Surgery at UW Health East Madison Hospital

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

- Your pre-op clinic visit
- Getting ready for surgery
- Recovery
- Who to call

Date of Surgery: _____

Your Surgery: _____

Surgeon: _____

Address
UW Health East Madison Hospital
4602 Eastpark Blvd.
Madison, WI 53718

Pre-Op Clinic Visit
Before your clinic visit, please:

- ❑ Read this handout.
- ❑ Fill out a Power of Attorney for Health Care, if you wish.

Bring this handout, 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.

Having surgery may be stressful no matter how simple it is. Our staff will help you through each step of your visit. At home, your family and friends are part of the team helping you before and after surgery.

Getting Ready for Surgery

Caregiver
You must have someone drive you home and stay with you overnight. This person should be over 16 who could drive you to the ER or make a phone call if you need help. This person should be with you when the nurse reviews your discharge teaching. Ask the nurse what time this will happen so your friend or relative can attend. If you cannot find a ride home and overnight help, your surgery will be rescheduled.

One business day before surgery (or on Friday for a Monday surgery), a nurse will call you between 8am-4pm. During the phone call, the nurse will ask you a series of health questions. They will let you know when to arrive and where to go. The phone call will take 10-15 minutes. Please have a pen and paper to take notes. If you do not hear from us by 3 pm, please call your surgeon's clinic.

If you have a cold, fever or illness the day before surgery, please call your surgeon's clinic as soon as you can.

Steps for Getting Ready

1. Tell your surgeon or nurse if you take any blood thinners. We **may** ask you to stop taking these before surgery.

   Seven (7) days before surgery, we may ask you to stop taking aspirin or products that contain aspirin. These include Excedrin®, Ascriptin®, and Ecotrin®. You may also need to stop taking Plavix®, vitamins, erectile dysfunction medicine, GLP-1

medicines for weight loss or diabetes, and herbal supplements. If you are on Coumadin® or warfarin, we will tell you if and when to stop taking it.

We may tell you to stop taking anti-inflammatory medicines such as ibuprofen, Advil®, Motrin®, Nuprin®, and Aleve®. You do not need to stop Celebrex® unless your surgeon has told you to do so. You can use acetaminophen (Tylenol®) for pain.

2. The night before surgery, eat a light supper. Stop eating solid foods and milk-type drinks at midnight the night before surgery. Most patients can drink **only** clear liquids up until 2 hours before surgery begins. Clear liquids include:
    - Water
    - Apple or white grape juice
    - Black coffee or tea

    If your surgery is before 8:30 am, you should have **nothing** to eat or drink after midnight.

    Do not chew gum, tobacco, tums, cough drops or have candy the day of your surgery.

3. **Do not** drink alcohol after 8 pm the night before your surgery. When mixed with anesthesia, it can have serious effects on your body.

4. Try to stop using nicotine or THC products (ex. smoking, vaping or gummies) or at least cut back. Smoking delays wound healing and can increase risks from anesthesia. If you'd like help quitting, call the Quit Line at **1-800-784-8669**.

5. Refer to *Health Facts for You* #7938 "Getting Your Skin Ready for Surgery-Adult" for skin prep instructions.

6. Remove nail polish from at least one finger. If you are having surgery on your arm, remove fake nails and nail polish on that side. For hip and knee surgery, remove toenail polish.

7. Try to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. Guest Services can give you a list of nearby hotels and arrange for your stay at a discount rate. Please call **(608) 440-6242**.

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

9. If you have diabetes, we will give you instructions about your diabetes pills at your clinic visit.

10. Please leave items of value at home. We ask to remove and leave all jewelry at home (wedding rings, watches, necklaces, body piercings, etc.) If you are unable to remove your jewelry, the staff may have to remove it (or if necessary, cut off) on the day of surgery. Please bring a photo ID in case your doctor prescribes you pain medicine and you would like to pick it up at our pharmacy before going home.

11. Bring any inhalers, CPAP machines, glasses, crutches, hearing aids, dentures, prostheses or other things that you will need. Make sure these items are in a case and labeled. Do not leave them in the car.

12. Wear loose clothing and shoes that are easy to get on and off. If you do not have slip-on shoes, you may want to bring slippers.

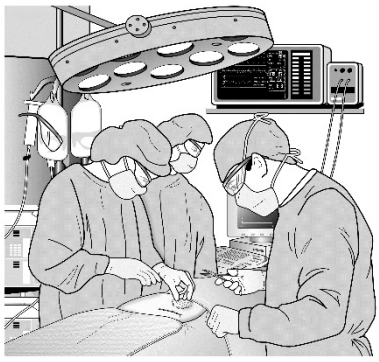
13. Your primary support person may want to bring something to read or do while waiting.

The Day of Surgery
When you arrive, enter the East Madison Hospital through the revolving door that says "Main Entrance." Once inside, go left to the main check-in desk to register with a person. Please do not use a computer kiosk to check-in for surgery. You are allowed to have up to **two visitors/support persons** who are ages 16 and older. We ask no children visitors under the age of 16. Visitors are not permitted to stay overnight in the hospital. When choosing 1-2 support person(s), keep in mind that they will hear your private health information.

After checking in, a nurse will take you and your 1-2 support persons back to a room to ask you questions about your health history and help you get ready for surgery.

If you receive anesthesia, anesthesia staff will see you before surgery. We will insert an IV. You may also receive medicine to help you relax. You may see staff wearing gloves, goggles and masks. Your primary support person may stay with you until we take you to the procedure room or the operating room (OR).

We will take you to the OR or procedure room on a rolling cart. Once in this room, we will ask you to move onto a small narrow bed. A nurse will be with you to answer questions and explain what is going on.



You may have patches on your chest to monitor your heart, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen levels. We will ask you to breathe oxygen through a soft plastic mask and give you medicines through your IV.

If you are having general anesthesia, once you are asleep we will place a breathing tube in your windpipe to help you breathe. We may add other lines and monitors while you are sleeping.

A Note to Families
The nurse will ask for one primary support person's phone number. This is the phone number the surgeon and/or nurses will call when surgery is complete and to provide updates afterwards. Your 1-2 support person(s) may wait in the surgical waiting area or leave the hospital. If you are discharging the same day as surgery, we advise your primary support person to stay in the hospital or close by so the nurses can review discharge instructions with you.

Recovery
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.

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

When you are ready to leave the recovery room, we will take you to a post-operative room. Nursing staff will keep checking on you often. At this time, your 1-2 support person(s) may join you. When you are fully awake, we will offer you fluids, review your discharge instructions and help you walk before you are discharged.

Most patients stay 1-2 hours after surgery is done. 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.

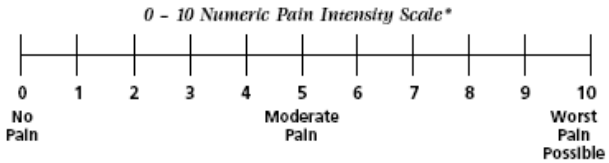
Pain Control
You can work with your nurses and doctors to prevent or relieve pain. Drug and non-drug treatments can help prevent and control pain.

Good pain control helps you to:

1. Enjoy greater comfort.
2. Heal faster.
3. Start walking, breathing and gaining strength quicker.
4. Leave the hospital sooner.
5. Have better results and avoid later problems.

Take (or ask for) pain relief drugs when pain **first begins**. Waiting until your pain becomes severe limits how well the medicine works.

We will ask you to rate your pain using this scale:



Your pain should be at a level that will allow you to walk and sleep with little pain. Rating your pain helps us know how well your pain medicines are working.

Tell the nurse or doctor about any pain that won't 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 prescription pain pills.

Narcotics often cause constipation. To help prevent this when you go home, you may want to increase your daily water or fluids to 6-8 (8 ounce) glasses. It may help to increase the fiber in your diet also.

Constipation
Once you go home, you will need a plan to prevent constipation. 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. 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 can 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. The best time is after a meal.

Stool Softeners and Laxatives
You may need to take a stool softener. This alone may not work. You may need to add a gentle laxative. Your doctor or nurse may suggest taking it on a regular schedule rather than waiting until you are constipated. Check with your doctor or nurse before taking any of these.

Tips
- Do **not** stop taking your pain medicine.
- Aim for a bowel movement every second or third day rather than every day.
- Call your doctor before taking any medicine to treat constipation.
- See *Health Facts for You* #190 "Fiber" to find out more about high fiber foods.

Going 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.

You can go home when your doctor and nurses think you are ready.

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.

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

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.

Who to Call
If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit www.uwhealth.org/.

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 © 6/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8124