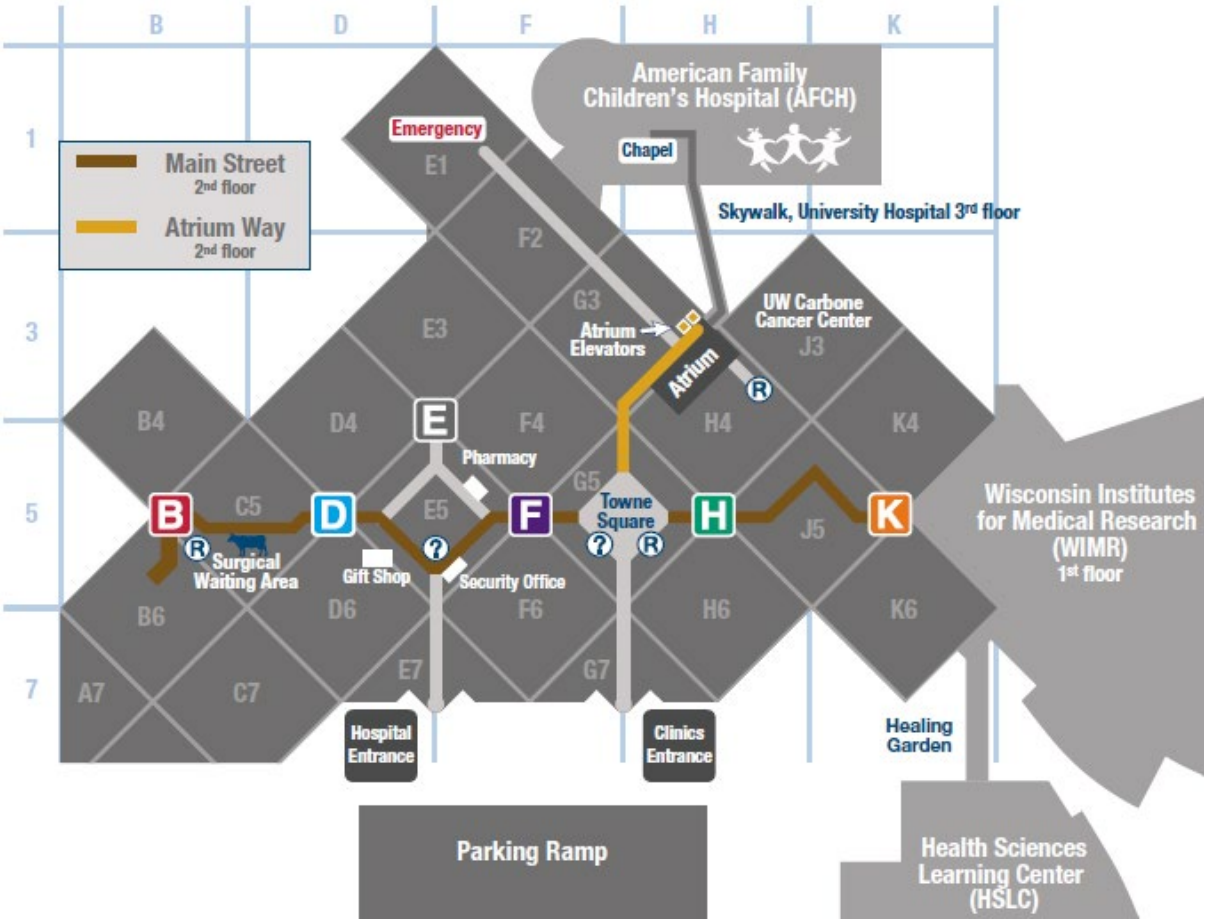
Health Facts for You

Gynecology/Oncology First Day Surgery ERAS booklet

UWHealth

HE-579725-20

Wayfinding Map



Your Surgery

This book helps you learn about:

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

Surgery Information

Date: _____
Type of Surgery: _____
Surgeon: _____

Address

University Hospital
600 Highland Avenue.
Madison, WI 53792

Pre-Op Clinic Visit

Bring these items with you to your pre-op visit:

- ❑ Filled out a Power of Attorney for Health Care, if you wish
- ❑ Medicines, vitamins, and herbal supplements
- ❑ Any medical records that have been given to you
- ❑ Recent X-rays and test results

What is Enhanced Recovery After Surgery (ERAS)?

ERAS is a special plan your surgical team follows to help you heal after surgery. Your team is made up of surgeons, advanced practice providers, resident doctors, anesthesiologists, nurses, pharmacists, and many more.

The goals of ERAS are to:

- Keep you well hydrated and nourished.
- Help your mind and body prepare for surgery and recovery.
- Reduce your risk of surgical site infection.
- Reduce the risk of medicine-related problems.
- Help you manage your other health problems.
- Help you manage pain.
- Help you manage constipation.
- Help you plan for the time after surgery when your activity is restricted.

This book is an important part of ERAS and has information about:

- How to prepare for your surgery and recovery.
- What to expect the day of surgery and while in the hospital.
- Planning to go home.

Pre-Anesthesia Clinic

The pre-anesthesia clinic offers a standard evaluation for UW Health surgical patients. The goal of the clinic is to ensure the best outcomes after surgery.

- If you qualify, the pre-anesthesia team will call you to schedule a visit.
- During the visit, the anesthesia team will review your health conditions and discuss any risks, concerns you may have, and your anesthetic plan.
- The benefits of this visit include:
    - Preparing you for surgery
    - Improved safety and outcomes after surgery
    - Decreased risk of same day surgery cancellations

First Day Surgery (FDS)

First Day Surgery (FDS) is where you go the day of surgery. To find the **FDS unit**, enter through the hospital door. Follow the gray path to the D elevator. Take the D elevator to the 3rd floor. Turn left to the First Day Surgery Unit door.

Common Surgeries

- **Hysterectomy** – Removal of the uterus and cervix.

- **Oophorectomy** – Removal of the ovaries.
- **Salpingectomy –** Removal of the fallopian tubes.
- **Lymphadenectomy** – Removal of the lymph nodes. This is often done as part of staging for cancer.
- **Open surgery (laparotomy)** – A cut made through the abdomen. This could be up and down or across the abdomen. The surgeons use their hands and instruments to do surgery through that opening.
- **Laparoscopy** – This type of surgery is done through small incisions (cuts) in your abdomen. Your surgeon puts a long camera and other tools inside your abdomen to help them.

Getting Ready for Surgery

Nurse Phone Call

One to two days before surgery (or on Friday for a Monday surgery), a nurse will call you. The nurse will tell you when to arrive and where to go. If you do not hear from us by 3 pm, please call **608-265-8857 (FDS).** Review details your clinic or anesthesia staff gave you during your clinic visit to prepare for this call.

Illness

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

Choosing a Caregiver

Arrange for someone to drive you home and stay with you for at least the first 24 hours after you go home. You may want more than one person to help share tasks. Talk to your team if you have trouble finding a caregiver for after surgery.

Caregiver Duties

Once you choose your caregiver(s), let them know what help you will need. For example, they may need to help with:

- Daily cares such as bathing or care of your wounds.
- Driving you to and from follow up visits, as you cannot drive while on opioid pain medicine.
- Housework such as cooking, vacuuming, shopping, and laundry.
- Caring for children and pets.

Bowel Prep

You may need to complete a bowel prep before surgery. It is common to have pain in your belly until the stool has been flushed out (this may take 2 to 4 hours or more).

Bowel Prep Tips

- Follow your ERAS Preop checklist at the end of the booklet for bowel prep instructions.
- Stay near a toilet!
- Drink **at least** 6 large 8 oz. glasses of clear liquids the day before surgery (not including the bowel prep liquid).
- Treat any anal skin irritation or hemorrhoids with over-the-counter-products (hydrocortisone cream, baby wipes, Vaseline, or TUCKS® pads). Do not use products that contain alcohol.
- If you have a prescription for hemorrhoid cream, you may use it.
- Do not use suppositories.

Clear Liquid Diet

If you need to follow a clear liquid diet, avoid fiber, pulp and sediment. Clear does not mean colorless. Examples include:

- Water
- Broth
- Apple juice
- Ginger ale
- Gatorade
- Clear Jello®
- Popsicles

Alcohol

Do not drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.

Smoking

Try to stop smoking as it slows wound healing. It can also increase the risks from anesthesia. If you want help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).

Skin Prep

Read Health Facts for You #7938 - *Getting Your Skin Ready for Surgery-Adult* for skin prep instructions.

Makeup

Do not wear make-up. Remove nail polish from at least one finger.

Housing

If you live out of town, you may wish to stay in Madison. The Housing Desk **(608) 263-0315**, can give you a list of nearby hotels and help book a room at a discounted rate.

Valuables

Leave all jewelry, rings, large sums of money, and credit cards at home. Remove all jewelry and body piercings.

The Day of Surgery

Items to Bring with You

Bring your inhalers, CPAP, glucose meter, glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you need. Label these with your name and have them in a case, if appropriate. Do not bring bottles of pills unless you have been told to do so. You will leave your glasses, teeth, and hearing aids with your family before you go to surgery.

Belongings

Please have your family member leave your belongings in the trunk of your car the day of your surgery **(please bring items listed above)**. Once your room is ready, they can bring your things to you. We are not responsible for lost or stolen items.

Primary Support Person

We welcome all family members on your day of surgery, but you will need to choose one person as your **primary support person**. This is the only person who may stay with you from check-in time until you go to surgery. When choosing this person, keep in mind that they will hear your private health information.

Your Pre-op Room

After checking in, a nurse will take you and your primary support person back to a room to ask you questions about your health history and get you ready for surgery. Other family and friends will be in the waiting room while you are getting ready.

Parking Pass

Your main support person will get one parking pass for the length of your stay. It can be picked up the day of your surgery by your family at the guest services front desk.

Operating Room (OR)

We take you to the OR on a cart. The staff wears masks, gowns and hats. They help you move onto a narrow, firm bed. The nurse puts a safety belt (like a seat belt), across your chest/upper abdomen. ECG (electrocardiogram) patches are put on your chest. You will also have a blood pressure cuff on your arm and a plastic clip on your finger to check your heartbeat and oxygen level.

The anesthesiologist asks you to breathe oxygen through a soft plastic mask and you will have medicine given to you through your IV. Once you are asleep, you will have a breathing tube placed in your windpipe to help you breathe. Other IVs and monitors are put on after you are asleep.

A Note to Families

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the **Surgical Waiting Area** (C5/2) on second floor. There is coffee, tea, reading materials, computers, and TVs from 7:30 am until 6:30 pm weekdays. If you leave the waiting area, please pick up a pager at the desk first. The nurses will keep you informed during surgery. The surgeon will talk with you after the surgery.

The Recovery Room

After surgery, you go to the recovery room to wake up. Tell your nurse if you have nausea and vomiting. We have medicine to help you. You may be in the recovery room an hour or more.

Loved ones are **not** allowed in here. If you stay in the hospital, your loved ones may join you once you are settled in your inpatient room. You will have your own room and bathroom. Some patients may go to an Intensive Care Unit (ICU) for special care. Staff will tell your loved ones what visiting hours are.

Tubes and Lines

You may have a few tubes, drains and other equipment. A nurse will teach you about how they work and how long they will be in place. These may include:

- An IV (intravenous line) in your hand or arm to give you fluids and medicine until you can drink
- A face mask or tube under your nose to give you oxygen
- A plastic clip on your finger to check your oxygen level
- A blood pressure cuff on your arm that tightens for a few seconds every 10-15 minutes
- A catheter to drain urine from your bladder, though you may still feel like you need to urinate
- An NG (nasogastric) tube in your nose to your stomach will help with nausea and vomiting
- Wound drains
- Leg wraps that inflate and deflate or elastic stockings to improve blood flow in your legs

After Surgery

Diet

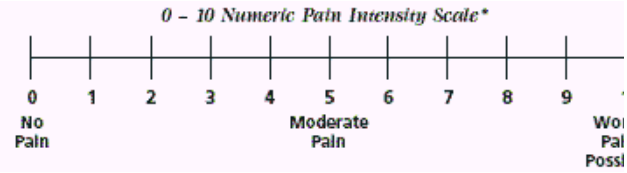
You can eat and drink right after surgery unless you have an NG tube. Your team will want you to drink nutritional supplements while in the hospital to help you heal. Eat a bland diet as able for the first 1-2 days. Drink up to 8 glasses of fluids per day.

Pain Management

Your nurses and doctors will work with you to prevent or relieve pain. Drug and non-drug treatments can help you:

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 medicine 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.

Nausea and Vomiting

The medicines you get in the OR should help with nausea and vomiting after surgery. If you do feel sick, reduce how much you eat and drink by mouth. Small, frequent meals or drinks are best. If you can drink and stay hydrated, the nausea should pass.

Coughing and Deep Breathing

Once the breathing tube is out, nurses will ask you to deep breathe, cough, and use a breathing tool (incentive spirometer). This helps prevent pneumonia.

How to Cough and Deep Breathe

1. Place a pillow over your chest to lessen the pain while you cough.
2. Take a slow, deep breath through your nose. Hold it.
3. Exhale slowly through the mouth.
4. Repeat two more times.
5. Breathe in again; hold it, and then cough.

How to Use the Incentive Spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the FlowRate Guide between the arrows.
3. Hold it. Continue to inhale and keep the guide as high as you can for as long as you can, or as told by your nurse or respiratory therapist.
4. Exhale and relax. Take the mouthpiece out and breathe out as usual.

5. Repeat 10-15 times each hour while you are awake. Do this about twice each commercial break on tv.

Urinary Problems

You will have what is called a voiding trial. This helps us know if you need help urinating after surgery. If you have a hard time urinating after the catheter is removed from your bladder, it will need to be put back in until you can urinate on your own.

Urinary problems can be caused by anesthesia, pain medicine, and less activity. If needed, the nurse will teach you how to straight catheterize or how to care for a urinary catheter. If you need a catheter put back in before going home, you will follow up in the Gynecology/Oncology Clinic.

Always call your nurse to help you get out of bed to use the bathroom!

Activity in the Hospital

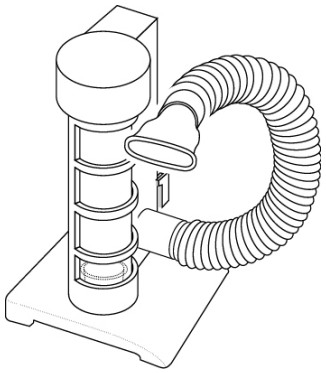
You will be helped out of bed and walk at least 4 times a day. You will be up in a chair for all meals.

Going Home

You are ready to go home once you can walk, eat, and drink, and pass gas (if applicable). You will review discharge instructions with your nurse.

Discharge

Discharge time is as early as 10 am. Plan for someone to help you get home. Your ride must be ready and waiting. We try to discharge patients as quickly as possible, but sometimes there are delays. We will not send you home until we feel it is safe.



Activity Guidelines

You will be on pelvic rest (nothing in the vagina) for 6 weeks if your uterus was removed. This means no tampons, douching or sex. You will also have weightlifting restrictions.

You should still stay active. Keeping muscles active helps you heal faster, have bowel movements, and prevents problems such as the blood clots and pneumonia.

Preventing Complications

Blood Clots

To prevent blood clots, you will:

- Have leg wraps while in the hospital improve blood flow.
- Get shots of blood thinning medicine while in the hospital. You may also need this medicine at home.
- Get up and walk early and often.

Constipation

You may become constipated after surgery. Decreased activity and opioid pain pills can cause constipation. While on opioids, take a stool softener (docusate sodium/Colace) 100mg twice a day and Miralax 17 gm once a day. You can buy these at your local drugstore. If you are constipated or have nausea and vomiting, call **608-263-1548.**

To avoid constipation:

- Drink plenty of water (at least 64oz (8 cups) of fluid per day).
- Avoid drinks with caffeine.
- Walk for at least 20 minutes a day, if able.

If you do not have a bowel movement within 4-6 hours of taking the suppository or milk of magnesia **or** within 12 hours of

increasing Miralax, please call Gynecology/Oncology RN triage line/after-hours line at **608-263-1548**.

Ileus

Since the bowel can be slow to work after surgery, it can be hard for food and gas to pass through the intestines. This could lead to a blockage, or **ileus**.

ERAS was designed to reduce the chance of an ileus. If you do develop an ileus, it often lasts two to three days. During this time, you may need a small tube placed down your nose to decompress the stomach.

To avoid an ileus:

- Reduce the amount of opioid pain medicine you take.
- Get up as much as possible after your surgery.
- Stimulate the bowel early with small amounts of food and liquids.

Diarrhea

If you have diarrhea, reduce or stop taking stool softeners. If you still have diarrhea 24 hours after stopping stool softeners, call the Gynecology/Oncology RN triage line/after-hours line at **608-263-1548**.

Common Questions

What happens if I haven't had a bowel movement within 48 hours?

If you still haven't had a bowel movement within 48 hours of going home, answer the question below and follow the appropriate directions.

Have you had **surgery on your bowels** in the last month?

- **I don't know-** Please call the Gynecology/Oncology RN triage line/after hours line at **608-263-1548**.
- **Yes-** Increase Miralax to twice daily dosing **OR** take 2-4 tbsp of Milk of Magnesia
- **No-** Use a rectal Dulcolax suppository. You should have a bowel movement within 4-6 hours.

When can I go back to work?
Going back to work is based on the surgery you had and the type of work you do. You may be off work from 0-6 weeks after your surgery. You will have lifting restrictions. Check with your employer about their rules. If you need a return-to-work form for your employer, or disability papers filled out, fax them to our office at **(608) 263-2201**.

When can I drive?
You may drive when you are off narcotics and pain free enough to react quickly with your braking foot. For most patients, this is about 2 weeks after surgery.

Who to Call

Billing UW Hospitals and Clinics/University Hospital
(608) 262-2221
(866) 841-8535

Billing UW Medical Foundation
(608) 829-5217
(877) 565-0505

Carbone Cancer Center at University Hospital
(608) 263-1548 (triage)

First Day Surgery
Monday-Friday, 5:30 am-6:00 pm
(608) 265-8857

Gynecology Oncology Clinic at University Hospital
(608) 263-1548

Housing Accommodations
(608) 263-0315

Interpreter Services
(608) 262-9000

Outpatient Pharmacy
(608) 263-1280

Patient Information
(for inpatient hospital rooms)
(608) 263-8590

Patient Relations Office
(608) 263-8009

Spiritual Care Services
(608) 263-8574

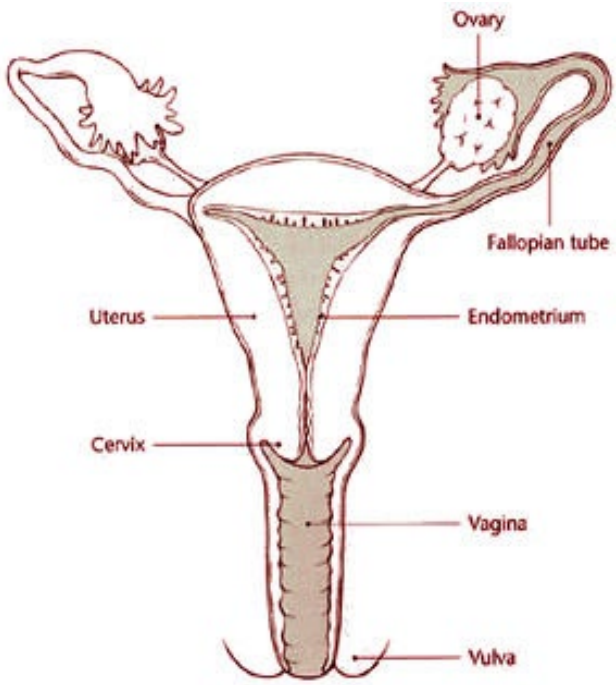
Toll Free Phone Number
(800) 323-8942

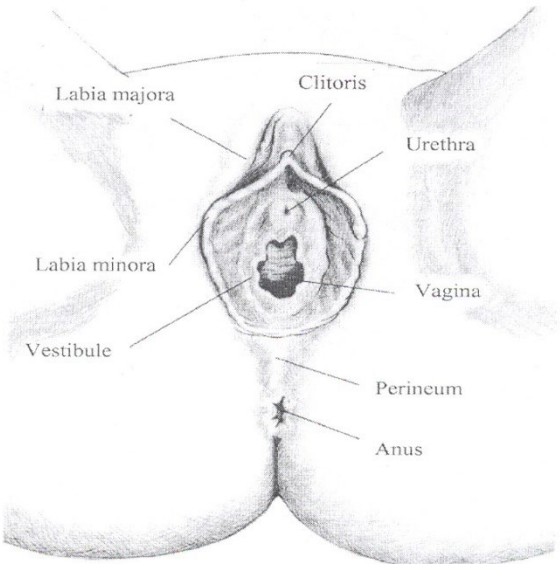
University Hospital
(608) 263-6400

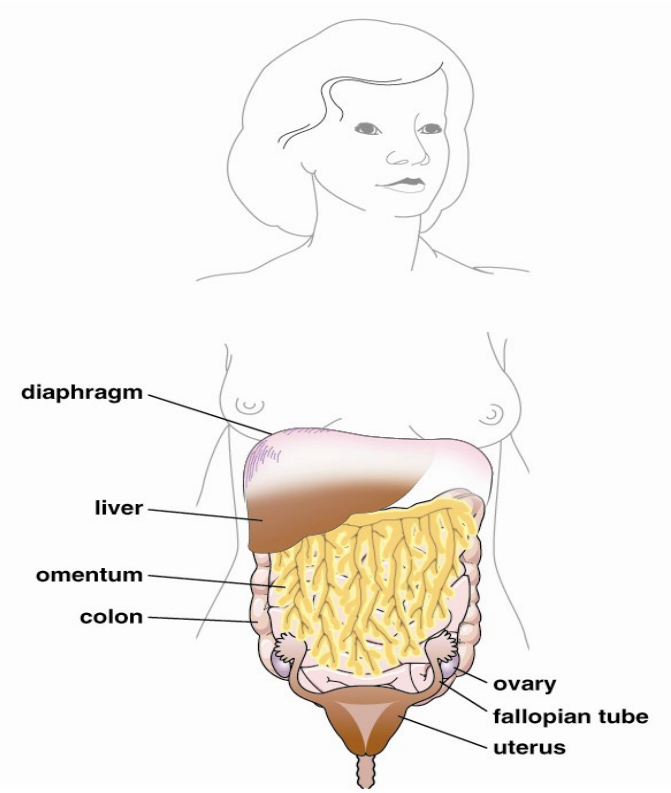
Website
http://www.uwhealth.org/

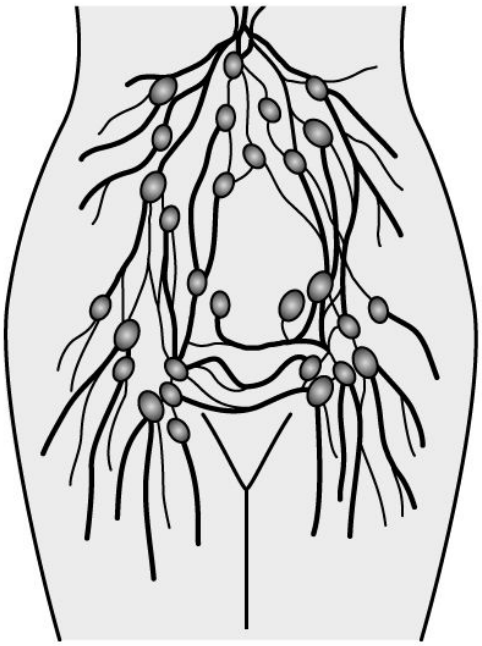
Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment 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 © 11/2024. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8031

Female Anatomy









ERAS Bowel Prep Checklist

2 Days Before Surgery

Purchase needed supplies:

- ☐ **Bisacodyl laxative** - 5 mg tablets
- ☐ **MiraLAX®** - 238 gm. or 8.3 oz. bottle
- ☐ **Gatorade®** or **Powerade®** Sport drink - 1-64 oz bottle or 2-32 oz. bottles
- ☐ **Fleets® Phosphate Enema** - 1 bottle
- ☐ **Ensure Clear®** – (2) 4 pack or 8 bottles (10 oz.)
- ☐ **Antibiotics: Neomycin and metronidazole** (prescriptions for these will be sent to your preferred pharmacy)

1 Day Before Surgery

- ☐ **7:00 AM** – Stop eating solid foods. Start clear liquid diet.
- ☐ **8:00 AM** – Take the 4 bisacodyl tablets. **Do not** chew or crush. If you take morning medicine, it is okay to take them at this time.
- ☐ **10:00 AM-** Mix a 238-gram bottle of MiraLAX® with 64 oz. of Gatorade®/Powerade®. Shake well until the powder dissolves. Put it in the fridge.
- ☐ **12:00 PM-** Start to drink the MiraLAX® mixture. Drink one 8oz glass every 10-15 minutes. Drink it quickly, rather than sipping small amounts. This will help the bowel to empty. Finish this mixture within 2 hours.
- ☐ **3:00 PM** – Start drinking Ensure Clear®. You will drink 3 bottles today.
- ☐ **3:00 PM** –Take the 1ST dose of antibiotic.
- ☐ **5:00 PM** – Take the 2nd dose of antibiotic.
- ☐ **10:00 PM** – Take the last dose of antibiotic.
- ☐ **Before bed** – Shower with the Hibiclens medicated wash. Follow your skin prep instructions. (Shower #1)

Morning of Surgery

- ☐ Take approved medicines.
- ☐ **4 hours before surgery** – Drink the 4th bottle of Ensure Clear® (10 oz.)
- ☐ **1-2 hours before leaving for the hospital** – Give yourself a Fleets® enema.
- ☐ **After enema** –Shower with the Hibiclens medicated wash. Follow your skin prep instructions. (Shower #2)

ERAS Pre-op Checklist

Remove this page from the booklet to use the day before your surgery.

1 Day Before Surgery

Magnesium Citrate Bowel Prep

- ☐ **Morning** – Eat a light breakfast. Do not eat greasy foods and red meat.
- ☐ **Lunchtime** – Eat a light lunch. No greasy foods or red meat. No solid food **after** lunch. Start clear liquid diet.
- ☐ **At 3:00 PM** – Drink one bottle of Magnesium Citrate Oral solution (10 ounces).
- ☐ **At 7:00 PM** – Drink one bottle of Magnesium Citrate Oral solution (10 ounces).
- ☐ **At 8:00 PM** – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid.
- ☐ **At 9:00 PM** – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid.
- ☐ **At 10:00 PM** – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid.
- ☐ **Before bed** – Shower with the Hibiclens medicated wash. Use half of bottle or 2 packets and follow the instructions in your folder.

GoLytely/NuLytely Bowel Prep

- ☐ **7:00 AM** – Stop eating solid foods. Start clear liquid diet.
- ☐ **7:00 AM** – Follow the directions on the bottle to mix the GoLytely/NuLytely solution with water. Put it in the fridge.
- ☐ **9:00 AM-12:00 PM** – Drink one 8-ounce glass of the bowel prep every 10 minutes until gone. This takes 3 hours. Drink it quickly. A straw may make it easier to drink.
- ☐ **1:00 PM** –Take Neomycin 1 gram and Metronidazole 750 mg
- ☐ **2:00 PM** – Take Neomycin 1 gram and Metronidazole 750 mg
- ☐ **2:00 PM -6:00 PM** – Keep drinking 8 ounces of clear liquids every hour.
- ☐ **7:00-10:00 PM –** Drink Boost Breeze (carbohydrate drink)
- ☐ **10:00 PM** – Take Neomycin 1 gram and Metronidazole 750 mg
- ☐ **Before bed** – Shower with the Hibiclens medicated wash. Use half of bottle or 2 packets and follow the instructions in your folder.

Morning of Surgery

- ☐ Take medicines as you have been told.
- ☐ Use the second half of the bottle of Hibiclens or 2 packets medicated wash and follow the instructions.
- ☐ Use your saline enema if your surgical team told you to.