



WOMEN'S HEALTH
ADVANTAGE

23-HOUR OBSERVATION & INPATIENT SURGERY INSTRUCTIONS

Please call Surgery Scheduling at **260-432-4400 (OPTION 5)** with any questions.

23-hour Observation or Inpatient

- Hysterectomy with or without bilateral salpingo-oophorectomy (removal of fallopian tubes and ovaries)
 - Laparoscopic assisted vaginal hysterectomy
 - Laparoscopic supra-cervical hysterectomy
 - Robotic-assisted hysterectomy (daVinci)
 - Vaginal hysterectomy
 - Abdominal hysterectomy
- Anterior/posterior/enterocele repair or colporrhaphy with or without mesh placement
- Exploratory laparotomy

Please be aware, after surgery, you may be discharged to home before 24 hours or admitted as an inpatient. For more information on these and other surgeries and procedures, please visit our website at heradvantage.com. If you are unable to access the Internet, please request information pamphlets.

If you have not already done so, we invite you to sign up for the Patient Portal for use before and after surgery. This is available to you as a time-saving and convenient alternative to calling and leaving a voice message for us. The Patient Portal on our website is not to be used in case of emergency. For an emergency, you are advised to call 911 or go to the emergency room at Dupont Hospital, Lutheran Hospital or Parkview Regional Medical Center.

Insurance

1. Our office will contact your insurance company to see if prior authorization/precertification for medical necessity is required. We can provide the necessary medical information to obtain prior authorization/precertification; however, the above is never a guarantee of benefits or payment.
2. Please provide our office with a current insurance card and your surgeon's charges will be filed directly with your insurance company. We are participating providers in many insurance plans; but, if there is any question, please call your insurance company.
3. It is up to you to become familiar with the physicians and facilities that are within your insurance network. If not, you may be subject to a substantial out-of-network penalty.
4. Individual policies vary and are subject to exclusion of some types of procedures such as sterilizations. It is advisable to understand what your policy covers. If you are not sure, please call your insurance company and ask. Record the date, time, and the name of the person you spoke with for possible future reference.
5. After surgery, you and/or your insurance company will be billed by our office, the hospital, the anesthesiologist, the pathologist (if specimens are sent) and other miscellaneous providers involved in your care.
6. It may be necessary for you or a family member to call and notify your insurance company if your admission status changes to an inpatient from a 23 hour stay.
7. If you do not have insurance or your insurance will not pay for your surgery, please call our billing department at 260-969-1263 to arrange a payment plan.
8. Our office will complete your form for FMLA or short term disability for a nominal charge. Please contact 260-432-4400 (option 6) for any questions. You may fax the required paperwork to 260-432-2723.

Before Surgery

1. Preoperative testing will be discussed with your surgery scheduler. A testing order slip will either be faxed to the testing facility, mailed to you, or someone from the Preadmission Testing Department at the hospital will call you to schedule your testing appointment. All preoperative testing must be completed in the allotted time frame to avoid rescheduling your surgery.
2. To avoid pregnancy, abstain from sexual intercourse for 2 weeks prior to surgery. If you are postmenopausal or have had a sterilization procedure done, you may disregard this instruction.
3. Some patients require surgical clearance from their primary care physician or specialist. This is determined by your surgeon at Women's Health Advantage. If your surgeon does request clearance, we will notify you. We ask that you please call your clearing physician right away for a surgical clearance appointment.

Bowel Prep

1. Your surgery may require a bowel prep. Your surgery scheduling nurse will let you know if this is required by your physician for your procedure. The most common preps are included in this packet on page 7.

Medications

1. Avoid aspirin, ibuprofen (such as Motrin or Advil) and naproxen (such as Aleve) products for two weeks prior to surgery. These medications can increase your bleeding time. Tylenol (acetaminophen) or a Tylenol-based narcotic, if prescribed by your physician, is fine to use for pain.
2. Discontinue all herbs, oils, and supplements, other than a multivitamin or iron for two weeks prior to surgery. Herbal supplements, oils, and concentrated supplements may increase your risk for bleeding or cause drug interactions with anesthesia.
3. If you are on any diabetic or blood thinning medications, please notify our surgery scheduling nurse and check with the physician who orders these medications for instructions on when the medications need to be stopped preoperatively.
4. Please discuss taking any of your necessary medications, such as hypertension medication, with the surgery nurse and call with any changes to your medications to determine if you need to take them the day of your surgery. If you have anything to eat or drink (this includes chewing gum or sucking on mints) within the 8-9 hour period before surgery, other than minimal sips to take necessary medications, the anesthesiologist will cancel your surgery.

In Addition

1. It is recommended that you stop smoking at least 2 weeks prior to surgery. Healthy, non-irritated lungs will be to your benefit with anesthesia and during recovery.
2. Please avoid alcoholic beverages for 24-48 hours prior to surgery.
3. Please shower using an antibacterial soap, such as dial, and wash your hair with shampoo the night before or the day of surgery. The facility may ask you to use a specific cleansing cloth instead of the antibacterial soap. You may use deodorant. Please avoid perfumes, lotions, and smoking.
4. You will be asked to remove all piercings and nail polish prior to surgery.
5. You should wear comfortable clothing to the surgery facility.
6. Report to the facility's patient registration desk at your scheduled arrival time.

Postoperative Care at the Hospital

1. You will have an IV for 12-48 hours post-operatively. This is to provide adequate fluid intake until you are able to take fluids and food orally. Any surgery can slow down the intestinal function and may result in nausea and vomiting. You will be offered a liquid diet until bowel sounds are heard with a stethoscope or until you start to expel gas rectally. This can take 1-2 days.
2. You may have a catheter in your bladder for 12-24 hours. If bladder surgery is included, it may be necessary for you to go home with a catheter. The hospital nursing staff will instruct you on how to care for the catheter and when to return to the office for removal.
3. You will get up with help to use the bathroom and/or sit in a chair shortly after surgery. If you had spinal anesthesia, you may be up with help as soon as feeling returns to your legs and feet.
4. Initially, your pain will be managed by medication given through your IV (through a patient controlled pump or injection by the nurse). You will advance to oral medication prior to discharge.
5. Your incision will be covered by a gauze dressing or clear plastic covering. You may have a drain in your incision. Your nurse will monitor your drainage and educate you on any at-home instructions.
6. With general anesthesia, your throat may be sore, dry and/or scratchy from the tube that was used to keep your airway open. To relieve this discomfort, suck on ice chips or sip fluids as tolerated.
7. You will be able to shower when your IV and any drains are removed — usually in 1 to 3 days.
8. You may have light vaginal bleeding or discharge immediately following surgery and for two to four weeks after surgery. It is not unusual at two weeks to notice a slight increase of bright bleeding and/or some bits or pieces of suture material.
9. Your doctor or one of his/her partners will see you daily while you are in the hospital, typically one or two overnights.
10. With procedures involving mesh, you may notice two small incisions in the crease where your upper thigh meets the buttocks. You may experience some bruising at those sites.

Postoperative Care at Home

1. The first week you are home, pamper yourself, as your energy level will be low. Alternate rest periods with short walks around the house or outside. This is not a week to accomplish projects and you may notice your ability to concentrate is less than usual. As your energy begins to return, gradually add light activities around the house.
2. Incision care: Your incision may be closed with staples, dissolvable staples, sutures, or glue:
 - a. If you went home with staples in place, make an appointment for staple removal as directed by your doctor (usually 5-7 days after surgery).
 - b. If you have Steri-Strips (adhesive strips) on your incision, you can peel them off 7 days after surgery. It is okay if they fall off earlier.
 - c. If you have Dermabond (surgical glue) on your incision, the glue will flake off in 7-10 days.
3. Avoid lifting over ten pounds for at least 6 weeks or until you have been cleared by your physician at your post-operative visit. This lifting restriction includes laundry baskets, grocery sacks, children, pets, etc.
4. Avoid strenuous activities such as vacuuming, pushing a grocery cart, gardening, mowing the yard, shoveling snow, etc. for at least 6 weeks or until you have been cleared by your physician at your post-operative visit.
5. Climbing stairs should be limited for the first week after surgery. Plan your activity and resting area so you are close to a bathroom and avoid unnecessary trips up and down stairs.
6. No driving for two weeks or while you are taking prescription pain medication (whichever is longer). If at two weeks you are still tender, wait another week. You may be a passenger in a car as soon as you feel able.
7. Do not resume intercourse for at least 6 weeks or until you have been cleared by your physician at your post-operative visit.
8. Do not use tampons, douches or vaginal creams (unless prescribed by your WHA physician) for at least 6 weeks or until you have been cleared by your physician at your post-operative visit.
9. Use only non-scented pads or panty liners.
10. After you are released from the hospital, you may shower as soon as desired. Avoid tub baths, hot tubs, and pools for at least one week or until the bleeding has decreased to minimal spotting and your incisions are healing well.
11. If your ovaries have been removed, you will no longer produce adequate estrogen. This may cause you to have hot flashes or night sweats. Your doctor may order estrogen replacement therapy to start while you are in the hospital to minimize these symptoms.
12. It is common to have low-back and/or low-abdominal pain, which should gradually diminish over two to three weeks. You may use a heating pad as needed at home.
13. If your pain or bleeding increases, you are probably overdoing it. Re-evaluate your daily activities, increase your rest time and concentrate on taking good care of yourself. It may take at least two months to regain all of your strength. Do not be alarmed if you tire easily.
14. When you no longer need prescription pain medication, you may use Tylenol, Extra Strength Tylenol or Ibuprofen for discomfort. Do not drink alcohol during the time you are on pain medication.

15. You need a well-balanced diet with a good intake of protein to help the healing process — this is not the time to diet. Frequent small meals may be more appealing initially.
16. Keep your bowels and bladder working well by drinking plenty of water and juices. If needed, a stool softener such as Miralax, Surfak, Colace, Metamucil, Citrucel, etc. may be used daily. Stool softeners are not habit forming. Laxatives such as Milk of Magnesia are appropriate for occasional use. Over the counter anti-gas medications such as Mylicon, Gas X or Phazyme can be helpful if needed.
17. The typical time off work is 3-8 weeks depending on the surgical procedure and your occupation.
18. If you had specimens taken at the time of surgery, you may inquire about the pathology results after 7 business days, if you do not first receive a phone call about this result. You may also wait and review them with your doctor at your post-op visit.

Please contact us through the patient portal at heradvantage.com or by phone if you have:

1. Excessive vaginal bleeding, such as a menstrual type flow, soaking a pad an hour, or passing large clots
2. Any fever over 100 degrees or flu-like symptoms, associated muscle aches, chills, headache, or general feeling of ill health
3. Any problems with urination, such as burning, frequency, urgency, pain, or any problems with emptying your bladder
4. Foul or discolored vaginal discharge, however clear yellow fluid can be normal for healing
5. Any excessive redness, tenderness, or swelling at incision sites
6. Any foul incisional drainage
7. Excessive pain that is not getting better

If at any time you need to call the doctor after hours, please call the office at 260-432-4400 and you will be forwarded to the answering service. If you haven't received a return call within 30 minutes, please place the call again. In case of emergency, go to the hospital emergency room approved by your insurance. Please DO NOT go to Parkview Randallia or St. Joseph Hospital as our physicians DO NOT go to these hospitals.

Bowel Prep

Please choose ONE of the following bowel preparations to use the day before surgery. DO NOT use more than one method. Each of these preps will cause loose stools and cramping.

1. Miralax 238 gram bottle with 2 Dulcolax tablets
 - Purchase a 238 gram Miralax bottle and 2 Dulcolax tablets, available over the counter at any pharmacy. Also purchase 64oz of Gatorade, any flavor or color.
 - The day before your surgery, mix the entire bottle of Miralax with the 64oz of Gatorade; shake well and chill.
 - At 3pm the day before surgery, drink the mixture taking approximately 8 oz every 15-20 minutes until gone, and start a clear liquid diet.
 - At 5 or 6pm the day before surgery, take the 2 Dulcolax tablets.
 - Nothing to eat or drink beginning 8-9 hours prior to surgery, unless you need a sip of water to take your medications (see medications).

OR

2. Two Fleet enemas
 - Purchase two Fleet brand or equivalent enemas, available over the counter at any pharmacy.
 - At 5pm the day before surgery, start a clear liquid diet.
 - At 7pm and again at 8pm the day before surgery, give yourself one enema. Follow the directions on the packaging, except you may give the enemas to yourself while sitting on the toilet.

Clear Liquid Diet

Water	Coffee or tea (no milk/creamer)
Clear broth or bouillon	Popsicles
Jell-O made with water only	Gatorade
Fruit juices without pulp (apple, grape, etc.)	Soft drinks

NOTES
