Preparing for Surgery
For
Cervical Cancer
Radical Hysterectomy

Date of Surgery:____________

Before your clinic visit

- Complete the Patient Health Profile
- Read this booklet
- Fill out a Power of Attorney for Health Care form, if you wish.

Bring this booklet, your medicines, vitamins, and herbal supplements, any medical records that have been given to you, recent X-rays and test results to your pre-surgery clinic visit.

First Day Surgery Unit (608) 265-8857
Welcome to UW Hospital and Clinics

Welcome to the University of Wisconsin Hospital and Clinics. We look forward to working with you so that your surgery goes well and your healing process is a smooth one.

You have been diagnosed with cervical cancer. You will be having a radical hysterectomy. This booklet will answer some of your questions about the cancer diagnosis. It will also help you learn what to expect from your surgery, your stay with us, and after you go home.

Getting ready for your surgery is very important. It involves much more than lab tests and clinic visits. It also involves learning about what to expect before, during, and after surgery.

Read this booklet. Write down any questions and bring them with you to your next visit. Your doctor and nurse will talk with you and answer your questions. We know that you have received a lot of information and hope this booklet will be helpful to you.

University of Wisconsin Comprehensive Cancer Center
Gynecologic Oncology Program
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Coming to the Hospital

What is First Day Surgery?

First Day Surgery means that you come in the day of surgery and stay until you are ready to go home. Most often, you do not go home the same day.

The time of your surgery will be set the day before surgery. We will call you at the number you gave us, sometime after 9:00 am the day before your surgery (on the Friday before a Monday surgery). We will tell you when to arrive, where to go, and answer questions.

Before this call, review details you clinic or anesthesia staff gave you during your clinic visit. If you do not hear from us by 3:00 pm, call (608) 265-8857. We do need to talk to you before your surgery. Tell us where you will stay the night before surgery.

If you have a cold, fever, or other illness the day before surgery call your doctor’s clinic. If you need to reach us after hours or on weekends, ask for the GYN resident on call.

The First Day Surgery Unit’s hours are 5:30 am to 6:00 pm. The Main Hospital Entrance is open at all times. Check in at the First Day Surgery Unit at your scheduled time. To arrive at the First Day Surgery Unit, use the Main Hospital Entrance the day of your surgery. As you approach the Information Desk, follow the gray tile on the floor to your left until you come to the “D” elevators. Take the “D” elevator to the 3rd floor. Turn left and walk down the hallway to the First Day Surgery Unit entrance.
What is the Cervix?

The uterus is the hollow, pear-shaped organ that holds the growing baby when a woman is pregnant. The cervix is the lower, narrow part of the uterus that connects it to the vagina. These organs are found in a woman’s pelvis between the bladder and the rectum.

Cervical Cancer

Changes can take place in the cells on the surface of the cervix. These changes are known as dysplasia or precancerous changes. If the abnormal cells on your cervix have spread below the surface tissue of the cervix, you now have invasive cervical cancer. This means that the cancer cells are now able to spread to other parts of your body. In order to find out what kind of treatment is best for you, the doctor will assign a “stage” to the cancer. Stage I cervical cancer is most often treated with a radical hysterectomy. Cervical cancer with a higher stage is most often treated with radiation therapy.

Radical Hysterectomy

The doctor will remove the uterus, cervix, upper vagina and other tissues close to these organs. This is not the same as a simple hysterectomy because a large amount of normal tissue removed around the cervix. This is done to prevent the return of the cancer. Since the cervix is very close to the bladder and rectum, this surgery can lead to some changes in bowel and bladder habits.

Getting ready for Surgery

1. Your doctor may ask you to stop taking pills that “thin” your blood. You may need to stop these anywhere from 24 hours before surgery to 7 days before. Ask your doctor when you should stop them. Blood thinners include:

   - Aspirin, Excedrin®, Ascriptin®, and Ecotrin®
   - Plavix®
   - Vitamins and herbal supplements
   - Coumadin® or warfarin
   - Ibuprofen, Advil®, Motrin®, Nuprin®, and Aleve®

   If you take any of the pills listed above or herbs, let us know.

   It is alright to use acetaminophen (Tylenol®) if you can normally take it.

2. If you are taking pills, we will tell you during your clinic visit whether you should take them the day of surgery. If you take them, swallow with just a sip of water.
If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.

3. You will need to **stop all eating and drinking at midnight the night before surgery.** This includes no gum, candy, or tobacco. Be sure to ask about this if you have questions or call the clinic if this was not made clear to you.

4. Do not drink alcohol after 8:00 p.m. the night before your surgery. When mixed, alcohol and anesthetic medicines can have severe effects on your body.

5. Try to stop smoking or at least cut back. It takes at least 3 days to rid your body of carbon monoxide from cigarettes. If present in your body it will delay wound healing. It can also increase the risks from anesthesia. If you’d like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).

6. Once you are home, it may take a few days or many weeks for you to get back to your normal routines (work, child care, laundry, shopping). Make plans for these changes. The length of time each person needs to recover varies. Plan to talk about these details with us. You may need to make special plans before surgery.

**What to bring to the hospital**

1. Leave all jewelry, rings, large sums of money, and credit cards at home. You will be asked to remove all jewelry. Remove all body piercings.

2. You may want to bring a small amount of money to pay for small items.

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

4. Bring non-skid slippers or slip-on shoes and a few personal items. You do not need to bring pajamas or a robe. You may want to bring a book or something to do. TVs are in each room at no charge. Bring a calling card or your cell phone if you wish to make long distance calls. You may bring in your laptop; all of the rooms have patient internet access. **Have your family member leave your belongings in the trunk of your car the day you check in.** Once your room is ready, they can bring your things to you. The hospital is not responsible for theft of personal items.
5. By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witnessed before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend to be a witness. If you need help to complete this form or have questions, call our Patient Relations office at (608) 263-8009.

You may wish to have a member of the **Spiritual Care Services** visit while you are in the hospital. We can arrange it for you or you can call (608) 263-8574.

6. On the last page of this booklet, there is a checklist. Review it the day before you come in. It includes things that must be taken care of before you have surgery.

**The night before surgery**

1. Shower before surgery using the Hibiclens® soap. You may get this soap during your clinic visit. First, shower with your own soap. Any special beauty treatments you do, you may want to do now as you may not be able to shower for a few days after surgery. Rinse. Pour the Hibiclens® soap on a damp, clean washcloth or new shower sponge. This thin soap tends to easily run down the drain. Wash from head to toe for 10 minutes. Rinse well. Do not use lotions, powder or perfumes. If you do not get Hibiclens® at your clinic visit, you can buy it at your local drug store or you may be able to use other soap as instructed by your clinic.

2. Remove make-up, nail polish, and acrylic nails.

3. Try your best to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. **A Housing Accommodations Coordinator, (608) 263-0315,** can provide you with a list of nearby motels and arrange for your stay at a discount rate.

4. Your surgeon may want you to take laxatives to empty stool from your bowel before surgery. You will get details on the bowel prep at your clinic visit.

**The morning of surgery**

1. If you need to take medicines, take them with a sip of water.

2. Brush your teeth and rinse, but do not swallow.

3. One hour before surgery, you will be asked to empty your bladder, remove underwear and any tampons, pads, or belts.
Informed Consent

All surgery has risks. Your doctor will explain the risks to you before you sign the consent form. The most common risks are problems with anesthesia, infection and blood loss. Some risks that are unique to this procedure include injury to the bowel or bladder. If this occurs, your surgeon will repair this.

Your Family

Parking and Family Housing

1. Inpatients are given one free visitor parking pass. The family member or friend who visits the patient most often should go to Admissions to obtain this pass. To avoid a parking charge, the visitor must present the parking pass with the time-ticket at the parking booth as they exit the ramp. All other people who come to visit must pay for parking in the ramp. The pass is good upon day of admission and is valid for the number of days listed when issued. All passes may be renewed at no charge as noted on the pass.

2. If you would like, one adult family member may stay with you in your room the night after your surgery. Tell the nursing staff and they will set this up for you.

A Note for Families

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the Surgery Waiting Area (C5/2) on second floor. If you have family that will be calling, have them call (608) 263-8590. You may want to bring along a book or something to do since the time may seem to pass slowly. There is coffee, tea, reading materials, and a TV in this waiting area from 7:00 am until 7:00 pm weekdays. If you wish to leave the waiting area, pick up a pager at the volunteer desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

The Day of Surgery

In the Operating Room

A nurse will be with you during your operation. Before you are asleep, the nurse will answer any questions you have and explain what is going on around you.
About Your Surgery

- You will have general anesthesia. A doctor (anesthesiologist) will talk with you about this and give you medicine to make you sleepy. You will fall asleep quickly. You should have no memory of the surgery.

- Your surgeon may remove the uterus through the abdomen or the vagina.

- If you have an abdominal hysterectomy, your surgeon will make an incision and remove the uterus, cervix, and a small portion of the upper vagina. They will also remove some of the supporting tissues and lymph nodes. If you have not gone through menopause, your ovaries may or may not be removed.

- If you have a vaginal radical hysterectomy, your surgeon will make several small incisions in your abdomen and insert a laparoscope (a small telescope) to remove the lymph nodes. The uterus, cervix, upper vagina and supporting tissues will be removed through the vagina.

- When tissues are removed, they will be sent to pathology for review. If it is found at that time that your cancer was more advanced than previously believed, you may need to have radiation treatments. These would be done after your surgery. Your doctor will discuss this with you if needed. These findings may also change the stage assigned to your cancer.

- If you have not yet gone through menopause, you may have another procedure called ovarian transposition. This will only be done if you need radiation therapy. Most often, radiation destroys the function of the ovary. This means that your production of estrogen will be decreased a great deal. During this procedure one of your ovaries will be taken apart from its normal place low in the pelvis. It will be reattached higher up in your abdomen. This moves the ovary out of the radiation field. This may help you produce estrogen after therapy. This will decrease your chances of having symptoms such as hot flashes.

- Before your incision is closed, the doctors may place a tube into your bladder. This tube will come out through the skin above your pubic bone. It is called a suprapubic catheter. This will be left in place until you can fully empty your bladder on your own. It may be taken out before you go home. If you are still having trouble emptying your bladder when it is time to go home, you may be sent home with it still in place. You will return to the Gyn/Oncology clinic in about a week to have it removed.

After Surgery

Recovery Room

After surgery, you will go to the Recovery Room. Here, the nurses check you often. Most patients wear an oxygen mask or tube under the nose. You will have a tape or plastic clip on
your finger, toe, or earlobe to check your pulse and oxygen level in your blood. You will have a blood pressure cuff on your arm. It will tighten for a few seconds every 10-15 minutes as it checks your blood pressure. If you feel cold, tell your nurse. A heated blanket or lamp can be used to warm you. You may hear beeps from the equipment.

Pain is common. Let the staff know if you need medicine to relieve pain. Nausea and vomiting can happen. If you have nausea, tell your nurse. We have medicine to help you feel better.

If you need to urinate, do not get out of bed. Call for help and the nurse will help you. Some patients have a tube in the bladder to drain urine.

You may be in the recovery room an hour or longer. Family and friends are not allowed in here. Once you are settled in your room, they may join you. You will have your own room with your own bathroom. Some patients may go to an Intensive Care Unit (ICU) for special care.

**Back in Your Room**

Once in your room, your nurse will check on you often. You may have a few tubes, drains and other equipment such as:

- An **IV (intravenous line)** in your hand or arm to provide fluids and medicine until you are able to drink fluids well.
- A face mask or tube under your nose to give you **oxygen**.
- A **catheter** to drain urine from your bladder. This tube constantly drains urine from your bladder. You may still have the urge to pass urine.
- An **NG (nasogastric)** tube in your nose to your stomach helps prevent nausea and vomiting.
- **Wound drains** help you heal.
- **Leg wraps** inflate and deflate or **elastic stockings** to improve blood flow in your legs.

A nurse will help you to understand how these items work and how long they will be in place.

You will not be able to eat right away. First, you will be given ice chips. Your diet will progress from liquids to solid foods.

You will be asked to use an incentive spirometer to breathe deeply and exercise your lungs. You will learn how to do these simple lung exercises at your clinic visit.

The nursing staff helps you turn in bed often and do leg exercises. Nursing staff must be with you the first time you get up. Some people may need help for a few days. Although you may feel weak and sore, you will need to get out of bed and walk as much as you can. Activity helps to decrease lung problems and prevent blood clots in your legs.
Pain Control

People used to believe that you had to put up with severe pain. This is not true. We will work with you to prevent and relieve pain. Good pain control helps you

- Heal faster
- Leave the hospital sooner
- Prevent problems

Drug and non-drug treatments can help prevent and control pain. Do not worry about getting “hooked” or “addicted” to pain pills. This is rare unless you already have a problem with drug abuse.

For best results

Talk with your doctor and nurses about the choices you have. You and your doctor can decide which is best for you.

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

You will be asked to rate your pain using this scale.

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<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Worst Pain</td>
<td>Possible</td>
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The goal should be at a level that will allow you to deep breath, eat, walk, and sleep. We need for you to rate your pain so we know how well your pain medicine is working.

Tell us about pain that will not go away. Do not worry about being a “bother”. 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.

Narcotic pain medicine can cause constipation. Be sure to drink 8 (8-ounce) glasses of fluid a day and increase the fiber in your diet. We will send you home with a stool softener
Going Home

You should expect to be in the hospital for 3-5 days. This will vary for each woman. Before you leave, we will talk with you about how to care for yourself at home. A friend or family member should be present to hear these instructions. At this time, the nurse will give you supplies you will need at home. You will receive prescriptions for medicines. Bring your insurance card if you plan to fill these at the UWHC pharmacy.

Plan to leave by noon. A responsible person needs to drive you home and stay with you during the first few days. It may be helpful to have someone stay with you longer.

What to Do at Home

1. Each woman will recover at her own speed. It can take 8-10 weeks before you “feel like yourself”. In the first two weeks at home, many women feel very tired. Listen to your body. Take time to rest and relax. This will allow your body to heal.

2. You may have a small amount of vaginal drainage or spotting for up to six weeks.

3. Shower but do not take a tub bath or go in a hot tub until your staples are removed.

4. Avoid climbing stairs for your first 2-3 days at home. You should avoid brisk exercise. Do not lift greater than 10 pounds for 6 weeks. Walking can help you to regain your strength.

5. You may start driving again when you stop taking pain pills and feel strong enough to drive. This often takes 2-4 weeks.

6. Do not have sexual intercourse, douche, use tampons, or insert anything into the vagina for 6 weeks. When you resume sexual activity, take things slowly and wait longer if you have pain. Most women return to their normal level of sexual activity after two to three months.

7. If your ovaries are removed, you will start menopause (if you have not already gone through it). You may have hot flashes, vaginal dryness, and other symptoms. These problems may be treated with hormone replacement therapy. Your surgeon will talk with you if there are any concerns about you taking estrogen. If you have problems with vaginal dryness, ask your nurse for help with this problem.

8. It is common for women to have some pain while emptying their bladder. This may feel like cramping or pain near the end of the urine stream. This is normal and will most often improve with time. Warning signs for a bladder infection include frequent or urgent need to empty your bladder with little urine present, intense pain while voiding, or fever.
9. **Call the clinic if**

- you have a **temperature above 100.4° F** for two readings taken 4 hours apart.
- you have **nausea or vomiting** that you cannot control.
- you have increasing **redness, pus-like drainage, or your incision opens**.
- you have **pain that is not relieved by Tylenol®, Advil®, or the pain medicine you were given when you went home**.
- you have **not had a bowel movement** within 3 days after going home.
- you have a **frequent or urgent need to empty your bladder** combined with bladder pain and fever.
- you have other symptoms you are unsure of.

**Returning to Work**

Often women are home from work for 4-6 weeks. You may want to take a longer leave of absence. We will work with your employer to make sure that you get the time you need to get better. If you need a form filled out for work absences, bring it with you.

**Emotions**

It is normal to feel down after a major surgery. Having to face a cancer diagnosis is very stressful. It may cause you to think about life in a different way. Give yourself time to come to terms with these feelings. Talk with friends and family about how you are feeling. Some women also find it useful to talk with a counselor.

With a cancer diagnosis, you may face a lot of very strong emotions – anger, fear, sadness, and feelings of isolation. It’s vital to deal with those feelings. Some things that other women have found helpful in dealing with these emotions include:

1. Spend time with friends and family. Talk to them about how you’re feeling. Tell them what they can do to help you. Ask what you can do to help them – this is hard on them too.
2. Make plans for the future. Making plans can be very positive and can give you hope for the future.
3. Try to regain as much control over your life as you can.
4. Find ways to relax.
5. Avoid stress.
6. Find ways to have fun.
7. Become partners with your doctor.
8. Be with other people who have cancer. Many people with cancer say that the only people who really know what it feels like are other people with cancer.
9. Don’t give up intimacy and affection.

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Some women feel that they need more help than their friends, family or doctors and nurses can provide. If you feel that you are having problems dealing with your feelings, you might want to talk with a counselor or join a support group. Talk with your nurse about the many support resources available.

Our support group for women with gynecologic cancers meets the second and fourth Tuesday of each month, September through June, 1-2:30 p.m. For information call (608) 262-7515-.

We realize that this information can be overwhelming. Our goal is to give you the best care and to answer all of your questions. We hope that this booklet has been a helpful start. We are on hand to answer your questions as you make your way through this process.
Important Phone Numbers

If you have questions about your surgery or anything else, call. Our staff is here to help.

Admissions and Insurance Advisors (financial counselors) E5/213 (608) 263-8770

Admissions Office (Insurance Verification) (608) 263-9172

Business Office (608) 263-4466

General Billing Office (608) 262-2221

General Information (608) 263-6400

Gynecologic Oncology Clinic
Daytime hours 8:00am to 5:00pm (608) 263-7010
After hours, weekends and holidays
(ask for gynecological resident on call)

If you live out of the area, call 1-800-323-8942

Housing Accommodations (608) 263-0315

Pastoral Care (608) 263-8574

Patient Information (608) 263-8590
(for room number and location)

Patient Relations Office (608) 263-8009

Pharmacy (608) 263-7025

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 © 7/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5954
Important Resources for Women with Cervical Cancer

Cancer Connect 1-800-622-8922 or (608) 262-5223
Staffed by skilled oncology health educators and nurses, Cancer Connect offers information on services available through the UW Comprehensive Cancer Center. This includes information about clinical trials at the UW Comprehensive Cancer Center.

Cancer Information Service (CIS) 1-800 - 4 - CANCER
Specialists at the CIS can give callers information about the latest treatment for a particular cancer, where clinical trials are taking place, and information about detection, prevention, diagnosis, and support groups.

A View Beyond - Support Group for Women with Gynecologic Cancers
A support group for women with gynecologic cancers and the University of Wisconsin Comprehensive Cancer center. Meets the second and fourth Tuesday of each month, September through June, 1-2:30 p.m. (608) 262-8081

American Cancer Society
www3.cancer.org

National Cancer Institute
cancernet.nci.nih.gov

National Cervical Cancer Coalition
www.nccc-online.org
Glossary

**Abdomen:** The part of the body that contains the pancreas, stomach, intestines, liver, diaphragm, and other organs.

**Anesthesia:** A medicine that causes loss of sensation and consciousness.

**Anesthesiologist:** A doctor or nurse who has special training in delivering anesthesia.

**Ascites:** An abnormal buildup of fluid in the abdomen.

**Benign:** Not cancerous; does not invade nearby tissue or spread to other parts of the body.

**Biopsy:** The removal of a sample of tissue that is looked at under a microscope to check for cancer cells.

**Bowel:** The intestine.

**Cancer Staging:** The tests and exams needed to stage, or describe, the cancer by learning such things as its size, its exact location, and whether it has spread.

**Cervix:** Lower, narrow part of the uterus.

**Diaphragm:** The muscle that separates the chest from the abdomen.

**Fallopian Tube:** A tube leading to the uterus. Eggs released from the ovaries travel through the fallopian tubes to the uterus.

**Gynecologic oncologist:** A doctor with special training to treat women with cancer of the female reproductive organs.

**Hysterectomy:** An operation to remove the uterus and cervix.

**Incentive Spirometer:** A device to help a patient breathe deeply.

**Informed Consent:** A legal document in which you give the doctor permission to perform surgery and state that you have discussed the risks and benefits of the surgery with the doctor and you understand them.

**Laparoscopy:** An operation in the abdomen done through small incisions with a small scope.

**Laparotomy:** An operation to open the abdomen.

**Living Will:** A legal document clearly stating the patient’s wishes for end of life care.
Lymph Nodes: Small, bean-shaped glands located throughout the body that filter out and destroy bacteria and that can collect cancer cells.

Oophorectomy: The removal of one or both ovaries.

Malignant: Cancerous; can invade nearby tissues or spread to other parts of the body.

Menopause: The time in a woman’s life when the ovaries stop producing estrogen and the woman stops having periods. When both ovaries are removed surgically, a woman goes into early menopause.

Metastasis: The spread of cancer from one part of the body to another.

Opioid medicine: A class of drugs used to manage moderate to severe pain.

Ovarian Transposition: A procedure to move an ovary out of a radiation field to preserve the function of the ovary.

Ovary: A female reproductive organ that produces eggs and female hormones.

Pathologist: A doctor who identifies diseases by studying cells and tissues under a microscope.

Patient-Controlled Anesthesia (PCA): A machine that allows the patient to press a button and deliver a prescribed dose of a painkiller through her IV line.

Pelvis: The lower part of the abdomen located between the hip bones. Organs in the female pelvis include the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum.

Power of Attorney for Healthcare: A legal document that states the patient’s wishes about healthcare and names a person to see that these desires are carried out if the patient is unable to speak for herself.

Radiation Therapy: The use of high energy X-rays to destroy cancer cells.

Salpingo-oophorectomy: Removal of the fallopian tubes and ovaries.

Suprapubic catheter: A tube placed through the skin above the pubic bone into the bladder to drain urine from the bladder.

Tissue: A group or layer of cells that performs a specific function.

Tumor Debulking: Surgically removing as much tumor as possible.

Uterus: The female reproductive organ where the unborn child develops until birth.
Your Surgery Checklist

Review the day before surgery.

Your surgery is scheduled on _________________________________.

The Day Before Surgery

☐ 1. A nurse will call you by 2:00 p.m. on the day before surgery (on Friday for a Monday surgery). The nurse will let you know when to arrive and the time of your surgery. If you do not hear from us, call:
   _____ Outpatient Surgery Center (OSC) at 608-263-8804
   _____ First Day Surgery Unit (FDS) at 608-265-8857
   If you are long distance, call 1-800-323-8942 and ask for the OSC or the FDS unit.

☐ 2. Follow the instructions given by the nurse about when to stop eating and drinking. If for some reason you did not get instructions, stop eating and drinking at midnight. This includes water.

☐ 3. You must have someone drive you home from the hospital. If you take a bus or a cab, you will need a friend or family member to go along with you.

☐ 4. Plan to have a responsible adult stay with you the first night home from the hospital. You may not stay alone.

☐ 5. Leave all rings and other jewelry at home. Only bring enough money to pay for prescriptions or other needs. Do not bring extra clothing.

☐ 6. Other instructions i.e. bowel prep ________________________________

The Morning of Surgery

☐ 1. Take these medicines the morning of surgery. Take pills with a sip of water.

   ________________________________  ________________________________
   ________________________________  ________________________________
   ________________________________  ________________________________
   ________________________________  ________________________________

☐ 2. If you are having abdominal or pelvic (including GYN) surgery or if you used the GoLYTELY® bowel prep, you may be asked to give a urine sample when you arrive.

☐ 3. ________________________________