surgery Time:** \_\_\_\_\_

**Post-Operative Appointment(s):** \_\_\_\_\_

There are many things to prepare for surgery. Most of the instructions are similar for all GYN surgeries but there are a few that are specific to the type of surgery *so please read this entire instruction sheet before your surgery.*

**Purchase a pre-op kit at our office or go to the pharmacy and buy:**

- One Fleets enema
- Medicated douche (also called a Betadine douche)
- Betadine scrub
- Vitamin K (200 mg., 6 tablets)

**Fill your prescriptions for:**

- Xanax 0.5 mg. (#4), to take for anxiety the day before surgery
- Ambien 10 mg. (#4), to take the nights before surgery if you cannot sleep
- Vicoprofen 7.5 mg. (#40), to be taken after surgery every four hours for pain (or Darvocet if allergic to codeine). You will need these at home after surgery.

**14 days before surgery:**

- Stop all medications on the attached list that will cause you to bleed or bruise during and after surgery, e.g. aspirin products, oil based vitamins.

**3 days before surgery:**

- Begin taking vitamin K 200 mg., one per day, to help you clot your blood.
- **DO NOT TAKE IF YOU ARE ON COUMADIN, ANY BLOOD THINNER, OR HAVE HAD DANGEROUS BLOOD CLOTS IN THE PAST.**

**The day before surgery:**

- Take vitamin K 200 mg.
- If you have a surgery time that is after 10:00 a.m., stop drinking 8 hours before surgery. For example, if your surgery is scheduled for noon, stop drinking clear liquids after 4:00 a.m.
- **ALWAYS STOP EATING AT MIDNIGHT THE NIGHT BEFORE SURGERY.**
- Use your enema before you go to sleep the night before surgery. Feel free to take an Ambien (sleeping pill) at bedtime.
- If you are anxious, you may take the Xanax every 4-6 hours the day before surgery.

- Scrub your abdomen (the area between your ribs and pubic hair, including the pubic hair and belly button) with the Betadine. Use a washcloth in the shower the night before surgery and the morning of your surgery. Scrub for at least 5 minutes each time but don't scrub so hard that you hurt your skin.
- Use a Betadine (medicated) douche the night before—follow the instructions on the box.
- If you choose to shave your perineum (the hair around your vagina and mons), you may do it yourself instead of letting the OR crew do it. If you have hair on your abdomen (belly), you may shave it, too.
- Remove all belly button rings, piercings, labia jewelry, and other adornments prior to surgery—they can cause burns when the cautery is used.

### **The day of surgery:**

- Take only high blood pressure medication in the morning with a sip of water.
- Scrub abdomen and inner thighs with Betadine scrub in the shower.
- Please be at the surgery center 1 hour before your surgery.
- Make sure you have someone to drive you home from the surgery center.

### **Suggested items for care at home after surgery:**

- 10-12 large Ziploc freezer bags (they are good to use as ice packs)
- Peppermints or lemon drops to suck on the day after surgery when you cannot eat
- Lipton soup or other dried clear soup

### **What to expect at the surgery center:**

You will enter the pre-op area to check in. You will have blood drawn and all of your testing done before surgery in the pre-op area. The nurse will ask you about your illnesses, previous surgeries, and hospitalizations, as will the anesthesiologist. You may type or write a complete history to shorten the process. This should include your medications with dosages, allergies, previous surgeries, and dental work. Prepare to say the same thing over and over again!

The surgery center will need to make a copy of your insurance card, so please bring it with you. If you have secondary insurance, they will also require a copy of it. \*UHC patients, please note that the anesthesiologists on staff at the Healthsouth Outpatient Surgery Center are “out of network” but have an agreement with the surgery center to accept your in network benefits as payment in full. If you have any problems with your claim being paid correctly, please contact Midwest Anesthesia at 314-872-1604 or 877-687-9114.

Please your jewelry at home—you will not be allowed to wear jewelry during surgery. Your manicure may also be disrupted because the anesthesiologist will have to use an oximeter on your finger and if you don't remove the polish, they will do it for you. After the initial interview they will have you put on a hospital gown (no underwear), booties, and a surgical cap. The anesthesiologist will start an IV and give you some fluids.

You will be asked to sign a consent for your surgery—make sure it says the same thing we have discussed and if there are any questions, please have them page your doctor prior to getting anything to make you relaxed.

If you need something for relaxation or if you have had trouble with anesthesia in the past, please ask the anesthesiologist when he/she interviews you—they are in charge of putting you to sleep and waking you up.

All surgeries require an IV to give you the drugs you need to go to sleep and the fluids you will require while you are asleep. The IV will be started by the anesthesiologist prior to surgery and will remain in your arm until you are able to drink without vomiting after your surgery (usually the first post-op day). We also routinely give an antibiotic through your IV while you are in the pre-op area.

Your doctor will talk to you in the pre-op area before you are taken to the operating room. If you have any last minute questions, please ask! Your family will remain in the general waiting room unless there are unusual

circumstances. The doctor will talk to your family immediately after your surgery to tell them how it went and what was found. **If you do not want us to talk to certain family members, please tell us when we speak to you in the pre-op area before surgery.**

### **Bladder catheters & shaving:**

During most surgeries we place a catheter in your bladder to drain urine while you are asleep and shave the skin where the incision will be made. These are necessary procedures to insure your safety and prevent injury and infection. The bladder catheter is removed in the recovery room.

### **Sequential TED hose:**

During all surgeries we place stockings on your legs that inflate and gently compress your legs to prevent blood clots from forming during and after your surgery. Sometimes patients like them but most often they are hot and itchy.

### **Talking to the doctor:**

After surgery you may not remember anything until you wake up in the recovery room. We will talk to you in the recovery room, as will the nurses, but you will most likely not remember it. You can ask your family what we discussed with them. If you are having a one-day surgery and are admitted and discharged the same day, we will discuss the operation and pathology at your first post-op visit in the office (two weeks after surgery).

### **Ice packs:**

We advise you to fill up Ziploc bags and put them in a pillowcase and place them over your incision. This not only decreases the pain but decreases the swelling. You should do this for the first 2-3 days continuously and when you are in pain at home.

### **Incisions:**

Incisions might be closed with staples or sutures. The staples can come out 2-3 days after surgery with a horizontal incision and 7-10 days with a vertical one. Sutures are usually dissolvable and do not need to be removed.

- If your incision becomes redder around the area, please call our office (314-993-7009) to be seen and have it evaluated. **THIS CANNOT BE DONE OVER THE PHONE!**
- If your incision weeps a small amount of yellow or red fluid, **gently** clean the incision with alcohol or peroxide.
- If your incision opens or bleeds more than 2 tablespoons, come in to the office at once if during regular business hours during the week or go to the emergency room to be seen by the ER doctor—they will call us after you have been evaluated.

### **Going home:**

If all goes well and you do not develop complications, you will go home on the day of surgery. You will need someone to drive you home and assist you from the car into your house.

- Do not lift more than 15 pounds for 2 weeks.
- Do not exercise your abdominal muscles (no sit-ups, jogging, weights, bicycling, swimming) for two weeks
- If you had a laparoscope and experience shoulder pain, lie down and elevate hips above shoulders.
- You should not scrub your incision.

- You may take a shower the next day.
- You may take a bath after a week.
- You should use pain medication as needed for 2 weeks; often patients are able to taper their pain medication. You will be most sore at the end of the day so it does help to take a pain pill before bed.
- Have someone with you for the first night you are home.

### **Forms for disability or family leave:**

All forms for disability or time off work should be sent to our Creve Coeur office at 10806 Olive Boulevard, Creve Coeur, Missouri 63141, attention Angie. They are filled out by our staff before our signature.

### **List of possible complications:**

#### **Minor complications:**

- Abdominal swelling is common and not usually a complication. It may take weeks to fit back into your normal size.
- Incision won't heal—secondary to infection, obesity, diabetes, or poor nutrition.
- Incision is infected—if there is a yellow discharge, clean with hydrogen peroxide 3 times a day. If there is a reddened area around it that is getting bigger and bigger, then come to the office that day—**it is an emergency**—or go to the emergency room if at night.
- Hematoma of the incision or the vaginal area (like a big bruise that contains dark blood). If it is not getting visibly bigger, then ice and pressure (the binder) are needed. If it is growing, then a visit to the office or emergency room is necessary.
- Constipation—take Milk of Magnesia once, two tablespoonfuls, or try a Fleets enema or Ducolax suppository or all of the above. If vomiting begins, then go to the emergency room to rule out bowel obstruction.
- Diarrhea—take over-the-counter meds at first. If that is ineffective or you are getting dehydrated, go to the emergency room for fluids through an IV.
- Nausea/vomiting—from meds or anesthesia is normal in the first post-op week. If it is constant so you cannot eat while at home, then you will have to go to the hospital to evaluate for a bowel obstruction, IV fluids for dehydration, and possible readmission to the hospital.
- Dizziness may be secondary to lack of food (low blood sugar), pain medication, anemia, pain, or neurologic disorders. If it is severe, you must go to the emergency room for tests. Try to eat or drink some juice and wait for pain meds to wear off before seeking emergent care.
- Headache—may be from minor things that should get better with Tylenol, Motrin or Aleve. It also may be from hormone changes and usually from lack of estrogen. If it is migraine-like, then call for an increased dose of hormones or migraine medicine. **If it is the worst headache of your life, please go to the emergency room quickly and tell them that you may be having a neurologic problem.**

#### **More severe complications:**

- Inability to pass gas, accompanied by pain and nausea—could be a blockage of the bowel and further surgery might be necessary—**go to the emergency room!** They will call us.
- Bladder spasms—this is frequently from irritation from the catheter and we usually give medicine for it. If it is an infection, it will feel like burning. Please call us for an appointment to determine the cause and treatment.
- Urinary tract infection—antibiotics are given but it is determined by tests in the hospital or office.
- Upper back pain—back pain over the kidneys may be from musculoskeletal problems but also may indicate a kidney blockage or infection. If alternating heat and ice every 30 minutes and pain medicine do not make it tolerable, please call for an appointment if you are already home or go to the emergency room if pain is severe.

- Internal bleeding—could be because a stitch popped off a vessel or your clotting is poor for medical reasons. This might necessitate a blood transfusion or a repeat surgery. It is usually detected when you are in the surgery center and treated there.
- Increasing abdominal pain and pain meds don't help—we would have to evaluate you to determine the cause but the possibilities are infection, obstruction, internal bleeding—all of which require emergent treatment.
- Difficulty breathing—can be anxiety or it can be a severe problem. We will order multiple tests to determine the cause and treat you accordingly—**go to the emergency room!** .
- Heavy vaginal bleeding—would need evaluation in the office or emergency room depending on the time of day. It could be that a stitch has dissolved and it is self-limiting (will stop on its own) or that the vaginal incision has broken down and would need surgical repair.
- Pneumonia—inability to breathe or productive cough—would require evaluation, testing, and possible readmission to the hospital.
- **The severe complications above need evaluation so call for an appointment during office hours or go to the emergency room.**



Please avoid these medications  
two weeks before your surgery  
(unless you check with us first)  
*THEY CAN INCREASE YOUR TENDENCY TO BLEED*  
(Tylenol may be substituted for aspirin)

**Aspirin and Aspirin Containing Compounds**

Alka-Seltzer	Momentum
Alka-Seltzer Plus	Norgesic
Anacin	Percodan
Arthritis Pain Formula	Robaxisal
Ascriptin	Sine-Aid
Bufferin	Sinu-Tab
Cope	Soma Compound
Darvon Compound	Stendin
Dristan	Synalogs DC
Ecotrin	Talwin Compound
Empirin	Triaminicin
Excedrin	Trilisate
Fiorinal	Vanquish
Midol	

**Anorexant (Reacts With Adrenalin)**

Tenuate Dospan

**Antispasmodic**

Tenuate

**Antibiotic**

Flagyl  
Mesteclin  
Tetracycline  
Vibramycin

**Herbal Preparations**

Glucosamine/Chondroitin  
Herbal Fen-Phen in any form  
St. John's Wort  
Yohimbe (Natural Viagra)  
Ginko Bilboa  
PC-SPEC (used for prostate cancer)  
Ginger, garlic, cayenne, bilberry  
Ginseng  
Melatonin  
Echinacea  
Aloe

**Antihistamine**

Ru-Tuss

**Analgesics (Non- Narcotic)**

Nalfon 6000

**Phenothiazne Derivatives**

Compazine  
Mellaril  
Sparine  
Stelazine  
Trilafon

**Anti-Inflammatory Agents**

Clinoril	Indocin
Kutaspressin	Motrin
Naprosyn	Prednisone
Tolectin	Tolectin Ds
Zomax	Butazolidin
Anaprox	Aleve
Ultram	Lodine
Advil	
Medipren	
Midol	
Nuprin	

**Anticoagulants**

Coumadin  
Persantine

**Tricyclic Antidepressants (Reacts with Adrenalin)**

Elavil  
Endep  
Pamelor  
Surmontil  
Triavil  
Tofranil

All of the above medications should be stopped at least two weeks before surgery and not restated until two weeks after surgery unless otherwise directed by this office.

This list may not include all drugs that can cause bleeding. If you are taking any medications not listed above, please check with our office first. Please check with our office if you intend to begin a new medication.