

Preparing for Outpatient Gynecology-Oncology Surgery

Knowing what to expect is an important part of getting ready for surgery. This handout helps you to learn about:

- Your pre-op clinic visit,
- Getting ready for surgery,
- What to expect after surgery,
- Caring for yourself at home,
- Who and when to call.

Date of Surgery: _____

Your Surgery: _____

Surgeon: _____

Getting Ready for Surgery

You will need to arrange for a ride home. You may also need someone responsible to stay overnight with you at home. A nurse will discuss this with you so you can make plans. We ask this person to be with you when the nurse reviews your discharge teaching. Be sure to ask the nurse about what time this will happen so your friend or relative can be present. **If you cannot find a ride home and overnight help, your surgery will be rescheduled.**

A nurse will call you the day before your surgery (or on the Friday before a Monday surgery). We will tell you when to arrive, where to go, and answer questions. **If you do not hear from us by 3:00 pm, please call 608-263-8804.** We can be reached until 7:00 pm. You are welcome to call us any time after 9:30 am.

If you have a cold, fever greater than 100°F, or other illness the day before surgery, please call the Outpatient Surgery Center (608-263-8804) and Gynecology-Oncology RN Triage (608-263-1548) as soon as you can.

Before Surgery

1. Changes with Your Medicines

Tell your surgeon or nurse if you take any blood thinners, over-the-counter and prescription medicines, vitamins, herbs, and diet supplements. You may need to stop taking these before surgery.

We will tell you when to stop taking all anti-platelet medicine such as aspirin and Plavix®.

You should stop taking Coumadin® five (5) days **before** your surgery. Do not restart this medicine until told to do so by your doctor.

You should stop taking non-steroidal anti-inflammatory drugs (NSAIDs) for **seven (7) days before and seven (7) days after** your surgery. This includes ibuprofen, Advil®, Motrin®, Nuprin®, Orudis®, and Aleve®. You can use Tylenol® (acetaminophen).

If you take other medicines, we will tell you during your clinic visit whether you should take them the day of surgery or not. If you take them, swallow with just a sip of water.

If you have **diabetes**, you will get details about your insulin or oral pills at your clinic visit.

2. **Changes with eating.**
The night before surgery, eat a light supper with small amounts of low-fat foods.

Do not eat or drink anything for 8 hours before surgery. If your surgery is at 8 am, you should not eat or drink anything after midnight. Do not chew gum, tobacco, or have candy for 4 hours before surgery.

3. Do **not** drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.
4. Try to stop smoking or cut back. It takes at least 3 days to rid your body of carbon monoxide from smoking. Smoking will delay wound healing. It can also increase the risks from anesthesia. If you would like help quitting, you can call the Quit Line at **1-800-784-8669**.
5. See Health Facts for You “Getting Your Skin Ready for Surgery-Adult” for skin prep instructions. **You must follow these guidelines for your shower the night before and the morning of surgery.**
6. Do not wear make-up. Please remove nail polish from at least one finger.
7. Try to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. Call the **housing desk, (608) 263-0315**, to arrange for your stay at a nearby hotel for a discount rate.

8. The morning of surgery, brush your teeth and rinse, but **do not swallow water**.

9. **What to Bring and Not Bring**
Please leave all items of value at home. Bring a calling card or your cell phone if you wish to make long distance calls. You may bring in your laptop; all rooms have internet access.

Bring along inhalers, CPAP, glucose meter, eyeglasses, eye drops, hearing aids, dentures, prostheses, and other special items that you will need. Be sure these items are labeled. Please **do not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, teeth, and hearing aids with your family before you go to surgery.

10. You will be asked to remove all jewelry. Please remove all body piercings.

The Day of Surgery

When you arrive, go to where you have been told to go for your surgery. A nurse will ask you questions about your health and help you get ready for surgery. If you are having anesthesia, a member of the anesthesia staff will see you before surgery. You will have an IV tube started. You may also receive medicine to help you relax. You may see staff wearing gloves, gowns, goggles, and masks. Family may stay with you until you are taken for your surgery.

You will be taken for your surgery on a rolling cart. A nurse will be with you to answer questions, make sure you are comfortable and explain what they are doing.

The staff wear masks, gowns, and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen level. You will be asked to breathe oxygen through a soft plastic mask and medicine will be given to you through your IV. After you are asleep, a breathing tube (ET tube) will be placed in your windpipe to breathe for you. Other IVs and monitors will be added after you are asleep.



A Note to Families

The amount of time your loved one spends in the OR depends on the type of surgery. Family and friends should wait either in your room or they may be brought to a waiting area. When your family arrives or leaves the area, they should stop at the nurse's station to pick up a pager so they may be reached, if needed. There is space for only two people in your room. We suggest that children be left at home. Your surgeon will talk with your family after surgery. Food may be purchased in the cafeteria.

What to Expect After Surgery

If you receive local or monitored anesthesia, we will return you straight to your room. If your surgery requires regional, spinal or general anesthesia, you may go to the recovery room for an hour or more.

In the recovery room, nurses will check your vitals and surgical site. You will hear noises from the equipment in the room. Family and visitors are not allowed.

When you are ready to leave, we will take you back to your room. Nursing staff will check on you often. At this time, your family and friends may join you. When you are fully awake, we will offer you fluids and help you walk before you are discharged.

Most patients stay 1-2 hours after surgery. Before you go home, we need to make sure your pain and nausea are under control, teach you how to care for yourself at home and help you walk (using of crutches, if needed). Some patients may need to be able to empty their bladder before going home.

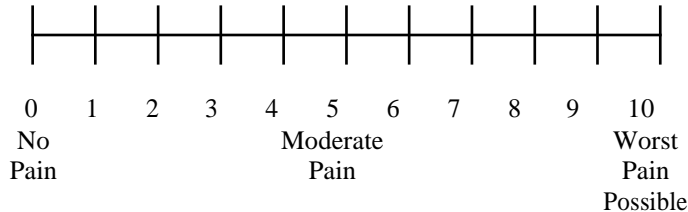
Managing Pain

Staff will work with you to prevent or relieve pain. When your pain is under control, it helps you to:

1. Heal faster.
2. Start walking, breathing and gaining strength faster.
3. Leave the hospital sooner.
4. Prevent problems.

Take (or ask for) pain medicine when pain **first begins**. Do not wait. Pain pills take 20-30 minutes to work.

We will ask you to rate your pain using the scale below. Your pain should be at a level that will allow you to deep breathe, eat, walk, and sleep. We need you to rate your pain so that we know how well your pain medicine is working.



Tell us about pain that will not go away. Pain can sometimes be a sign of problems.

Pain medicine may cause you to become drowsy, dizzy, or lightheaded. Do **not** drive, use machines, or drink alcohol while taking pain medicine.

Preventing Constipation

Opioid pain medicine can cause constipation. You will need a plan to avoid this problem. Stick to the plan as long as you take opioid pain medicine. Review your plan with your doctor or nurse. Here are some things to include in your plan:

- Eat foods that have helped you to relieve constipation in the past.
- Eat foods high in fiber or roughage.
- Drink plenty of liquids. Eight to ten 8-ounce glasses of fluid each day will help keep your stools soft. (Do follow any fluid restrictions you may have.) Warm liquids often help your bowels to move. Have a warm drink about half an hour before your planned time for a bowel movement.
- Move as much as you are able each day or at least every other day. Increase the amount you walk. Check with your doctor or nurse about the exercises that are best for you.

- Plan your bowel movements for the same time each day, if you can. Set aside time for sitting on the toilet or commode. The best time is after a meal.
- Do **not** stop taking your pain medicine without talking with your team.

Stool Softeners and Laxatives

You may need a stool softener. This alone may not work. You may need to add a gentle laxative. Check with your doctor or nurse before taking any of these. Your doctor or nurse may suggest taking a laxative on a regular schedule rather than waiting until you are constipated. There are many types and brands of laxatives, and most need no prescription. Talk to your doctor about which may work best for you, and at the best price.

If you had surgery on your bowels in the last month increase Miralax to twice daily dosing **or** take Milk of Magnesia, 2-4 Tbsp.

If you **have not** had surgery on your bowels in the last month, use a dulcolax suppository. You should have a bowel movement within 4-6 hours.

Caring for Yourself at Home

You can go home when your doctor and nurses think you are ready. If they feel that you are not ready, we may admit you to the hospital for several hours or overnight.

As you get ready to go home, the nurse will give you supplies you will need at home. If your doctor orders medicine, you may pick it up at our pharmacy. We ask that your friend or relative be present to receive instructions before you go home.

At home, you may feel weak and drowsy for up to 24 hours, so take it easy. This is not a good time to make important decisions or sign legal papers. Also, you may want to eat lightly and avoid fatty foods.

If you need a follow-up visit, we can schedule it before you leave. We will give you the phone number so you may any time with questions or concerns. Our staff will try to call you the next day to follow-up.

Our staff is dedicated to giving you the best care that we can. We hope this handout has been a helpful start. We **strongly** suggest you bring this handout with you when you come to your clinic visit.

When to Call

Call the GYN/Onc RN triage line/After Hours line if:

- You are constipated and you are having nausea and vomiting.
- You do not have a bowel movement within 4-6 hours of taking the suppository or milk of magnesia, or within 12 hours of increasing miralax.

Who to Call

Ambulatory Procedure Center
6 am to 5:30 pm, Monday – Friday
(608) 263-5775

Paging Operator
(608) 262-0486

Housing Desk
(608) 263-0315

Outpatient Pharmacy (E5/236)
(608) 263-1280

Outpatient Registration
(608) 263-8766

Outpatient Surgery Center (OSC)
6 am to 7 pm, Monday- Friday.
(608) 263-8804 or (608) 263-9279 fax

Gynecology-Oncology RN Triage
(608) 263-1548

Patient Relations Office
(608) 263-8009

SAFE Clinic (Anesthesia)
9 am to 5 pm, Monday – Friday
(608) 265-1800

Spiritual Care Services
(608) 263-8574

Toll Free Phone Number
(800) 323-8942

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 4/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8135