

## Preparing for Surgery For an Ovarian Mass

Date of Surgery: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

### **Welcome to UW Hospital and Clinics**

Welcome to the University of Wisconsin Hospital and Clinics. We look forward to working with you so that your surgery goes well and your healing process is a smooth one.

You have been diagnosed with an ovarian mass. Your doctor has recommended surgery. Your doctor has done tests to evaluate the mass. The only way to find out its exact nature is to perform surgery to get a tissue sample of the mass. To get a tissue sample, the doctor does an operation known as a laparotomy. If the mass is on the ovary, your doctor will remove the ovary (oophorectomy). It is important to remove the entire ovary. If there are cancer cells in the ovary, cutting through the outer layer of the ovary could allow cancer cells to spread.

A doctor (pathologist) will then look at tissue from your mass under a microscope. **If** cancer is found, the surgeon will continue with a procedure called ovarian cancer staging. This is talked about in more detail on page 8.

Getting ready for your surgery is very important. It involves much more than lab tests and clinic visits. It also involves learning about what to expect before, during, and after surgery.

Read this booklet. Write down any questions and bring them with you to your next visit. Your doctor and nurse will talk with you and answer your questions. We know that you have received a lot of information and hope this booklet will be helpful to you.

University of Wisconsin Comprehensive Cancer Center  
Gynecologic Oncology Program

## Coming to the Hospital

☐ You will be admitted the day before surgery.

Plan to arrive at 10:00 a.m. Park in the parking ramp right in front of the hospital. Go to the main entrance. Stop at the information desk right inside the entrance to get your parking ticket stamped. You will get a temporary parking permit. Then proceed to the admissions office. They will complete the admission process and take you to your room on the inpatient unit.

A nurse will help you prepare for surgery. The anesthesia staff will come to see you. They will talk with you about anesthesia choices and what to expect during and after surgery. You will have an IV (intravenous catheter) placed in your hand or arm. Some pre-operative testing may be ordered. You will begin bowel cleaning.

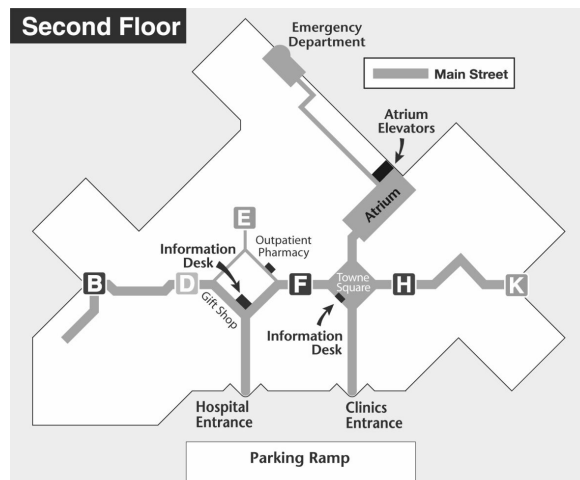
If you have a cold, fever or other illness the day before you are to arrive, call us at **(608) 263-7010** between 8:00 a.m. and 4:30 p.m. Monday through Friday. If you need to reach us after hours or on weekends, call **(608) 262-0486** and ask for the GYN resident on call. If you live out of the area, call **1-800-323-8942**.

☐ You will be admitted the day of surgery.

First Day Surgery allows you to be admitted the same day as your surgery. You will be called the day before (on Friday before a Monday surgery) with the time you should arrive. They will answer any questions you may have. If you do not hear from us by noon, call **(608) 265-8857**.

If you have a cold, fever or other illness the day before surgery, call us at **(608) 263-7010** between 8:00 a.m. and 4:30 p.m. Monday through Friday. If you need to reach us after hours or on weekends, call **(608) 262-0486** and ask for the GYN resident on call. If you live out of the area, call **1-800-323-8942**.

The First Day Surgery (FDS) Unit's hours are 5:30 am to 6:00 pm. The Main Hospital Entrance is open at all times. Check in at FDS at your scheduled time. To arrive at FDS, use the Main Hospital Entrance the day of your surgery. As you approach the Information Desk, follow the gray tile on the floor to your left until you come to the "D" elevators. Take the "D" elevator to the 3rd floor. Turn left and walk down the hallway to FDS entrance.



## Getting Ready for Surgery

1. Your doctor may ask you to stop taking pills that “thin” your blood. You may need to stop these anywhere from 24 hours before surgery to 7 days before.  
**Ask your doctor when you should stop them.** Blood thinners include:
  - Aspirin, Excedrin<sup>®</sup>, Ascriptin<sup>®</sup>, and Ecotrin<sup>®</sup>
  - Plavix<sup>®</sup>
  - Vitamins and herbal supplements
  - Coumadin<sup>®</sup> or warfarin
  - Ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Nuprin<sup>®</sup>, and Aleve<sup>®</sup>

If you take any of the pills listed above or herbs, let us know. It is alright to use acetaminophen (Tylenol<sup>®</sup>) if you can normally take it.

2. If you are taking pills, we will tell you during your clinic visit whether you should take them the day of surgery. If you take them, swallow with just a sip of water.

**If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.**

3. The night before, eat a light supper – small amounts of low-fat foods. You will be asked to stop eating solid foods and milk-type drinks at midnight. Most patients are allowed to drink clear liquids up until 4 hours before surgery. Clear liquids include water, soda, coffee and tea (no creamer), clear broths, clear juices (no orange juice because of pulp) and popsicles. Do not chew gum, tobacco, or have candy for 4 hours before surgery.

4. Do not drink alcohol after 8:00 p.m. the night before your surgery. When mixed, alcohol **and** anesthetic medicines can have severe effects on your body.
5. Try to stop smoking or at least cut back. It takes at least 3 days to rid your body of carbon monoxide from cigarettes. If present in your body it will delay wound healing. It can also increase the risks from anesthesia. If you’d like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).
6. Once you are home, it may take a few days or many weeks for you to get back to your normal routines (work, child care, laundry, shopping). Make plans for these changes. The length of time each person needs to recover varies. Plan to talk about these details with us. You may need to make special plans before surgery.

## What to Bring to the Hospital

1. Leave all jewelry, rings, large sums of money, and credit cards at home. You will be asked to remove all jewelry. Remove all body piercings.
2. You may want to bring a small amount of money to pay for small items.
3. Bring along inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case, if needed. Do **not** bring bottles of pills with you unless you have been told to do so. You will be asked to leave your glasses, teeth, and hearing aides with your family before you go to surgery.

4. Bring non-skid slippers or slip-on shoes and a few personal items. You do not need to bring pajamas or a robe. You may want to bring a book or something to do. TVs are in each room at no charge. Bring a calling card or your cell phone if you wish to make long distance calls. You may bring in your laptop; all of the rooms have patient internet access. **Have your family member leave your belongings in the trunk of your car the day you check in.** Once your room is ready, they can bring your things to you. The hospital is not responsible for theft of personal items.
5. By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witnessed before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend to be a witness. If you need help to complete this form or have questions, call our Patient Relations office at **(608) 263-8009**.

You may wish to have a member of the **Spiritual Care Services** visit while you are in the hospital. We can arrange it for you or you can call **(608) 263-8574**.

6. On the last page of this booklet, there is a checklist. Review it the day before you come in. It includes things that must be taken care of before you have surgery.

### **The Night Before Surgery**

1. Shower before surgery using the Hibiclens<sup>®</sup> soap. You may get this soap during your clinic visit. First, shower with your own soap. Any special beauty treatments you do, you may want to do now as you may not be able to shower for a few days after surgery. Rinse. Pour the Hibiclens<sup>®</sup> soap on a damp, clean washcloth or new shower sponge. This thin soap tends to easily run down the drain. Wash from head to toe for 10 minutes. Rinse well. Do not use lotions, powder or perfumes. If you do not get Hibiclens<sup>®</sup> at your clinic visit, you can buy it at your local drug store or you may be able to use other soap as instructed by your clinic.
2. Remove make-up, nail polish, and acrylic nails.
3. Try your best to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. **The Housing Desk, (608) 263-0315**, can provide you with a list of nearby motels and arrange for your stay at a discount rate.
4. Your surgeon may want you to take laxatives to empty stool from your bowel before surgery. You will get details on the bowel prep at your clinic visit.

## **The Morning of Surgery**

1. If you need to take medicines, take them with a sip of water.
2. Brush your teeth and rinse, but do not swallow.
3. One hour before surgery, you will be asked to empty your bladder, remove underwear and any tampons, pads, or belts.

## **Informed Consent**

All surgery has risks. Your doctor will explain the risks to you before you sign the consent form. The most common risks are complications of anesthesia, infection and blood loss. Some risks that are unique to this procedure include injury to the bowel or bladder. If this occurs, your surgeon will repair this.

## **Maintaining Fertility**

If you are planning to become pregnant in the future, discuss this with your surgeon before surgery. If no cancer is found, your chances of becoming pregnant should not be affected. If cancer is found in only one ovary, there is a chance that your surgeon can preserve your fertility.

## **Your Family**

### **Parking and Family Housing**

1. Inpatients are given **one** free visitor parking pass. The family member or friend who visits the patient most often should go to Admissions to obtain this pass. To avoid a parking charge, the visitor must present the parking pass with the time-ticket at the parking booth as they exit the ramp. All other people who come to visit must pay for parking in the ramp. The pass is good upon day of admission and is valid for the number of days listed when issued. All passes

may be renewed at no charge as noted on the pass.

2. If you would like, one adult family member may stay with you in your room the night after your surgery. Tell the nursing staff and they will set this up for you.

## **A Note for Families**

The amount of time your loved one spends in the operating room (OR) depends on the type of surgery. You can wait in the Surgery Waiting Area (C5/2) on second floor. If you have family that will be calling, have them call **(608) 263-8590**. You may want to bring along a book or something to do since the time may seem to pass slowly. There is coffee, tea, reading materials, and a TV in this waiting area from 7:00 am until 7:00 pm weekdays. If you wish to leave the waiting area, pick up a pager at the desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

## **The Day of Surgery**

### **In the OR**

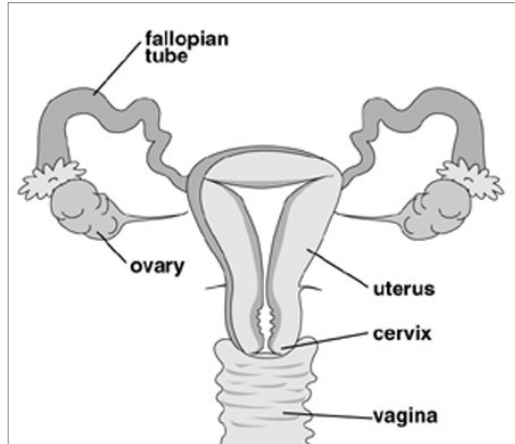
A nurse will be with you during your operation. Before you are asleep, the nurse will answer any questions you have and explain what is going on around you.

### **About Your Surgery**

You will have general anesthesia. A doctor (anesthesiologist) will talk with you about this and give you medicine to make you sleepy. You will fall asleep quickly. You should have no memory of the surgery.

Your surgeon will make an incision in your abdomen. It is almost always made below the belly button, but sometimes the incision needs to go higher.

Your surgeon will look at your mass and decide if one or both of your ovaries need to be removed (oophorectomy). Once the mass is removed, it will be sent right to the pathologist.



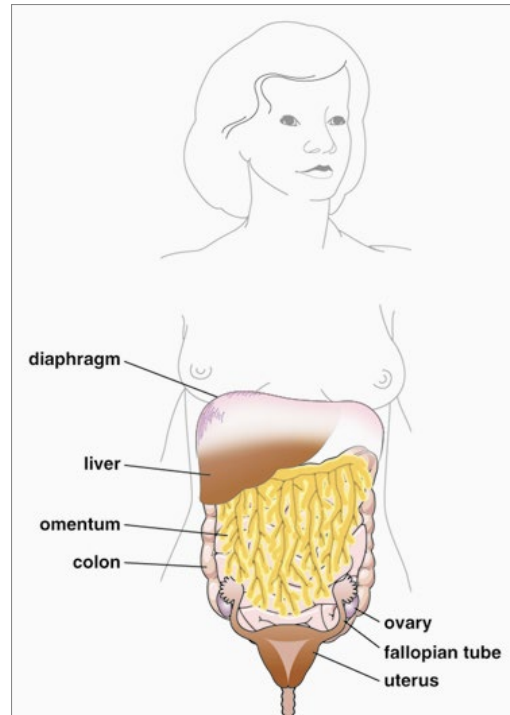
If the pathologist finds no cancer cells, your surgeon will either remove your ovaries and uterus, or simply close up the incision. This depends on what you and your doctor talked about before your surgery. You will then be sent to the recovery room. The surgeon will talk with your family.

• **What if cancer cells are found?**

If cancer cells are found, your surgeon will carefully explore your abdomen to find out if and where the cancer has spread. Your doctor may:

- Look inside your abdomen and at your organs for signs of cancer
- Remove as much cancer as they can
- Remove both ovaries, the uterus, and the fallopian tubes (hysterectomy with bilateral salpingo-oophorectomy)
- Remove nearby lymph nodes
- Take samples of tissue and collect fluid
- Remove a fatty covering near the stomach (the omentum)
- Remove the appendix
- Remove a section of your bowel

A pathologist will look at all the tissue and fluid samples to find out if and where the cancer has spread. This information will be used to decide the **stage** of your cancer and whether you will need further treatment. If you will need chemotherapy, your doctors and nurses will spend as much time as needed to teach you about it and to answer your questions.



**Will a colostomy be needed?**

In some cases, the cancer spreads to the bowel. To remove the cancer, your doctor may need to remove parts of the bowel. In most cases, your surgeon can reconnect the bowel. Once in a while, a colostomy is needed.

A colostomy is an opening on the abdomen that allows stool to drain into a bag. Most women do not need a colostomy. Your surgeon will make every attempt to avoid one. If it is needed, nurses will work closely with you to help you learn how to take care of the colostomy and adjust to it. Before you

go home, plans will be made for a nurse to come to your home to teach you more about caring for the colostomy.

### **Dealing with the Unknown**

Many women say that not knowing what to expect is the hardest part. We know how stressful this can be. We will make every effort to help you at each step of the way. Your doctors and nurses are here to answer your questions and to support you. We will give you and your family any information we have as soon as you wake up. When the final reports come in (about 4-5 days), we will talk with you about your treatment options.

### **After Surgery**

#### **Recovery Room**

You will be taken to the Recovery Room. The nurses will check your blood pressure and help you to wake up from the anesthetic. Nearly all patients have oxygen when they first arrive. Once you are awake, it is often removed.

Pain after surgery is common. Let the staff know if you need medicine to relieve the pain. Some people feel sick to the stomach and vomit. If you feel sick to your stomach, let your nurse know. We can give you medicines to help with this.

When you feel the need to empty your bladder, do **not** try to get out of bed. You will have a catheter in place to drain the bladder.

Your stay in the Recovery Room is often an hour or longer. Family and friends are not allowed to be with you. Once you are settled back in your room, they may join you. Some patients might go to an Intensive Care Unit (ICU) for special care.

### **Back in Your Room**

Once you are back in your room, nursing staff will check you often. Depending on your surgery, you **might** have:

- An **IV (intravenous catheter)** in your hand or arm to provide fluids and medicines until you can drink fluids well.
- A face mask or tube under your nose to supply **oxygen**.
- A **tube** to drain urine from your bladder. You may feel the urge to urinate even though your bladder is empty.
- An **NG (nasogastric)** tube through your nose into your stomach to help prevent nausea and vomiting.
- **Wound drains** to help your incision heal.
- **Leg wraps** that inflate and deflate and/or **elastic stockings** to help circulation in your legs while you are less active.

A nurse will explain how these items work and how long they will be in place. The case manager will help plan your care and answer your questions.

You will not be able to eat right away. First, you will be given ice chips. Your diet will progress from liquids to solid foods.

Soon, you will be asked to use an incentive spirometer to breathe deeply and exercise your lungs. You will learn how to do these simple lung exercises before surgery.

The nursing staff helps you turn in bed often and do leg exercises. Nursing staff **must** be with you the first time you get up. Some patients may need help for a few days. Although you may feel weak and sore, you will need to get out of bed and walk as much as you can. Activity helps to decrease lung problems and prevent blood clots in your

legs.

### Pain Control

People used to believe that you had to put up with severe pain. This is not true. We will work with you to prevent and relieve pain. Good pain control helps you

- Heal faster
- Leave the hospital sooner
- Prevent problems

Drug and non-drug treatments can help prevent and control pain. Do not worry about getting “hooked” or “addicted” to pain pills. This is rare unless you already have a problem with drug abuse.

For best results:

- Talk with your doctor and nurses about the choices you have. You and your doctor can decide which is best for you.
- Take (or ask for) pain medicine when pain **first begins**. Do not wait. Pain pills take 20-30 minutes to work.

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

The goal should be at a level that will allow

0-10 Number Pain Scale

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild			Moderate			Severe		Worst Pain Possible

you to deep breath, eat, walk, and sleep. We need for you to rate your pain so we know how well your pain medicine is working.

Tell us about pain that will not go away. Do not worry about being a “bother.” 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 pain medicine.

Pain medicine can cause constipation. Be sure to drink 8 (8-ounce) glasses of fluid a day and increase the fiber in your diet. We will send you home with a stool softener.

Pain medicines can cause you to become drowsy, dizzy or lightheaded. You might feel a false sense of well-being. When you go home, make sure you know how you react to this medicine before you drive, use machines or do other jobs where you need to be alert. Also, you should **not** drink alcohol while taking pain medicine.

### Going Home

You should expect to be in the hospital for 3-5 days. This will vary for each woman. Before you leave, we will talk with you about how to care for yourself at home. A friend or family member should be present to hear these instructions. At this time, the nurse will give you supplies you will need at home. You will receive prescriptions for medicines. **Bring your insurance card if you plan to fill your prescriptions at the UWHC pharmacy.** Arrange to have someone drive you home and stay with you during the first few days. **Plan to be discharged by noon.**

### What to Do at Home

1. Each woman will recover at her own speed. It can take 8-10 weeks before you “feel like yourself.” In the first two weeks at home many women feel very tired. Listen to your body and take time to rest and relax. This will allow your body to heal.



2. You may have a small amount of vaginal drainage or spotting for up to six weeks.
3. Shower but do not take a tub bath or go in a hot tub until your staples are removed.
4. Avoid climbing stairs for your first 2-3 days at home. You should avoid brisk exercise. Do not lift more than 10 pounds for 6 weeks. Walking can help you to regain your strength.
5. You may start driving again when you stop taking pain pills and feel strong enough to drive. This often takes 2-4 weeks.
6. Do not have sex, douche, use tampons, or insert anything into the vagina for 6 weeks. When you resume sex, take things slowly and wait longer if you have pain. Most women return to their normal sex life after two to three months.
7. If your ovaries are removed, you will start menopause, if you have not already gone through it. You may have hot flashes, vaginal dryness and other symptoms. These problems may be treated with hormone replacement therapy. Your surgeon will talk with you if there are any concerns about you taking estrogen. If you have problems with vaginal dryness, ask your nurse for help with this problem.
8. **Call the clinic if:**
  - You have a **temperature above 100.4° F** for two readings taken 4 hours apart
  - You have **nausea or vomiting that you cannot control**

- You have increasing **redness, pus-like drainage, or your incision opens**
- You have **pain that is not relieved by Tylenol®**, Advil®, or the pain medicine you were given when you went home
- You have **not had a bowel movement** within 3 days after going home
- You have other symptoms you are unsure of

### **Who to Call**

Gynecologic Oncology (Gyn/Onc) office at **(608) 263-7010** between 8:00 a.m. and 4:30 p.m.

After 4:30 p.m. and on the weekends, call **(608) 262-0486** or **1-800-323-8942**. This will give you the paging operator. Ask for the Gynecology doctor on call. Give the operator your name and phone number with the area code. The doctor will call you back.

### **Going Back to Work**

Often women are home from work for 4-6 weeks. You may want to take a longer leave of absence. We will work with your employer to make sure that you get the time you need to get better. If you need a form filled out for work absences, bring it with you.

### **Emotions**

It is normal to feel down after a major surgery. Having to face a cancer diagnosis is very stressful. It may cause you to think about life in a different way. Give yourself time to come to terms with these feelings. Talk with friends and family about how you are feeling. Some women also find it useful to talk with a counselor.

With a cancer diagnosis, you may face a lot of very strong emotions – anger, fear, sadness, and feelings of isolation. It's vital to deal with those feelings.

Some things that other women have found helpful in dealing with these emotions include:

1. Spend time with friends and family. Talk to them about how you're feeling. Tell them what they can do to help you. Ask what you can do to help them – this is hard on them too.
2. Make plans for the future. Making plans can be very positive and can give you hope for the future.
3. Try to regain as much control over your life as you can.
4. Find ways to relax.
5. Avoid stress.
6. Find ways to have fun.
7. Become partners with your doctor.
8. Be with other people who have cancer. Many people with cancer say that the only people who really know what it feels like are other people with cancer.
9. Don't give up intimacy and affection.<sup>1</sup>

Some women feel that they need more help than their friends, family or doctors and nurses can provide. If you feel that you are having problems dealing with your feelings, you might want to talk with a counselor or join a support group. Talk with your nurse about the many support resources available.

We realize that this information can be overwhelming. Our goal is to give you the best care and to answer all your questions. We hope that this booklet has been a helpful start. We are on hand to answer your questions as you make your way through this process.

Our team of dedicated doctors, nurses, social workers, and health psychologists will work hard to take good care of you.

#### References:

*Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline.* AHCPR Pub. No. 92-0032. Rockville, MD: Agency for Health Care Policy and Research. Public Health Service, U.S. Department of Health and Human Services. Feb. 1992.

*Everyone's Guide to Cancer Therapy: How Cancer is Diagnosed, Treated, and Managed Day to Day.* Dollinger, M., Rosenbaum, E.H., & Cable, G. Somerville House Books Limited: Toronto. 1991.

1. From Dollinger, Rosenbaum, & Cable (1991) *Everyone's Guide to Cancer Therapy: How Cancer is Diagnosed, Treated and Managed Day to Day.* G. Somerville House Books Limited: Toronto

## **Important Phone Numbers**

If you have questions about your surgery or any related service, call. Our staff is here to help.

Admissions and Insurance Advisors (financial counselors) E5/213	<b>(608) 263-8770</b>
Admissions Office (Insurance Verification)	<b>(608) 263-9172</b>
Business Office	<b>(608) 263-4466</b>
General Billing Office	<b>(608) 262-2221</b>
General Information	<b>(608) 263-6400</b>
Gynecologic Oncology Clinic	
Daytime hours 8:00am to 5:00pm	<b>(608) 263-7010</b>
After hours, weekends and holidays (ask for gynecological resident on call)	<b>(608) 262-0486</b>
If you live out of the area, call	<b>1-800-323-8942</b>
Housing Desk	<b>(608) 263-0315</b>
Pastoral Care	<b>(608) 263-8574</b>
Patient Information (for room number and location)	<b>(608) 263-8590</b>
Patient Relations Office	<b>(608) 263-8009</b>
Pharmacy	<b>(608) 263-7025</b>

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

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 © 7/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5666

## **Important Resources for Women with an Ovarian Mass:**

Cancer Connect                      1-800-622-8922 or (608) 262-5223

Staffed by skilled oncology health educators and nurses, Cancer Connect offers information on services available through the UW Comprehensive Cancer Center. This includes information about clinical trials at the UW Comprehensive Cancer Center.

Cancer Information Service (CIS)                      1-800 – 4 – CANCER

Specialists at the CIS can give callers information about the latest treatment for a particular cancer, where clinical trials are taking place, and information about detection, prevention, diagnosis, and support groups.

National Ovarian Cancer Coalition (NOCC) 1-800-OVARIAN <http://www.ovarian.org/>

A not-for-profit corporation founded by ovarian cancer survivors that seeks to raise awareness about the disease and educate the public about ovarian cancer. Provides on-line education and support for women with ovarian cancer, family and friends.

A View Beyond Support Group for Women with Gynecologic Cancers

A support group for women with gynecologic cancers and the University of Wisconsin Comprehensive Cancer center. Meets the second and fourth Tuesday of each month, September through June, 1-2:30 p.m. You can contact Diane Weiner at (608) 262-8081.

## **Glossary**

**Abdomen:** The part of the body that contains the pancreas, stomach, intestines, liver, diaphragm, and other organs.

**Anesthesia:** A medicine that causes loss of sensation and consciousness.

**Anesthesiologist:** A doctor or nurse who has special training in delivering anesthesia.

**Ascites:** An abnormal buildup of fluid in the abdomen.

**Benign:** Not cancerous; does not invade nearby tissue or spread to other parts of the body.

**Biopsy:** The removal of a sample of tissue that is then looked at under a microscope to check for cancer cells.

**Bowel:** The intestine.

**Cancer Staging:** The tests and exams needed to stage, or describe, the cancer by learning such things as its size, its exact location, and whether it has spread.

**Chemotherapy:** Treatment with anti-cancer drugs.

**Colostomy:** A surgical procedure performed to create a new opening on the abdomen for the drainage of stool.

**Diaphragm:** The muscle that separates the chest from the abdomen.

**Fallopian Tube:** A tube leading to the uterus. Eggs released from the ovaries travel through the fallopian tubes to the uterus.

**Gynecologic Oncologist:** A doctor with special training to treat women with cancer of the female reproductive organs.

**Hysterectomy:** An operation to remove the uterus and cervix.

**Incentive Spirometer:** A device to help a patient breathe deeply.

**Informed Consent:** A legal document in which you give the doctor permission to perform surgery and state that you have discussed the risks and benefits of the surgery with the doctor and you understand them.

**Laparotomy:** An operation to open the abdomen.

**Living Will:** A legal document clearly stating the patient's wishes for end of life care.

**Lymph Nodes:** Small, bean-shaped glands located throughout the body that filter out and destroy bacteria and that can collect cancer cells.

**Oophorectomy:** The removal of one or both ovaries.

**Malignant:** Cancerous; can invade nearby tissues or spread to other parts of the body.

**Menopause:** The time in a woman's life when the ovaries stop producing estrogen and the woman stops having periods. When both ovaries are removed surgically, women go into early menopause.

**Metastasis:** The spread of cancer from one part of the body to another.

**Omentum:** A fatty covering near the stomach.

**Opioid medicine:** A class of drugs used in the management of moderate to severe pain.

**Ovary:** A female reproductive organ that produces eggs and female hormones.

**Pathologist:** A doctor who identifies diseases by studying cells and tissues under a microscope.

**Patient-Controlled Anesthesia (PCA):** A machine that allows the patient to press a button and deliver a prescribed dose of a painkiller through her IV line.

**Pelvis:** The lower part of the abdomen located between the hip bones. Organs in the female pelvis include the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum.

**Power of Attorney for Healthcare:** A legal document that states the patient's wishes about healthcare and names a person to see that these desires are carried out if the patient is unable to speak for herself.

**Salpingo-oophorectomy:** Removal of the fallopian tubes and ovaries.

**Tissue:** A group or layer of cells that performs a specific function.

**Tumor Debulking:** Surgically removing as much tumor as possible.

**Uterus:** The female reproductive organ where the unborn child develops until birth.

## Notes

## Your Surgery Checklist

Review the day before surgery.

Your surgery is scheduled on \_\_\_\_\_.

### The Day Before Surgery

- 1. A nurse will call you by 2:00 p.m. on the day before surgery (on Friday for a Monday surgery). The nurse will let you know when to arrive and the time of your surgery. If you do not hear from us, call:  
\_\_\_\_\_ Outpatient Surgery Center (OSC) at 608-263-8804  
\_\_\_\_\_ First Day Surgery Unit (FDS) at 608-265-8857  
If you are long distance, call 1-800-323-8942 and ask for the OSC or the FDS unit.
- 2. Follow the instructions given by the nurse about when to stop eating and drinking. If for some reason you did not get instructions, stop eating and drinking at midnight. This includes water.
- 3. You must have someone drive you home from the hospital. If you take a bus or a cab, you will need a friend or family member to go along with you.
- 4. Plan to have a responsible adult stay with you the first night home from the hospital. You may not stay alone.
- 5. Leave all rings and other jewelry at home. Only bring enough money to pay for prescriptions or other needs. Do not bring extra clothing.
- 6. Other instructions i.e. bowel prep \_\_\_\_\_  
\_\_\_\_\_

### The Morning of Surgery

- 1. Take these medicines the morning of surgery. Take pills with a sip of water.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. If you are having abdominal or pelvic (including GYN) surgery or if you used the GoLYTELY® bowel prep, you may be asked to give a urine sample when you arrive.
- 3. \_\_\_\_\_