



Preparing for Your Gynecologic Surgery

My Surgeon: _____

Office Phone Number: _____

Date of My Surgery: _____

Date of Pre-Op Appointment: _____

First Postoperative Visit: _____

We look forward to caring for you.

This book is for information only. It does not replace the advice of your doctor. Always follow your doctor's advice.



What's in This Guide?

- Surgery Checklist
- Before your Surgery: Medications
- Pre-Op Appointment
- Before your Surgery: Eating and Drinking
- Before your Surgery: Showering
- Before your Surgery: Activity
- The Day of Surgery
- After your Surgery: General Instructions

Welcome

We know you may have many questions as you prepare for your surgery. This guide will help you know what to expect from the moment your surgery is scheduled through your recovery.

Our team uses the Enhanced Recovery After Surgery (ERAS) pathway. ERAS begins before surgery and actively involves you. This pathway helps you recover quicker and improves your surgery experience.

We recommend that you read all of this information as soon as you get it and keep it with you throughout your recovery.

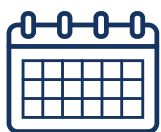
The surgeon, surgical scheduler, nurse, nurse practitioner, and medical assistant are key members of your healthcare team and play an important role in helping plan your surgery and recovery. However, you and your family are the most important members of the team. We encourage you to ask questions and take an active role in your care. Please call your surgeon's office with any questions or concerns.

Surgery Checklist

This checklist is to help you keep track of all we need to do as a team to make your experience easy.

Beginning Now:

- ☐ Please fully read this guide “Preparing for Your Gynecologic Surgery” to help you know how to care for yourself before and after surgery.
- ☐ Read any additional information you may get from your surgeon or at your Pre-Op Appointment.



Days/Weeks Before surgery:

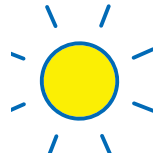
- ☐ Complete any tests needed before surgery.
- ☐ Complete your Pre-Op Appointment.
- ☐ Make a plan for who will drive you home and help with your care after surgery: _____
- ☐ Follow instructions about medications you should take.
- ☐ Contact your surgeon's office if you have cold or flu symptoms, sore throat, fever, productive cough, drainage from the eye, or a skin rash near where your operation will be.
- ☐ Eat a healthy diet and include protein (meat, dairy, nuts) with each meal to help with healing.
- ☐ Drink plenty of water every day.
- ☐ Stay active! Safely walk or exercise each day as directed by your Primary Care Provider.

Day/Evening Before Surgery:



- ☐ You will get a phone call on the day before surgery to confirm your arrival time and location of surgery. If no one calls, call your surgeon's office the day before surgery between 2:30-4:30 pm.
- ☐ Shower and use CHG Wipe if instructed to do so.
- ☐ **We recommend eating a regular meal the night before surgery.**
- ☐ Clear liquids are permitted until 2 hours before your scheduled hospital arrival time. These should not contain alcohol.
- ☐ Drink 1 bottle of Special Drink.
- ☐ Brush your teeth and clean your mouth well.

Day of Surgery:



- ☐ Use 2nd CHG Wipe.
- ☐ Do not eat anything 8 hours before your scheduled arrival to the hospital.
- ☐ You can have clear liquids and the Special Drink up to 2 hours before your scheduled hospital arrival time.
- ☐ Finish the 2nd bottle of the Special Drink 2 hours before your scheduled hospital arrival.
- ☐ Follow instructions about medications you may or may not take.
- ☐ Do not use body lotion.
- ☐ Do not wear jewelry.
- ☐ Do not wear contact lenses.
- ☐ Do not wear makeup.

After Surgery:

- ☐ Follow all instructions given after surgery.
- ☐ Attend follow-up visit(s) with your surgeon/surgical team.



Before Your Surgery:

Medications

For your safety, ask your doctor about taking your usual medications. You may be given special instructions about changes to your medications before surgery. **Please do not make any changes to your medications on your own.**

It is **especially important** to talk about any of the following medications you may take:

- **Blood Thinners** – Some blood thinners might need to be stopped before surgery. Examples of blood thinners are **Coumadin, Plavix, Xarelto, and aspirin**. If you take a blood thinner, please talk with your surgeon or the preadmission nurse about any changes. **Please do not make changes on your own.** If you are asked to stop a blood thinner, including aspirin, we might ask the doctor who prescribed it to make the change.
- **Blood pressure medications** – some blood pressure medications must be stopped before surgery, but some may not.
- **Diabetes medications** – We will make sure you know how to take these medications **the night before and the day of surgery** and what to do if **your blood sugar is low** during this time. If you do not know what you are supposed to do, please ask your surgeon.
- Pain medications (prescription and over-the-counter).
- Medication to manage addiction.
- Weight loss medications including: Phentermine, Mounjaro®, Ozempic®, Wegovy®, Rybelsus®, Victoza, Trulicity, Byetta, Zepbound, Saxerlda, Albiglutide, Jardiance, and Compounded GLP1 Medication.



When Talking with Your Doctor Include:

- All prescription medications
- Non-prescription medications
- Vitamins, herbs, supplements
- Drug-Containing implants (Such as IUD birth control)

Name:	Dose:	Why Taken:	When Taken:	How Long You've Taken:	Prescribed By:

If your surgery is delayed and you have been asked to change your regular medications to prepare for surgery, please call your surgeon's office to discuss your medications.

Pre-Op Appointment

Preparing for Your Pre-Op Appointment

You can expect to talk about the following things:

- Do you have a health condition, such as diabetes, heart disease, high blood pressure, or a bleeding or clotting disorder?
- Are you taking any medications? This includes over-the-counter products, such as aspirin, ibuprofen, vitamins and herbal products. Please use the chart on page 6 to help before this appointment.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Have you had other surgeries or illnesses?
- Have you ever had a reaction to anesthesia?
- Could you be pregnant?
- How is your general health?
- Do you have a fever, cold or rash?
- Do you have an Advance Directive?



Your Pre-Op Appointment

The day of your preoperative appointment:

Your appointment should take about 30 minutes.

Please make sure to do the following:

- Take your regular medications and eat your meals as usual.
- Do not wear tights, body lotion, or powder.
- Bring eyeglasses or hearing aids if you have them.
- If you have completed a medical power of attorney form, please bring a copy for our records.
- During your visit, you will discuss your medical history in detail with your surgeon. You may also need additional tests performed, such as blood test, a urine test, an ECG (electrocardiogram), or imaging tests.

Before your Surgery: Eating and Drinking

Please follow these instructions about eating and drinking before your surgery. If you do not follow these instructions, your surgery might be delayed or rescheduled for your safety. In the weeks and days before your surgery, eat a healthy diet. Don't forget to include protein with each meal and drink plenty of water.

Eating

Eat a regular meal the night before surgery. **Do not eat anything 8 hours before your scheduled arrival to the hospital.**

Special Drink

You should also drink a beverage rich in electrolytes prior to your surgery. Electrolytes are minerals that help balance the amount of water in your body. **You may drink ClearFast PreOp® or Gatorade®** (not Gatorade zero or G2) ClearFast PreOp® is sold at www.amazon.com or at www.shop.drinkclearfast.com. Gatorade may be found at most grocery stores and pharmacies. Please let us know if there are reasons you do not think you can get one of these drinks and we will help.

1. Drink one full bottle of ClearFast PreOp® (or 10 ounces of Gatorade) the evening before surgery after 5 pm.
2. Drink a second full bottle of ClearFast PreOp® (or 10 ounces of Gatorade) the morning of your surgery. Finish drinking it **two hours before your scheduled arrival time to the hospital.**



Benefits of added hydration:

- You will feel less hungry and thirsty before your surgery.
- You are less likely to feel sick from not eating or drinking before surgery.
- Helps you to be able to go to the bathroom normally sooner after your surgery.

Before your Surgery: Eating and Drinking

Drinking

We recommend you drink **clear liquids** in moderate amounts (no more than 16 ounces per hour – similar to a medium coffee) until **two hours before your scheduled arrival time** for surgery (see “drinking liquids before surgery” for examples) unless your surgeon gives different instructions.

Drinking liquids before surgery

Please do not drink more than 16 ounces (similar to a medium coffee) in an hour (**unless you are given other instructions** by your surgeon or preadmission testing nurse). **Stop drinking 2 hours prior to your arrival. Do not drink red-colored liquids.**

You can drink:

- Water (non-carbonated).
- Clear juices without pulp (apple juice or white grape juice **ONLY**)
- Black coffee or plain tea (sugar **ONLY**).
- Clear electrolyte-replenishing (sports) drinks (Pedialyte, Kool-Aid, Gatorade, Propel or PowerAde).
- Ensure Clear or Boost Breeze (**not** the milkshake varieties).
- Water-based popsicles/ice pop (**no** frozen fruit bars, **no** ice cream bars).
- Jell-O (without fruits).
- Hard candy and gum (**do not** swallow).

Note: Please avoid red and dark pink drinks. Clear, yellow, orange, and blue are all okay.

Before your Surgery: Activity

Staying physically active in the days, weeks or months before your surgery can help improve your recover after surgery. It is important to walk and exercise regularly in a safe way. Be sure to follow any instruction your Primary Care Provider may give you about activity.

Before Your Surgery: Showering

Showering

To help avoid infection after your surgery you should shower and use a special wipe called chlorhexidine gluconate (CHG) wipe. This lessens the number of germs on your skin. We will give you this wipe before your surgery. If you do not get the wipe, you may buy it at a pharmacy as “chlorhexidine gluconate (CHG) antiseptic soap” or “Hibiclens”. You may use either the 2% or the 4% strength. Please let us know if there are reasons you do not think you can get the wipe and we will help.



Do not use the CHG wipe/Hibiclens:

- **Above your chin or inside your genital area.**
- **On any broken skin or any open wounds.**
- **If you have an allergy to chlorhexidine-containing products.**

Showering instructions:

You will shower night before your surgery.

- **In the shower, wash and rinse your hair first using your normal shampoo.** Make sure you **completely rinse the shampoo** from your hair and body.
- **Do not shave** in the area of your body where your surgery will be performed.
- **Wet your entire body.** Then **turn the water off or move away from the water spray.**
- **Pat yourself dry** with a clean, freshly washed towel if you can. **Do not apply any powder, lotion, or perfume.** Wipe your body using the CHG wipes as instructed. Dress with **clean, freshly washed clothes** or pajamas if you can. If you are able to, use **sheets on your bed that are freshly cleaned** before you get into bed the night before surgery.
- If you have difficulty completing the wash because you cannot reach certain areas, or for any other reason, please tell your nurse when you get to the hospital.

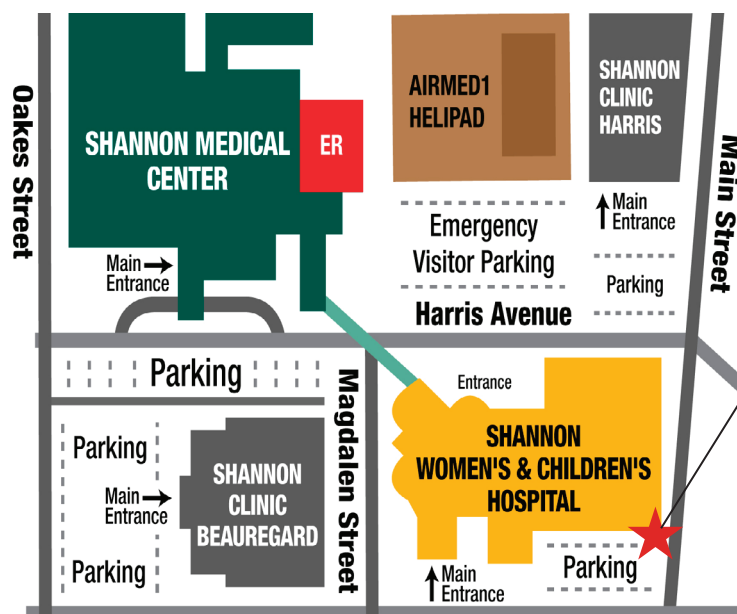
The Day of Surgery:

Your Belongings

- Please leave any valuables at home. The hospital cannot be responsible for valuables, such as cell phones, insurance cards, credit cards, or driver's license.
- If you will be going home right after surgery, **we will keep your things with us** until you are ready to get dressed and go home.
- If you are **staying at the hospital** after recovery, we will ask that your family/friend take your things with them. If your things cannot be taken by your family, we will place them in temporary storage until you are in your hospital room.

Planning Your Ride to and from the Hospital

- Whether you are scheduled to go home on the day of surgery or a subsequent day, **please arrange for a responsible adult to take you home after hospital discharge.** You may not go home in a taxi or via UBER/LYFT or a hired car unless a responsible adult is with you (in addition to the driver). If you are going home the day of surgery, your ride home can expect to take you home **two hours after the end of your surgery** unless told differently.



Where to Park:

★ Shannon Women's and Children's Hospital - 201 E. Harris Ave.

Checking in for Surgery

- Please go to the registration desk at Shannon Women's and Children's Hospital, 201 E. Harris Ave.
- When you arrive, we will take you to a place to get ready for surgery. There you will meet with your surgeon, a nurse, the anesthesiologist, and any other members of your surgical team who will be caring for you. We encourage you to ask any more questions you may have here.
- You may be asked the same questions by different people you meet. **This is for your safety.** Please answer all questions completely, even if you think we already have the information.
- Once you have gone into surgery, your family member or friend may wait in the designated waiting area. If they plan to leave the hospital, a phone number where they can be reached should be given to the nurse in the preoperative area so the surgeon can call when your surgery is done.

Recovery in the Post-Anesthesia Care Unit (PACU)

- After your surgery, we will bring you to the Post-Anesthesia Care Unit (PACU). The nurse and other members of the anesthesia team will care for you until the effects of anesthesia wear off.
- The surgeon and nurse will make every effort to keep your family/friends updated as you recover in the PACU.
- If you are scheduled to go home on the day of surgery, the PACU nurse will notify your designated family/friend of the expected pick-up time (usually about two hours) after your surgery.
- If you are staying at the hospital, you will be taken to your room when you are more awake, and your designated family/friend will be told your room number.



Prescriptions for after Your Surgery

Your surgeon may order prescription medications for you after your surgery. These medications should be picked up on the day of surgery. Please make sure your care team has the correct pharmacy information on file.



The Shannon Retail Pharmacy

You or your family member can pick up your prescriptions from the Shannon Pharmacy at 122 S. Oakes.

Note: If you anticipate going home from your surgery later in the day, outside of the Shannon retail pharmacy's hours, you should provide your surgeon with the information of a local pharmacy that is open later.

If your pharmacy does not have your prescription, please call your surgeon's office right away for assistance.

After Your Surgery: General Instructions:

After you have had surgery, your body needs time to heal. As you recover, please **follow these instructions** and go to your follow-up appointments after your surgery. Your surgeon may provide additional information and instructions.

General Recovery Information and Instructions

You can expect to have some pain from your surgery. This pain should get better over time. We will work with you on the best plan to take care your pain. While we usually can't take away the pain completely, we can help you deal with the pain and be more comfortable. Controlling your pain is important to help you move more easily, breathe deeply, and cough effectively. All of these things are important to help avoid problems after surgery like sickness, blood clots, and mental stress.

You may be given one or more medications to help control the pain related to your surgery. Most surgical pain can be controlled by alternating **ibuprofen (Motrin® or Advil®)** and **acetaminophen (Tylenol®)** in the first 24- to 48 hours, then taking these medications only as needed as your pain improves. Your surgeon will let you know if these medications are safe for you to take and how to take them.

Depending on the type of surgery you have, your surgeon might also prescribe a **prescription narcotic (opioid) medication**. These medications are to treat **moderate to severe pain** in addition if acetaminophen and ibuprofen are not enough to help your pain. Narcotic (opioid) pain medication can cause constipation. Please read the important information later in this packet about **constipation**. **Do not drive or drink alcohol if you are taking narcotic (opioid) pain medications.**

Please take all prescribed medications as directed.

Call Your Surgeon if You Have:

- Fever (temperature of 100.4 °F or higher).
- Worsening pain or pain not helped by medication.
- Burning or pain with peeing.
- Foul-smelling vaginal discharge.
- Redness, drainage, or separation of your incision(s).
- Nausea or vomiting (inability to tolerate food or liquids).
- Inability to pee for more than eight hours.
- Any other symptoms that worry you.



Note: Please go to the nearest emergency room and tell your surgeon's team if you feel dizziness, lightheadedness, chest pain, difficulty breathing, or heavy vaginal bleeding (soaking though more than one pad per hour).

Diet

Generally, there will be no new restrictions on your diet unless specified by your surgeon. Most people can return to eating a regular diet soon after surgery. You should **drink plenty of water** (6- 8 glasses per day), and include fiber in your diet to help prevent constipation and protein to help healing.



Constipation

Constipation (being unable to poop) is a very a common symptom after surgery, even if you had no problems before surgery. Medications given during and after surgery, changes in your diet and drink, and less physical activity can all cause constipation. It can take up to 5 days before you have your first bowel movement after surgery.

Please follow these instructions unless your surgeon says differently. It is very important to control constipation because **straining to go to the bathroom can affect the success of your surgery**. Your goal should be to have **regular bowel movements that are easy to pass**.

Stool Softeners, Laxatives, and Suppositories

If you have loose or watery stools or diarrhea, do not use stool softeners, laxatives, or suppositories.

Stool softeners: docusate sodium (Colace®) Begin taking a stool softener twice a day as soon as you return home after surgery. We recommend **docusate sodium (also known as Colace®)**, which can be **bought over the counter at most pharmacies**. Docusate helps make going to the bathroom easier. Begin by taking **100 mg twice daily**, and increase to **no more than 200 mg twice a day if needed**.

Laxatives: polyethylene glycol (MiraLAX®), senokot (Senna®), or magnesium hydroxide (Phillips® Milk of Magnesia)

If stool softeners are not working for your constipation, you should add a laxative. Laxatives work by pulling water into bowels and helping them move. Examples of laxatives:



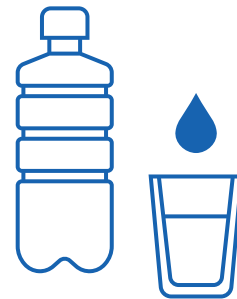
Each person responds differently to laxatives. Start with a gentle laxative. Begin taking the laxative once a day. If you need more, follow the instructions on the package. If you are unsure of how to take the laxative, please call your surgeon's office. If your stools become watery, stop the laxative. As you return to your usual diet and stop taking narcotic (opioid) pain medications, you should begin going to the bathroom more normally. When this happens, you can slowly take less medication until you no longer need to.

If you do not have good results from a gentler laxative, you may need to replace it with a stronger laxative. **Magnesium hydroxide (Phillips® Milk of Magnesia)** can be effective, though it is a more powerful laxative that should be taken for a short time.

Suppositories: Glycerin, Bisacodyl (Dulcolax®)

If you are still constipated after trying stool softeners and laxatives, a suppository might be helpful. This can help relieve hard stool in your rectum that can act as a plug. To relieve the blockage, gently place a rectal suppository into your rectum. You may repeat the dose according to the package instructions. If you still do not have a bowel movement after a second suppository, please call your surgeon's office for advice.

Sometimes, an enema may be advised by your surgical team.

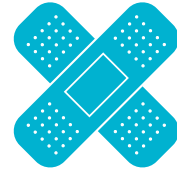


General Tips for Healthy Bowel Function:

- Get moving as early as you can, even if just short walks.
- Eat sitting up.
- Eat a well-balanced diet that includes plenty of fiber-rich foods (such as fruits, vegetables, beans, and whole grains).
- Drink plenty of water.
- Increase your activity as tolerated, unless your surgeon tells you differently.
- Take a stool softener once or twice daily as needed.
- Take a laxative if needed.
- Use a fiber supplement if stools are not well-formed.
- Chew gum.
- Drink coffee (if okay with surgeon).

Movement

Walking soon after surgery is an important part of your recovery. In order to prevent blood clots, prevent infections, promote healing and speed up your recovery it is important to continue walking at home three or more times a day. You may slowly increase the amount of walking each day as you regain your strength. If you have any questions about the amount of walking that is permitted, please discuss this with your surgeon.



Wound Care

- Check your incisions **daily**.
- You may go home with a gauze dressing covering your incisions. This can be removed **24-48 hours after surgery**.
- Some moisture, itching, or bruising on or near your incisions is normal and should improve with time. Notify your surgeon if you experience redness, swelling, drainage, or pain at your incision sites.
- **Do not** apply any powders, lotions, alcohol or ointments to your incision sites.
- If you have **Steri-Strips™** (adhesive bandages) over your incisions, please **leave them in place**. They will fall off on their own, usually within **seven to ten days**. After ten days, you may slowly remove any Steri-strips that have not fallen off on their own. This is easiest to do when they are wet, such as in the shower.
- Your surgeon may use **Dermabond** instead of Steri-Strips™. Dermabond is a special type of skin glue that will hold your incisions together as they heal. This will loosen from your skin and fall off as your incisions heal.
- If **staples** were used on your skin, they will be removed before you go home or at your post-operative visit with your surgical team.
- Most **stitches** do not need to be removed. They **will dissolve** on their own by about six weeks.
- If sutures were used within the vagina, **you will experience vaginal discharge** beginning around two weeks after surgery. This discharge usually stops by six weeks after surgery after all of the sutures dissolve.
- You may use a **pad or panty-liner** to protect your clothing from blood or discharge.

Showering, Bathing, and Swimming

- You may shower after surgery once you feel comfortable doing so. We recommend showering daily and keeping your incisions clean and dry. Allow warm, soapy water run over your incisions, including the outside of the vagina area, but **do not scrub** your incisions. **Gently pat the incisions dry.** If you had a laparoscopic procedure (with small incisions on your stomach), keep your belly button as dry as possible.
- **Do not** take a bath, soak in a tub, or swim for 6 weeks or until advised by your surgeon.

Sexual Activity/Vaginal Insertion

Do not have sexual intercourse, use tampons, douche, or place anything else inside the vagina for at least 8 weeks or until advised by your surgeon.

Hot Flashes

If you have had one or both of your **ovaries removed**, you may experience hot flashes and sweating. Please notify your surgeon if you experience bothersome hot flashes.

Bladder Catheter

Some people are sent home with a bladder catheter (a small tube to help you pee). We will teach you how to care for your catheter at home to prevent bladder infection. We will also schedule an appointment for you to return to the office to remove the catheter. Please let us know if you experience any burning near the catheter site, bladder pain, cloudy urine, or other concerns related to the catheter.

Vaginal Bleeding

If you experience heavy vaginal bleeding saturating more than one pad per hour, **notify your surgeon immediately and proceed to the nearest emergency room.**

Vaginal spotting or bleeding that is brown/red in color and vaginal discharge for **up to six weeks** is expected. This may be continuous or may stop and start and should decrease over time.

Procedure-specific recovery information and instructions

Your surgeon will make specific recommendations about how long you should take it easy and heal.

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Ask a Nurse Hotline

Available 24/7 for Your Healthcare Questions

The Shannon Ask a Nurse Hotline is a free service that provides callers with medical advice from a Registered Nurse 24 hours a day, 7 days a week. All of the Nurses are Registered Nurses at Shannon and can help callers by:

- answering medical questions
- providing medical advice
- directing callers to the most appropriate healthcare option
- providing information on healthcare resources in the community and services available at Shannon

Call our free Ask a Nurse Hotline at 325-747-5365.

Remember, if you or your child is experiencing a life-threatening situation, you should call 9-1-1 or go to a hospital emergency department right away.



SHANNON

www.shannonhealth.com