



All offices phone: (260) 432-4400
 Surgery Scheduling ext: 6304

www.heradvantage.com

Your surgery is scheduled for:

Date: ___/___/___ **Day of week** _____

at

Adams Memorial Hospital

Dupont Hospital

Dupont Hospital Ambulatory
 Surgery Center

Lutheran Hospital

Paulding County Hospital

Parkview North Hospital

Other _____

You need to stop eating and drinking at _____ a.m./p.m.

Your arrival time is _____ a.m./p.m.

Your surgery is scheduled to start at _____ a.m./p.m.

Inpatient

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

****Please be aware, for some of these surgeries, you may be admitted as a ‘bedded’ outpatient or 23 hour stay. After surgery, you may be discharged to home before 24 hours or changed to an inpatient.**

For more information on these and other surgeries and procedures, please visit our website at www.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 on our website to utilize the Patient Portal before 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 of your choice.

Insurance:

1. Our billing office will call 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 what physicians and facilities are within your insurance network. If not, you may be subject to a substantial 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 (such as a second opinion) or, if in doubt, call your company and ask. Record who and when you talk with someone 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 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 260-969-6800 to arrange a payment plan.
8. Our office will complete your FMLA or short term disability forms for you at a nominal charge. Please contact Jyl, at ext. 6412 for any questions.

Before surgery

1. Someone from the facility where you are having surgery will call you to schedule your preadmission testing, or you will be given a lab slip for your pre-surgery testing. To avoid pregnancy, abstain from sexual intercourse for 10 days prior to testing until after your surgery. If you have had a sterilization procedure done or are postmenopausal, you may disregard this instruction.
2. Some of our patients will require a surgical clearance from their personal physician. This is determined by your doctor at Women's Health Advantage and we will be in contact with you if he/she requests it.
3. Most inpatient surgeries require a bowel prep. The surgery scheduler will advise you which one to follow; the most common are included in this booklet. *Refer to page 10.* Please call with any questions regarding any prep.

Medications

1. **Avoid aspirin, ibuprofen (such as Motrin or Advil) and naproxen (such as Aleve) containing products for two weeks prior to surgery.** These medications can increase your bleeding time. Acetaminophen or Tylenol is fine to use for pain relief.
2. Please discontinue any herbs or supplements **other than a multivitamin or iron for two weeks prior to surgery.** Fish oil and vitamin E will increase your bleeding time. Other herbs or supplements may alter or enhance the effects of anesthesia.
3. If you take blood thinning, oral hypoglycemic or insulin medication, you will need to discuss when to stop taking it before surgery with the doctor who prescribes it for you.
4. Please discuss taking any of your necessary medications, such as the above or hypertension medication, with the surgery nurse, or call with any changes to your regimen 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 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 2 weeks before surgery. Healthy, non-irritated lungs will be to your benefit with anesthesia and during recovery.
2. Please avoid alcoholic beverages at least one day before your surgery.
3. Please shower using an antibacterial soap and wash your hair the day before and day of surgery. If the surgery facility asks you to use a specific cleansing regimen, please follow their instructions rather than ours above. You may use deodorant. Avoid perfumes or smoking.
4. Report to the patient registration desk at your scheduled arrival time.

After surgery:

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 abdominal surgery may slow down the intestinal function and can 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 1-3 days.
2. You will have a catheter in your bladder for 12-24 hours. This time may vary if bladder surgery is included.
3. The evening of, or day after your surgery, you will get up with help to use the bathroom and/or sit in a chair. If you had spinal anesthesia, you may be up as soon as the feeling returns.
4. Pain control is managed by medication given through your IV (through a patient controlled pump or injection by the nurse) or by injection in your arm or hip.
5. Your incision will be covered by a gauze dressing or clear plastic covering. You may have a drain in your incision. You may have an ice bag applied to your incision for the first 24 hours.
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 ordered.
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. Your stay is usually one to two overnights.
10. With procedures involving mesh, you may notice two small incisions in the crease where your upper thigh meets the buttocks or in the middle of your buttocks. There can also be 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, you can gradually add light activities around the house.
2. Your incision will be closed with staples or under the skin sutures. If staples were used to close your incision, they will be removed in our office by seven days after your surgery, if not removed in the hospital before your release. You may remove the steri strips (pieces of tape) after 7 days. You may shower with the steri strips in place. Your incision will probably be numb for several months.
3. Avoid lifting over **ten pounds** until after your post-operative check up – this 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.
5. Climbing stairs should be limited for about one week. This is not dangerous, but is tiring. Plan your activity so you are close to a bathroom and do not make unnecessary trips up and down stairs. You may go upstairs to sleep.
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. Please wear your seat belt.
7. Do not resume intercourse until after your post-operative appointment.
8. Do not use tampons, douches or vaginal creams (unless ordered). Use only non-deodorant pads or panty liners.
9. Showers are preferred until your vaginal bleeding has decreased to minimal spotting and your incision is healing well (at least one week). After this time a warm tub bath may help relieve those residual aches and pains.
10. If your ovaries are removed, you will no longer produce adequate estrogen and you may have hot flushes or night sweats. If your doctor starts estrogen replacement therapy in the hospital, these symptoms should be minimal.
11. It is not uncommon to have low back and/or low abdominal pain, which should gradually diminish over two to three weeks. It is permissible to use a heating pad as needed at home. If the pain increases, you are probably overdoing. 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 your strength. Do not be alarmed if you tire easily.
12. 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.
13. 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.
14. Keep your bowels and bladder working well by drinking plenty of water and juices. If needed, a stool softener such as 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.
15. It is not uncommon to experience slight, temporary hair loss following administration of anesthesia.
16. The typical time off work is 3 – 6 weeks, depending on the type of work you do.
17. If you had specimens taken at the time of surgery, you may inquire about the pathology results after 7 business days. You may also wait and review them with your doctor at your post op visit.

Please contact us through the internet communication portal at www.heradvantage.com or by phone if:

1. You experience excessive bleeding, such as a menstrual type flow.
2. You develop signs of infection with fever over 100 degrees, associated muscular aching, headache or general feeling of ill health.
3. Any problems with urinary frequency, urgency, persistent or increasing pain. In this situation, a urinalysis may be necessary. After having surgery and a catheter, some bladder discomfort and pressure is normal.
4. The incision is excessively tender, increasingly red or swollen or draining a large amount of fluid.
5. You have any foul vaginal discharge.
6. You have 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 transferred to the answering service. If you haven't received a return call within one-half hour, please place the call again. In case of emergency, go to the hospital emergency room approved by your insurance.

Bowel Prep

Please choose **ONE of the following two** 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. Purchase 64 oz. of Gatorade, any flavor or color.
- The day before your surgery, you should mix the Miralax and the Gatorade; shake well and chill.
- At 3 pm the day before surgery, drink the mixture and start a clear liquid diet (below).
- At 5 or 6 pm, take the 2 Dulcolax tablets.
- Nothing to eat or drink beginning eight hours prior to surgery, unless you need a sip of water to take your medications (*see medications*).

2. Two Fleet enemas

- Purchase two Fleet brand or equivalent enemas.
- Start a clear liquid diet at 5pm the day before your surgery.
- Following the instructions on the package, give yourself one enema at approximately 7pm, the second at 8pm (or whatever time is convenient) the evening before surgery. You may give the enemas to yourself while sitting on the toilet.

Clear Liquid Diet

Water

Clear broth or bouillon

Jell-O made with water only

Strained fruit juices without pulp (apple, grape, etc.)

Coffee or tea (no milk)

Popsicles

Gatorade

Soft drinks - no alcohol