



Health Facts for You



Your stay on the general
surgery unit

UWHealth

Welcome to the University of Wisconsin Hospitals and Clinics General Surgery Unit

If you or your family have any questions throughout your stay, feel free to ask. Our nursing staff and healthcare team are here to support you.

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This booklet will tell you what to expect during your hospital stay. Please read this in advance to prepare for your stay. You may want to review this a few times while in the hospital.

The Surgical Unit

Right after surgery, you will go to the recovery room. Once your pain is under control and you are awake, you will be moved to your hospital room. Here you will meet your nurse and nursing assistant (NA) and get settled in. Your family and friends are welcome to visit you. Please see the current visitor policy about number of visitors allowed and hours.

When you arrive, the nurse or NA will take your vital signs (blood pressure, heart rate, temperature, oxygen levels, and breathing rate). You may also have a sticker around one of your fingers that is attached to a small machine to keep a constant reading of your oxygen level and heart rate. These vital signs will be taken often during the first few hours after you arrive in your room. Later vitals will be taken up to every 4 hours, even through the night. The nurse will listen to your heart, lungs, and abdomen, look at your incision, and ask about your pain level.

You will be asked a set of admission questions. It may be helpful to have a family member around who can also help answer questions. A nurse may have called you already at home before your stay to ask these questions. If that is the case, you may have less questions to answer when you come to the hospital.

The number of days spent in the hospital varies. We will work with you to help you meet all your goals so you can go home as soon as possible.

If your care team feels that you need more intense care or treatment, you may be transferred to an IMC (intermediate care unit) or ICU (intensive care unit). There, the nurses and doctors can keep a closer eye on you and give certain treatments, if needed.

In the Hospital

All rooms are private with private bathrooms and showers. You're able to adjust the heating and cooling in your room to your liking.

We provide hospital gowns, which we will ask you to wear during your stay. You will get a new gown each day or at your request. If it is more comfortable for you, you may bring in loose fitting clothing from home or a bathrobe. Be aware that these may get dirty while you are in the hospital. When you are out of bed, please wear something on your feet to prevent falls. We provide you with non-slip socks. Please bring shoes or supportive slippers with backs for walking in the halls after surgery.

We will provide you with soap, toothbrushes, toothpaste, shampoo, razors, shaving cream, deodorant, lotion, washcloths and towels. Daily, your skin will be cleaned with a special soap to prevent surgical site infections. You should try to do as much of your own hygiene as you can. We will expect that you brush your teeth or do basic oral care at least twice daily. Hygiene is the best way to prevent infection. It will become a part of your daily routine while you are here.

You may plan a time with the NA to help you with your hygiene and oral care. Ask your nurse when you may shower. This will depend on what kind of wound you have and how many days it has been since surgery. You will not be able to take a tub bath or soak underwater for at least two weeks after

surgery. Before you go home, you will be doing your daily cares on your own, or at the level you were able to before surgery.

You can bring some small items from home that may make your stay here more comfortable but leave valuable items at home. Please bring your CPAP machine if you use one at home.

The Health Care Team

During your stay, your healthcare team will make a plan for you which we will update and change as needed. You are a vital member of the team. We believe input from you and your family is best when making your care plan. Talk to your healthcare team about any questions or concerns you have. Our goal is to help you get better and to make sure you can care for yourself at home.

The **attending surgeon** is the doctor who directs all of your medical care.

The **resident and interns** are doctors who work very closely with you and your surgeon. You can expect visits from your doctors each day to assess your progress. It is hard to predict when your doctors will visit and visits are often brief. Try to either write down your questions to ask the doctors or let your nurse know what your questions are so that we can help you get your questions answered.

Medical students are students (future doctors) who help the doctors with your care and learn from you as a patient. These students may come to see you many times a day with or without the resident doctors.

The **registered nurse (RN)** is the nurse you will see each shift. The nurse will assess your pain, incision, and other symptoms. The nurse will give you medicines, provide

input and follow your plan of care. They will also teach you about your care plan and provide updates. The nursing staff will have the most contact with you during your stay and can help you in many ways. Feel free to ask the nurses any questions you may have.

The **nursing assistant (NA)** may be working with your RN to help with your cares such as walking, using the bathroom, and assisting with hygiene.

You will be assigned 2-3 RNs and NAs in a 24-hour day. They will check on you about every hour during the day and every 2 hours at night. Press the red button on your call light by your bed to let us know about any other needs, questions, or concerns you may have.

During your stay, the **pharmacist** will review the medicines that you take at home and teach you about any new medicines before you go home. If you bring any medicines from home, they can lock these up for you. Please make sure you leave with any medicines you bring in with you.

The **coordinated care staff** is a team which consists of a nurse case manager and a social worker. One of them will meet with you during your stay to help arrange the safest discharge plan for you. This plan may include getting special equipment, home health care (to help with your incision, drain or ostomy care), or arrange for you to stay at a skilled nursing facility.

You may also see **physical and occupational therapists** if needed. They will help you to become more mobile and help you to be safe and strong at home.

A **registered dietitian** will meet with you to discuss the new diet for home. This includes

teaching you about foods that you will be able to eat and ones that you should avoid.

In most cases, the nurse who admits you becomes your **primary nurse**. Your primary nurse is assigned to take care of you when they are working. This allows for one nurse to get to know you and your family. All of the nursing staff can and will take very good care of you when your primary nurse is not working. We make every effort to keep the same nurses involved with your care. If you'd like to learn more about primary nursing, ask your nurse.

Primary Supports

We believe in a patient and family-centered approach to care. **You** are the most important part of the team. We want you to provide us with names of people that support you and whom you want to be involved in planning your care.

Visiting Policy and Hours

Please see current visitor policy on the number of visitors you can have and the visitation hours.

Parking

One visitor can have a parking pass validated before leaving the hospital. You can have this validated at the Admissions Desk or Information Desk during normal business hours.

Equipment After Surgery

You may have a urine catheter placed. The urine catheter is also called a "Foley" catheter. It will remain in place for 1-2 days as you heal from surgery. This tube constantly drains urine from your bladder. You may still have the urge to pass urine. If you have a full feeling, let your nurse know right away, your catheter may need to be adjusted to allow it to drain. Nursing staff

will work to have this removed as soon as it is safe to do so.

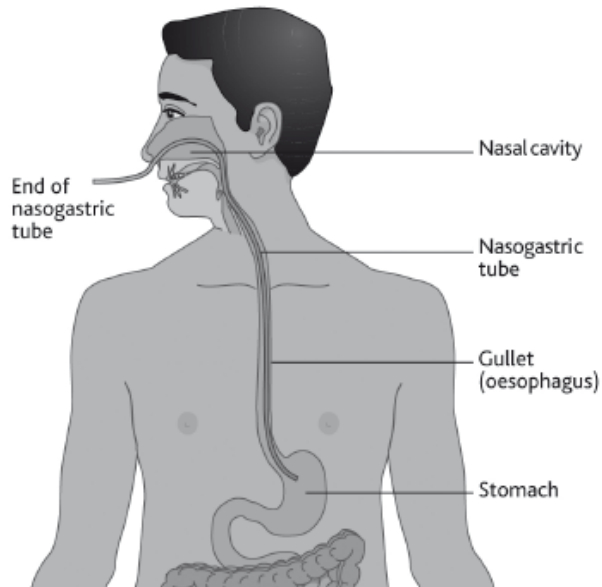
Once your urine catheter is removed, we will measure your urine, by using a urinal or a "hat" placed in the toilet. Your nurse will show you how this is done. Sometimes, patients cannot pass urine when the Foley is removed. If this happens, other help may be needed such as medicine or draining your bladder as needed. We may need to put the urinary catheter back in to drain the urine and send you home with it in place. If that happens, the nurse will teach you how to care for your Foley at home. You will need a follow-up visit with a urologist to create a plan for removing the Foley.

Nasogastric (NG) Tube

This is a tube placed through your nose and into your stomach. It may be needed after surgery if your digestive system needs some rest. It drains fluid and air to prevent nausea and vomiting. It stays in place until your bowel (intestines) begins working again. The NG tube will be removed before you start eating. You will not go home with it.

Drains

A drain may be placed to prevent fluid from collecting in your abdomen. These drains will be emptied every 8 hours, or more often if needed. Let your nurse know if your drain fluid needs to be emptied. Sometimes, patients go home with a drain in place. If this occurs, the nurse will teach you how to care for your drain at home. Most of the time, the doctors will remove the drain while you are still in the hospital.



Medicines

A pharmacist will visit with you to confirm the medicines you take at home. The doctors may decide to hold some of your normal medicines from home and restart them at a later time. Nurses will give you your medicines throughout the day. At first, many of them will go into your veins through an IV. Some of the doses you take at home in a pill form may be changed to the same amount in the IV form. Once you are able to eat, they will be changed back to pill form.

You will likely get medicines in the hospital that you may or may not take at home.

Common medicines given are:

- Protonix[®] (pantoprazole) help to reduce the amount of acid made in your stomach. This will prevent stomach irritation that can cause ulcers or heartburn.
- A stool softener to prevent constipation. Pain medicines can cause constipation. Please read the section about constipation in your folder.
- Medicines are used to prevent blood clots from forming in your legs and traveling to your heart, lungs, or brain. Heparin is the most common

form used. It is given as an injection (shot) either in the back of the arm or in the belly (abdomen) 2 to 3 times a day. You may also need to go home on a blood thinner. If this is the case, a nurse will teach you how to use the medicine before you leave.

Let your nurse or doctor know if you have any questions about your medicines.

Compression Stockings/TEDs/SCDs/Ace Wrapping

To prevent blood clots while you are in the hospital, the doctor may order you to wear TED hose or compression stockings on your legs. These put pressure on the deep veins and helps with blood flow. You will wear these stockings all day and night except for an hour during the day when we give your legs a break. You also will wear SCDs while you are lying in bed that provide a constant massage to your lower legs. These will help blood return to your heart. If we cannot fit you with the proper TED hose, your nurse will wrap your legs with ace bandages to control any swelling in your legs.

Heart Monitor/Telemetry

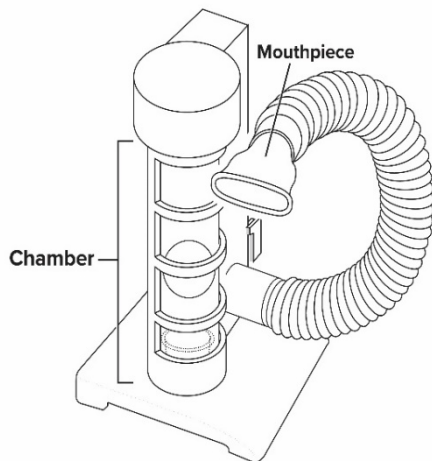
This is a small battery pack that has 5 electrodes with wires that connect to your chest wall with sticky pads. It allows nurses and doctors to monitor your heart 24 hours a day. You will be able to move around in the hallway, but you will have to stay on this unit. If you get too far away it will no longer monitor your heart rhythm.

Coughing and Deep Breathing

Your nurse will ask you to breathe deeply, cough, and use an incentive spirometer. Pain may prevent you from wanting to take deep breaths. Deep breathing prevents pneumonia. Pain medicine can be given to help you take deep breaths more easily.

Incentive Spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. As you breathe you slowly raise the Flow Rate Guide between the arrows.
3. Hold it as long as you can. Try to keep the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist (RT).
4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times per hour while you are awake.



To cough and deep breathe:

1. Place a pillow over your chest/abdomen to lessen the pain when coughing.
2. Breathe in deeply and slowly through your nose. Hold it.
3. Exhale slowly through your mouth.
4. Repeat two more times.
5. Breathe in again, and hold it, and then cough.
6. Repeat every hour while you are awake.

Complications

Pressure Ulcer

This is an injury to the skin and the tissue under it. It is caused by constant pressure in one area. Pressure on a small area of skin can block the tiny vessels that supply your skin and tissues with oxygen and nutrients. If tissue is starved for too long, it begins to die causing a pressure ulcer to form. Pressure ulcers may form anywhere there is constant pressure being applied and is mostly seen on bony areas of the body.

One of the most important things that you can do to prevent pressure ulcers is to change position at least every two hours. If you can't turn by yourself, nursing staff will help you. Other things you can do to prevent pressure ulcers are eating a healthy diet, moving around your room, getting out of bed, walking in the halls, and keeping your skin clean and dry.

Deep Vein Thrombosis (DVT)

This is a blood clot that forms in the deep veins of the body, mostly in the legs. DVTs alone are not life threatening.

Pulmonary Embolism (PE)

This is when the DVT clot breaks free and moves to the lungs it can lodge in vessels there. A PE is serious and can be life-threatening. The risk of getting a PE is low. We work to prevent DVTs or a PE by asking you to wear TEDS, SCDs, and take frequent walks. These help to increase blood flow in your legs and decrease your chances of a blood clot. Your doctor will prescribe a blood thinner (heparin) that is often given as an injection into your abdomen or the back of the arm.

Ileus

This is a blockage of the intestines (bowel). The ileus prevents movement of food, fluid, and gas through the bowel. An ileus may be caused by any type of surgery or can be due to opioid pain medicines. A lack of activity also may cause an ileus. Signs and symptoms of an ileus include:

- Nausea
- Vomiting
- Stomach cramps
- Bloating
- Lack of bowel movements and gas

We treat an ileus with IV fluids to keep you hydrated, an NG tube in your stomach to relieve any pressure and prevent vomiting, and not letting you eat food. You should be as active as you can while you heal from your ileus. Activity and reducing narcotic pain medicine will help your bowel to wake up. You will know that your ileus has healed if:

- Doctors and nurses hear normal bowel sounds.
- Only small amounts of liquid comes out of your NG tube.
- You can pass gas and have bowel movements.
- You have decreased bloating and a soft abdomen.
- You can eat a clear liquid diet without nausea or vomiting.

Infection

Symptoms of infection include:

- Redness
- Swelling
- Drainage
- Odor
- Pain not controlled by pain medicine
- Fever over 100.4°F

An infection may require antibiotics or having your incision opened to allow it to drain.

Preventing Infection

You and your family can do a lot to prevent the spread of infection. Hand hygiene is the best way to prevent the spread of germs and infections. Be sure to have your visitors and health care team members use alcohol gel or wash their hands with soap and water before they enter your room and after they leave to help prevent the spread of germs.

Isolation

Some patients will be placed in isolation to help prevent the spread of infection to staff and other patients. Family and visitors may need to wear gloves, gown, and a mask. Ask your nurse what your family should wear before they enter your room. There will also be signs on the door showing your family and visitors what they need to wear to enter the room. They will also be asked to wash their hands before and after they leave your room.

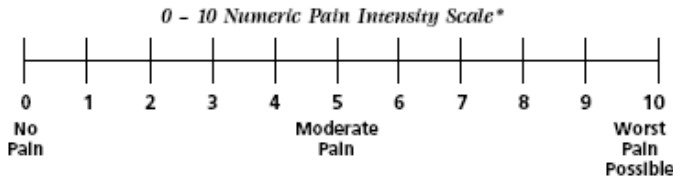
Goals

The day after surgery, your nurse will write goals for the day and the plan for your hospital stay on your white board. Your plan will include walking and sitting in a chair which is a vital part of your recovery. Today, your nurse will help you to sit in a chair and will help you when you walk in the hallway. We want you to try to walk and sit in a chair three times a day. Walking helps the bowels begin moving and helps you pass gas and stool. Walking also helps your lungs expand and improves your overall body strength. Be sure to call your nurse for help before getting out of bed unless your nurse has told you it is okay to do so on your own.

Pain Control

Good pain control helps you heal faster, leave the hospital sooner, and prevent problems. Drug and non-drug treatments can help prevent and control pain.

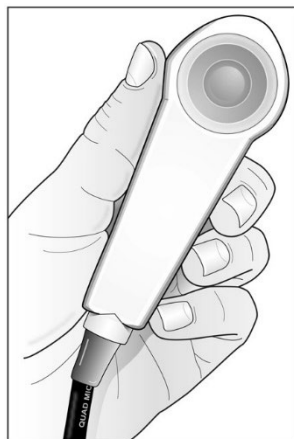
You will be asked to rate your pain on this scale.



The goal is to be at a level that will allow you to deep breathe, eat, walk, and sleep. You may not be pain-free, but your pain should not prevent you from being able to do these things. We need to ask you what your pain level is, so that we know how well the medicine is working. Tell us about your pain and if it is not going away. Do not worry about being a “bother.” Pain medicine may cause you to become drowsy, dizzy, or lightheaded. You are the only one who can tell us about your pain, so be honest so we can help keep your pain under control and manage side effects.

PCA

Some patients will be placed on intravenous patient controlled analgesia (IV PCA). This device allows you to give your own dose of pain medicine. PCA is based on the belief that the patient is the best judge of how much pain they are feeling, and that each person may need a different amount of medicine to relieve their pain. PCA allows



you to take the medicine when you feel like you need it.

To receive a dose of medicine, all you need to do is press the green button. When you press the button, the medicine goes into your IV. Your nurse will let you know how often you can push your button to get pain medicine. You will only get pain medicine when the green button is lit, so you cannot overdose with the PCA. Your nurse will check with you to make certain you are comfortable and that you are using the pump as you should.

Only the patient can push the button. Your family or friends should not push the button for you while you are sleeping. This could cause you to get too much medicine as you are no longer in control. Please tell your doctors and nurses if you feel you cannot control your pain. You will no longer use the PCA when your doctors feel your pain can be controlled with pills.

Epidural

During surgery, some patients will have an epidural with patient controlled epidural analgesia (PCEA) for pain control. Pain medicine from the pump goes through tubing into your epidural space in your back. This pump is set to give you continuous pain medicine. You will have a button to push as needed every 30 minutes.

If you have both an epidural and a PCA, use the epidural first. The epidural button is black and does not change colors when you push the button. For your safety be sure that only you, the patient, press the button to receive the pain medicine.

Oral

Your nurse will tell you how much medicine your doctor has prescribed for you while you are in the hospital. Your nurse will also

explain how often you can receive these medicines. You may be taking opioid pain medicine to help improve your comfort.

Opioids are a stronger pain medicine than what you can buy at the store. You should only take them when you are in moderate to severe pain. Not everyone's pain response requires opioids for comfort. Some people will only need to take a non-opioid pain medicine such as acetaminophen (Tylenol®). Take pain meds when pain first begins. Pain pills take 30-60 minutes to work. Do not drive, operate machinery, or drink alcohol while taking opioid pain medicine once you go home.

Addiction

Addiction to pain medicine is rare if you take the medicine as prescribed, unless you have a history of substance abuse. If you are concerned, talk with your health care team.

Other Pain Relief Methods

Other pain relief methods include relaxation, imagery, distraction, skin stimulation, hot and cold compresses, music, massage, and acupuncture. Ask your nurse about pain control methods that are offered in the hospital.

Diet

After surgery you will be given IV fluids to keep you hydrated. If approved by your doctor, you can use swabs dipped in ice chips and water to keep your mouth moist. Nurses and doctors will examine your abdomen and talk to you about your appetite. This is to see if your bowel function has improved after surgery. You can expect that your bowel function will return after a few days. The time it takes for the bowel to start working is different for each person.

You will can eat once you are ready. You will start slowly with clear liquids. Clear liquids include juice, Jello®, broth, popsicles, etc. You will then move on to full liquids such as milk products, creamed soups, pudding, protein drinks. Then, you will move on to "real food." For some, that will be a general diet with no restrictions on what you can eat. The key to advance your diet is to start out slowly. Eat only what feels good and does not upset your stomach. If you begin to feel sick to your stomach or full, you should stop eating and tell your nurse.

If you were on a special diet at home (diabetes, low sodium, lactose-free, etc) or have food allergies, please talk to your health care team to make sure we provide you with a similar diet during your stay.

Some patients will be placed on a special post-operative diet. This diet is best for surgical patients with bowel resections and new ostomies. This diet helps you have fewer and smaller bowel movements with less pressure, cramping, and pain. Fiber increases the amount of stool and gas you produce and how often you have bowel movements. Foods without fiber are white breads (no wheat, bran or whole grains), peeled or cooked fruits (no dried fruits), cooked vegetables (no raw vegetables), no smoothies made with fruits or grains, no seeds, and no beans.

For most patients who leave the hospital on a special diet, the doctor will change your diet to a general diet without restrictions at your 2-week follow-up visit.

Constipation

Opioid pain medicine can cause constipation. Pain medicine slows down bowel movements moving through the intestine. This causes the stool to become

hard. If you have hard bowel movements, have trouble passing bowel movements, and the movements are not often enough, then you are constipated.

Once you are home, you will need a plan to avoid constipation. Stick to the plan as long as you are taking opioid pain medicine. Review your plan with your doctor or nurse. Some patients will be discharged on special diets, please talk to your doctor before making any changes to your diet.

Your plan could include:

- Eating foods that have helped you to relieve constipation in the past.
- Eating foods high in fiber, as long as they have been approved by your doctor. This includes foods such as uncooked fruits, raw vegetables, and whole grains and cereals. Try prune juice. If you are not hungry, do not force yourself to eat fiber.
- Drinking 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.
- Exercising as tolerated and as allowed by your post-operative instructions. Increase the amount you walk. Check with your doctor or nurse about the exercises that are best for you.

Your goal is to have a bowel movement every second or third day rather than every day.

High Fiber Foods

Cereals and flours: Bran cereals, whole-wheat bread, rye bread and crackers, wheat germ, corn, cornmeal, wild rice, brown rice, barley.

Fruits: Fresh, canned, or dried fruits, especially those with skin or seeds (apples, plums, pears, peaches, tomatoes, berries, raisins, and dates)

Vegetables: Any raw or cooked vegetable (not overcooked) such as carrots, cabbage, peas, dry beans, and lentils

Stool Softeners and Laxatives

Many people taking pain medicine need to take a stool softener. This alone may not work. You may need to add a gentle laxative. Be sure to check with your doctor before taking any of these on your own.

Your doctor or nurse may suggest taking a laxative on a regular schedule rather than waiting for constipation to happen. There are many types and brands of laxatives, and most are over-the-counter. Talk to your doctor to see which may work best for you.

Bulk Laxatives and Fiber

Bulk laxatives and fiber medicine, like Metamucil[®], absorb water and expand to increase bulk and moisture in the stool. They are not the best to use for constipation from narcotics. They should only be used if you can drink plenty of fluids throughout the day.

Wound Care

Smoking/Tobacco and Wound Healing

Smoking or tobacco use causes blood vessels to become smaller. The smaller vessels have a hard time carrying oxygen, nutrients, and healing factors to the wound. This can cause wounds to take longer to heal.

Smoking and tobacco use can increase the risk of an infection of your wound. Quitting tobacco is the best choice you can make to help your incision heal faster, safer, and

with fewer problems. If you want to quit, please let your nurse know. We can get you information on how to quit smoking.

Incision Care

Some patients will have only steri strips (taped bandages) over their incision, while other patients will have a stapled incision. A dressing will stay over your incision for 48 hours after surgery. Your doctor and nurse will check your incision to make sure there are no signs or symptoms of infection.

If you have steri strips on your incision, allow them to fall off on their own. Do not try to remove them.

If you have staples, your doctor will remove them during your clinic visit about 2 weeks after you go home.

Bathing

To clean the incision, gently wash the incision with soap and water. Let it air dry. It is okay to shower when you are at home but do not aim the water directly at your wound. Do not soak in a bath or swim for at least two weeks or until your surgeon says it is okay.

Caring for Open Wounds

If you have an open wound that is being packed, you will receive written instructions on how to care for your wound. We will teach you how to change your dressing while you are in the hospital. If you are not able to change the dressing, we will teach a family member or friend how to change it for you. We will send you home with supplies to keep packing the wound as ordered by your doctor. After you go home, a home health care agency may be set up to check on your wound.

Mental Health

You may be feeling worried, sad, angry, or scared. These and many other feelings can occur while in the hospital. It takes time to deal with your new diagnosis, treatment, and the new changes in your life. Every person copes in their own way. Some have found it helpful to talk about their feelings with the people close to them and to ask for their support. Talk to your doctor, nurse, or other members of the healthcare team as they can also be helpful. We have resources here and that are support groups in the area that we can connect you with.

Going Home

You may need to have a family member or friend learn about your home care before you leave the hospital. You will also receive prescriptions for new medicines. Please bring your insurance card if you plan to fill your prescriptions at the hospital.

You will need a responsible adult to drive you home and stay with you as needed. Your case manager will help make plans for Home Health or a nursing home stay, if needed.

Standards for Discharge

There are six standards that must be met before you go home. You must:

- Be able to eat and tolerate a diet.
- Be able to walk by yourself or move around as you did before being in the hospital.
- Be able to control your pain with oral pain pills.
- Be able to pass urine
- Pass gas and stool (you may have loose stools).
- Be able to safely take care of yourself at home or have someone who can take care of you.

Once these standards are met, one of your doctors will write an order for you to be discharged. Your paperwork will be done, prescriptions will be written, and future visits will be made. **All of this often takes a few hours, but please work with your nurse and team to figure out a time for discharge. This is important if you have a family member or friend that will be picking you up from the hospital.**

You can help in your discharge process if you alert us early to any special needs about your discharge, such as long rides home, limits to when you can be picked up, etc.

The nurse will review your discharge instructions which include:

- Activity orders
- Lifting restrictions
- Your diet at home
- Wound care instructions
- Follow-up visits
- Any special instructions
- Phone numbers for questions or concerns

A pharmacist will meet with you to review the medicines you will be taking home.

Discharge Lounge

When you are ready for discharge and are waiting on a ride or some final discharge work to be done, you may be sent to the discharge lounge. This semi-private space is open to patients that are waiting on a ride. This lounge is open during the week and has refreshments, recliners, and a TV for you to enjoy. This space is staffed with nurses if you have any questions or concerns. Family or staff can pick you up from this lounge and escort you to your ride.

Activity

Slowly increase your level of activity. Based on your surgery you will have some activity restrictions. Be sure that you stay within your lifting limits. You can find them in your discharge instructions. Most patients will have to avoid lifting more than 10 pounds for 2 weeks.

Keep active when you go home. The best way to do this is to walk. Slowly resume your normal routine. Check with your doctor if you are not sure if an activity is right for you. Listen to your body. Let comfort be your guide. If it hurts, stop.

Check with your doctor about when you may resume:

- Driving: No driving while taking opioid pain medicine (i.e. Percocet[®], oxycodone, Vicodin[®], Tylenol[®] #3, Dilaudid[®], morphine)
- Work
- Sex

When to Call

- Unusual pain not controlled by pain medicine
- Nausea/vomiting
- Severe fatigue that doesn't go away
- Unusual drainage at the incision
- Redness at the incision site that appears to be spreading
- Fever of 100.4°F or 38°C
- Any unusual or prolonged bleeding
- Abdominal bloating/distention/nausea/vomiting

Who to Call
Surgery Clinic
608-263-7502

Colorectal Clinic (Digestive Health Center)
(608) 890-5000

Outpatient Pharmacy
608-263-1280

Hospital Operator
608-263-6400

Patient Relations
608-263-8009

UW Emergency Room
608-262-2398

Toll-Free
1-800-323-8942

If you think you are having symptoms of an emergency, **call 911**.

If you have any of these symptoms after discharge, call us at **608-263-7502** between 8 am- 4:30 pm. Call the doctor on call **608-262-0486** after hours and on weekends.

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 © 8/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7192.

Questions

