



Dear Patient:

Thank you for allowing us to care for you. We wish to make your upcoming surgery and hospitalization as pleasant as possible. To assist us in accomplishing this goal, we have prepared some instructions and guidelines for you to follow prior, during, and after your surgery.

Please take a few minutes to familiarize yourself with these instructions. Many of the questions you may have are already addressed in this handout.

If you have any questions concerning this information, please call our office at 727-446-2111.

Thank you in advance for your cooperation,

**Hector A. Arango, MD
Tyler O. Kirby, MD**

PRE-OPERATIVE INSTRUCTIONS

Admitting Hospital:

Morton Plant Hospital Mease Countryside Hospital

Mease Dunedin Hospital

Pre-admit Testing: The hospital will contact you with date, time and location for your pre-op testing appointment.

Surgery Date: _____ Arrival Time: _____ AM/ PM

Surgery Time: _____ AM/ PM

Approximate number of days in hospital: 1 2 3 4 5 Outpatient

Approximate time in surgery: 30min-1hr 1-1 ½ hrs 2-2 ½ hrs

Instructions:

1. Bring all of your medications or a list of your medications with you to the hospital
2. Bring all of your insurance cards/ information with you to the hospital
3. If you take any blood thinners (coumadin, aspirin, Plavix, etc) please notify your doctor/nurse and discontinue them at least 5 days prior to surgery unless instructed otherwise by your physician
4. **You may brush your teeth the morning of surgery but do not swallow anything.**
5. Home medications on the morning of surgery may be taken ONLY as directed by your doctor or the anesthesiologist.
6. **Do not eat or drink anything after 10pm on _____.**
7. If you experience any medical problems prior to surgery, call 727-446-2111 and speak with a nurse.
8. If you have any questions regarding your bowel prep, pre/post op instructions, surgery, admission testing, etc. please call the nurse at 727-446-2111.

Bowel Prep for Surgery

It is sometimes necessary when operating on the abdomen to make sure the bowels are completely empty. If your doctor/nurse instructs you that you need a bowel prep, please follow the instructions below:

Magnesium Citrate Bowel Prep

- At 9:00am on ___/___/___ you will need to drink 2-10 oz bottles of magnesium citrate solution. This is sold over the counter in the laxative section of your pharmacy.
- On ___/___/___ you will need to begin a clear liquid diet. You should not eat any solid food. Clear broth soups, Gatorade, juices, tea, jello, popsicles, and coffee are ok.
- After you have completed your bowel prep and your stools are clear liquid, you may have clear liquids until 10:00pm. **Do not eat or drink anything after this.**

Go-Lytely Bowel Prep

- At 9:00am on ___/___/___ you will need to drink ½ gallon of Go-lytely solution. You may mix this with crystal light lemonade. On ___/___/___ you will need to drink another ½ gallon of Go-lytely solution.
- On ___/___/___ you will need to begin a clear liquid diet. You should not eat any solid food. Clear broth soups, Gatorade, juices, tea, jello, popsicles, and coffee are ok.
- After you have completed your bowel prep and your stools are clear liquid, you may have clear liquids until 10:00pm the night before your surgery. **Do not eat or drink anything after this.**
- Fleets enema the evening before surgery.

DAY OF SURGERY

1. **Before Surgery**
 - a. You will be escorted to the Pre-operative care unit and given instructions of what to do with your belongings (leave all valuables at home)
 - b. A nurse will interview you
 - c. An IV will be started
2. **During Surgery**
 - a. Your family will wait in the Surgery Waiting Room
 - b. They will be given a cell phone that will be used for the OR to contact them
 - c. After surgery, your physician will contact the family to let them know that everything went well
3. **After Surgery**
 - a. You will wake up in the recovery room, where you will be checked frequently, and then be transferred to a post surgical unit
 - b. You generally will have a tube in your bladder (foley catheter) to drain urine
 - c. You will have compression hose on your legs to help with circulation and prevent blood clots
 - d. You may have an oxygen tube placed under your nose to help wake up
 - e. You may have a PCA (pain medicine pump) or you may be required to ask for pain medicine as needed. Do not wait until you are in a lot of pain to ask for this.
 - f. Medications will be available for any nausea
 - g. Your home medications may be restarted according your doctor's orders
 - h. Each day your nurse will:
 - i. Check your incision
 - ii. Check for vaginal discharge
 - iii. Check your temperature, blood pressure, and pulse
4. **Activity**
 - a. Your nurse will encourage you to turn, cough, and take deep breaths frequently. The nurse will instruct you how to support your incision during these coughs to decrease the pain. This is to prevent lung problems like pneumonia.
 - b. You may be asked to use an incentive spirometry device- this is a small bottle that you slowly inhale as deep as possible to re-expand your lungs.
5. **Diet**
 - a. You may be asked to not eat anything for the first day if your surgery was via a large incision.
 - b. If your surgery was laparoscopic or robotic, you may be allowed to drink some liquids but don't overdo it.

GYN SURGERY- FIRST DAY AFTER SURGERY

- 1. The following will probably be removed**
 - a. Dressing/bandage
 - b. Oxygen
 - c. Catheter (unless you had surgery on your bladder or had a radical hysterectomy)
 - d. Pain pump
 - e. Your IV fluids may be slowed down or stopped once you are taking fluids well
- 2. Treatments and Medications**
 - a. Medications are available for gas pains and nausea
 - b. You will receive oral pain medication if you are tolerating fluids
 - c. Your nurse will continue to monitor:
 - i. Your incision
 - ii. Any vaginal discharge
 - iii. Your temperature, blood pressure, and pulse
 - iv. The amount of fluids you take in as well as the amount of urine you are putting out
- 3. Activity**
 - a. Continue to turn, cough, and take deep breaths
 - b. You will be assisted up to the bathroom and helped with deep breathing exercises
 - c. A pan will be provided to place over the toilet to measure your urine
 - d. You will be encouraged to get up to the chair and walk in the hall at least three times every day (this helps your bowels to wake up and begin functioning).
- 4. Diet**
 - a. You generally will be provided either liquids or solid food of your choice. Do not overdo it, eat or drink only what you are thirsty or hungry for.

GYN SURGERY- SECOND DAY AFTER SURGERY UNTIL DISCHARGE

1. **Treatments and Medications**
 - a. Your nurse will continue to monitor:
 - i. Your incision
 - ii. Any vaginal discharge
 - iii. Your temperature, blood pressure, and pulse
 - iv. The amount of fluids you take in as well as the amount of urine you are putting out
 - b. Your IV will be capped or taken out if you are tolerating your diet
 - c. The bladder catheter will be removed (unless you had bladder surgery)
 - d. You may receive medications (pill or suppository) to help your bowel function recover
2. **Activity**
 - a. You should be up walking the halls as much as possible, but at least three times a day.
 - b. Your nurse will begin showing you how to care for your incision to prepare for going home
3. **Diet**
 - a. Your diet will be advanced when you have passed gas for had a bowel movement. Continue to drink plenty of liquids.
4. **Teaching**
 - a. This is the time to ask questions about going home- **please let your nurse know if you do not have help at home.**
 - b. Your nurse will instruct you on
 - i. Activity
 - ii. Driving
 - iii. Lifting
 - iv. Caring for your incision
5. **Discharge**
 - a. You will be discharged from the hospital in general when:
 - i. You are tolerating at least a liquid diet
 - ii. You have either passed gas or had a bowel movement
 - iii. You have been without fever for >24 hours.

POST-OPERATIVE INSTRUCTIONS- WHAT TO EXPECT AT HOME

1. Pain-

- a. Pain is to be expected at home but will continue to decrease over time. You will be given a prescription at discharge for oral pain medication. Use this as needed.
- b. Unless your doctor has instructed otherwise, it is ok to take the following in addition to your pain pills:
 - i. Motrin (ibuprofen, advil)- 400-600mg every 6 hours.
- c. Narcotic pain prescriptions or refills will not be called in to a pharmacy on weekends, or after 5pm during the week.

2. Routine Medications

- a. Medications you were taking prior to surgery should generally be resumed as directed on your discharge from the hospital.

3. Vitamins and Iron Supplements

- a. These can be purchased over the counter and are ok to take after surgery

4. Incision Staples

- a. These should be removed 10-14 days after your surgery. You should call the office at 727-446-2111 to arrange an appointment with our nursing staff for staple removal.
- b. If you have sutures (stitches) these will generally dissolve on their own and do not require removal. If you still have some that haven't dissolved at your post-op checkup, let your doctor or nurse know so that they can be removed.

5. Hygiene

- a. Showers or tub baths are acceptable
- b. If you prefer a tub bath, please use caution getting into and out of the tub.
- c. You may shampoo your hair.
- d. It is ok to wash the incision gently with a clean cloth and soap and water.

6. Exercise (each procedure is different but these are general guidelines)

- a. No lifting of heavy objects (10-15 lbs) until after your post-op checkup
- b. Bending and stretching are ok unless it hurts (you may be putting too much strain on your incision if this is the case)
- c. Walking is encouraged, you will get fatigued faster than usual however
- d. Stair climbing is ok, but use caution
- e. Avoid vigorous exercise until after your post-op appointment
- f. Your nurse will continue to monitor:
 - i. Your incision
 - ii. Any vaginal discharge
 - iii. Your temperature, blood pressure, and pulse
 - iv. The amount of fluids you take in as well as the amount of urine you are putting out

7. Activity

- a. Driving after major surgery should be avoided for 2 weeks, until reflexes have returned to normal, you can comfortably wear a seat-belt, and you are no longer taking prescription pain medication.
- b. Fatigue is common for 6-8 weeks after surgery; after all, your body has undergone the equivalent of a marathon.
- c. You should generally avoid sexual activity until after your post-op checkup.
- d. Light vaginal bleeding or discharge is common for 2-4 weeks following a hysterectomy or vaginal procedure.
- e. **If it hurts, you probably shouldn't do it**

8. Bowel Function

- a. Bowel function often takes several weeks to return to normal; due to anesthesia, narcotic pain medications, and surgery on the intestines.
- b. For constipation lasting a day or two:
 - i. Milk of Magnesia, or mild laxative of choice is ok.
- c. For difficulty with gas pains:
 - i. Walking
 - ii. Dulcolx (bisacodyl) suppository or glycerin suppository
- d. Diarrhea
 - i. Immodium or Pepto Bismol is ok
 - ii. If severe diarrhea (8-10 stools per day) then please contact your doctor
- e. Stool softeners (colace, surfak, etc) may be used at your discretion
- f. If any symptoms are lasting longer than 2 days, please call your doctor's office.

Incision Care

1. Abdominal surgery, laparotomy, or abdominal hysterectomy
 - a. clean incision daily with clean cloth and soap and water
 - b. staples will be removed 10-14 days after surgery
 - c. steri-strips (small tapes) may wash off in the shower. If they are still present after 5-7 days, you may peel them off carefully.
2. Drainage or redness around your incision or a fever of >101 should be reported to your doctor or nurse
3. Laparoscopy
 - a. Care for them as with the incisions above.
 - b. Any remaining suture material present at your 3 week post-op visit can be removed by our nurse
4. Vulvectomy
 - a. If you had any tissue removed from the vulva, perineum, or anal area then it is not uncommon to have discomfort when sitting or walking until this area heals. The healing process takes 2-4 weeks, depending on the extent. You may experience light bleeding or drainage from this area.
 - b. Sitting in a warm sitz bath for 15-20 minutes several times a day may help relieve discomfort and speed up the healing process.
 - i. Place 1-2 cups Epsom salts in a warm bath
 - c. A hairdryer may be used to dry the area and relieve discomfort
5. **Return To Work**
 - a. This will be discussed at your post-op visit. As a general guideline, allow 2 weeks after laparoscopic or robotic surgery and 4-6 weeks after major abdominal surgery. If you would like to return to work sooner, please call our office.
6. **Complications**
 - a. Please call the office at **727-446-2111** if you experience any of the following:
 - i. Fever greater than 101.0
 - ii. Unusually heavy bleeding
 - iii. Uncontrollable nausea, vomiting, or diarrhea
 - iv. Redness, tenderness, or swelling in one or both calves of your legs.
7. **Home Nursing (Home Health Care)**
 - a. Home nursing may be used in the following situations:
 - i. Open wounds
 - ii. Home IV antibiotics
 - iii. Unusual complications
 - iv. Hospice