



CONTACT INFORMATION:

UW Hospital Address (main)
 600 Highland Ave.
 Madison, WI 53792

First Day Surgery
 (608) 265- 8857
 1-800-323-8942

----- Patient Name -----
----- Surgery Date/ Arrival Time -----
----- Surgeon's Name -----

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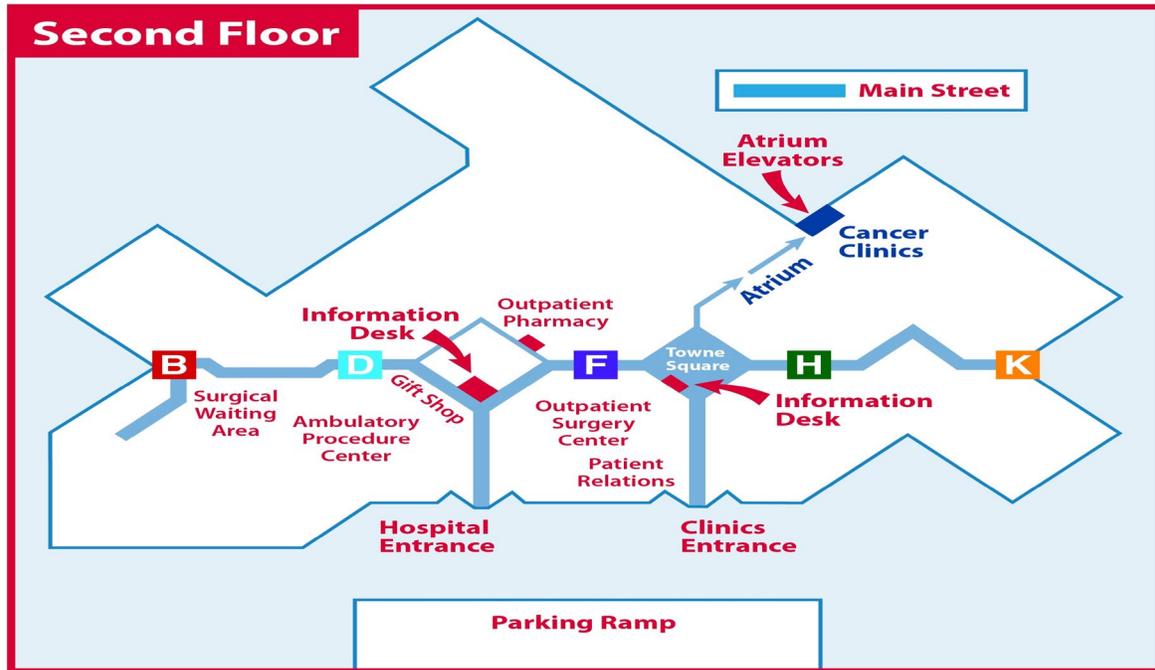
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Contact	Phone Number
University Hospital main phone number:	(608) 263-6400 (main) (800) 323-8942 (toll-free)
Carbone Cancer Center at University Hospital	(608) 265-1700 (main) (800) 323-8942 (toll-free)
Gynecology Oncology Clinic at University Hospital	(608) 263-1548 (triage) (800) 323-8942 (toll-free); Either number can be used after hours or on the weekend. Have operator page Gynecologic Oncology Medical Resident on call.
Interpreter Services	(608) 262-9000
Billing Information	UW Medical Foundation billing questions (Account numbers that start with P): (608) 829-5217 • (877) 565-0505 UW Hospitals and Clinics/University Hospital billing questions (Account numbers that start with H): (608) 262-2221 • (866) 841-8535
UW Health Website	http://www.uwhealth.org/



Highland Ave

Valet Parking is open 5:30 am to 7:00 pm. It is located between the clinic and hospital doors.

Outpatient Surgery Center- enter at the clinic entrance. Once inside the lobby, it's the 1st door on your left.

Ambulatory Procedure Center- enter at the hospital entrance. Follow the slate path past the D elevator. Turn left when you see the APC sign.

First Day Surgery Unit- enter at the hospital entrance. Follow the slate path to the D elevator. Take the D elevator to the 3rd floor and turn left to the First Day Surgery Unit entrance.

This is the 2nd floor...

To get to the ...

Cafeteria: H4/1 – H elevator to the 1st floor

ECG: In the Heart & Vascular Clinic - Take Atrium elevator to the 4th floor.

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 conditions.
- Help you manage pain.
- Help you manage constipation after surgery.
- 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.

Power of Attorney for Health Care Information

You are asked if you would like to fill out an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. A POA allows you to name a health care agent to speak for you if you are not able to do so. If you wish to have an AMD, you must be 18 or older and of sound mind. Having an AMD is your choice. If

you choose to fill one out, complete it and have it signed and witnessed before you come to surgery. There is not enough time to fill out the forms that morning. The two witnesses cannot be family members or UW Hospital staff. You may, however, ask a chaplain, social worker and/or volunteer. The person you name as your health care agent may not also be a witness. We suggest you choose a neighbor or friend. If you need help with 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 set that up for you or you can call (608) 263-8574.

Important Places

- **Cafeteria:** H4/1 – H elevator to the 1st floor
- **ECG:** Heart & Vascular Clinic, Atrium elevator to 4th floor
- **Pulmonary Function:** B6/242 – B elevator, 2nd floor
- **Outpatient X-Ray:** J elevator, 2nd floor

How do I get to First Day Surgery?

When you look at the main entrance of the hospital, there are two revolving doors, one to the left and one to the right. Enter through the hospital door (the doors to left when you look at the main entrances). Follow the gray stone path to the E elevator. Take the E elevator to the 3rd floor. You will see signs for First Day Surgery.

Getting Ready for Surgery

It is important to know what happens after surgery so you can make plans and prepare.

The time of your surgery will be set the day before surgery. We will call you at the number you gave us sometime after 10:00 a.m. the day before your surgery (on the Friday before if your surgery is on Monday) to tell you when to arrive, where to go, and answer questions you may have. Before this call, please review details staff gave you at your clinic visit. **If you do not hear from us by 3:00 pm, please call (608) 265-8857.**

We do need to talk to you before your surgery. Tell us where you plan to stay the night before surgery.

The First Day Surgery (FDS) Unit is open from 5:30 am to 6:00 pm. The Main Hospital door is always open. Please check in at FDS at your scheduled time.

If you have a cold, fever, or are ill before surgery, call your surgeon's clinic. After hours or on weekends ask to speak with the gynecologic oncology doctor on call.

Due to some of the physical challenges you face after surgery, you may need to find people who can help you for at least the first 24 hours after surgery. This may be a spouse, parent, sibling, neighbor, good friend, or someone you hire. You may need to think about having more than one person help care for you so that tasks are shared. Think about who you can trust and depend on. Once you choose your caregiver(s), let them know what your surgery involves and what help you will need. For example, they may need to help with the following:

- 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 others you normally care for such as children and pets.

Talk to your team if you have trouble finding a support system for after surgery. A good support system is key to your recovery and your surgical team can help you put one in place.

The Day of Surgery

We help you get ready for surgery while you are in FDS. You may have loved ones with you when you get here. We welcome all loved ones on your day of surgery; but due to limited space, you must choose one person to be your main support person. This is the only person who may stay with you from the time of check-in until you go to surgery. When you choose a main support person, keep in mind that this person will hear your private health information.

Your loved ones can be in the waiting room while you get ready. After you check-in, we are happy to bring them to your FDS room for a short 5-minute visit. After this visit, we show everyone to the waiting area on the 2nd floor while you go to the operating room.

Important to Know

1. Do not drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.
2. Your surgeon may want you to do a bowel prep before surgery. If you are to do a bowel prep, this book has instructions.
3. Try to stop smoking or at least cut back as smoking slows wound healing. It can also increase the risks from anesthesia. If you would like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).

4. Read Health Facts for You #7938 - Getting Your Skin Ready for Surgery-Adult for skin prep instructions.
5. Do not wear make-up. Please remove nail polish from at least one finger. If you are having hand or foot surgery, all the polish and acrylic nails must be removed from that hand or foot and from one finger or toe on the other hand or foot.
6. Try your best to get rest the night before surgery. If you are coming from out of town, you may wish to stay in Madison. A Housing Accommodations Coordinator, (608) 263-0315, can give you a list of nearby motels and help book your stay at a discounted rate.
7. If you take medicine or pills, we will tell you during your preoperative clinic visit teaching whether you should take them the day of surgery.
8. Please leave all jewelry, rings, large sums of money, and credit cards at home. You are asked to remove all jewelry, this includes all body piercings.
9. Bring your inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you need. Be sure these items are labeled with your name and in a case, if appropriate. Please do not bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, teeth, and hearing aids with your family before you go to surgery.
10. Please have your family member leave your belongings in the trunk of your car the day you check in **(please bring in your CPAP and inhalers)**. Once your room is ready, they can bring your things to you. The hospital is not responsible for lost or stolen items.
11. 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.

Your Preoperative Checklist

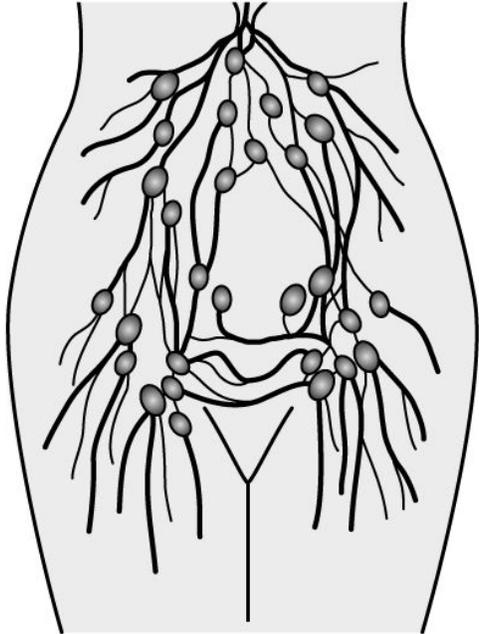
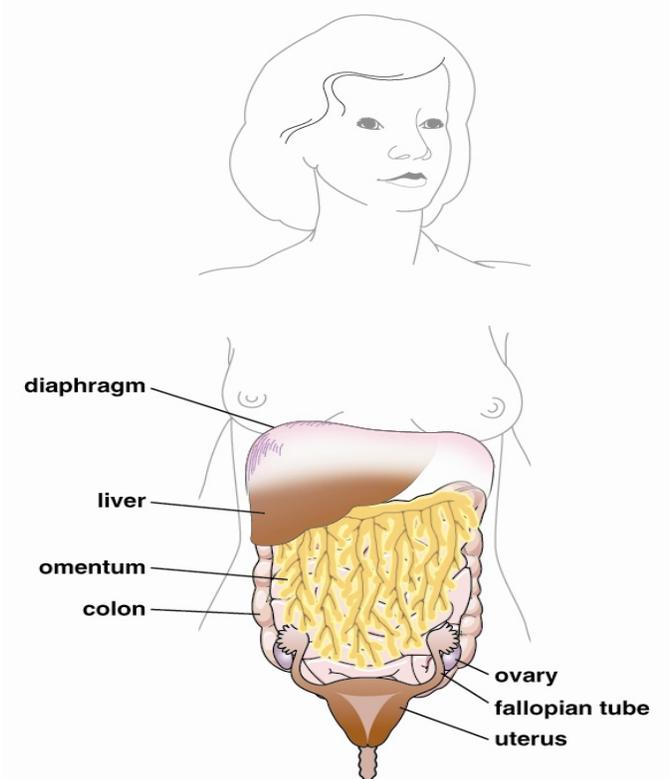
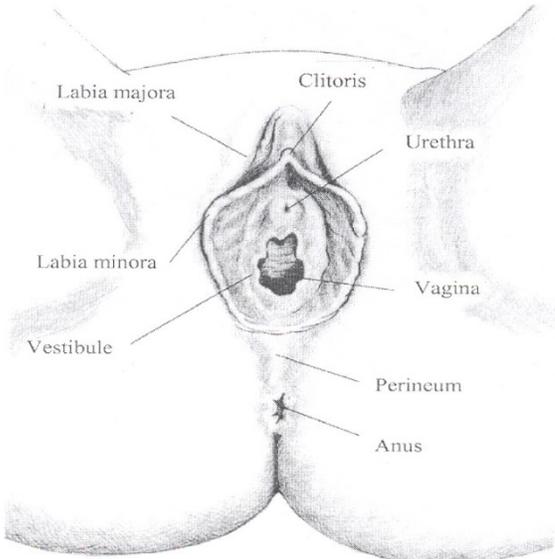
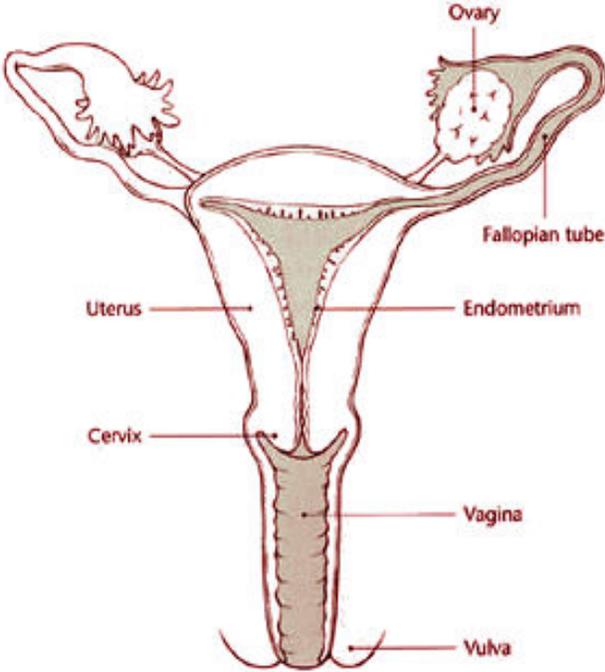
Check Once Done	Action
	The Day Before Surgery (*If You Need To Complete a Bowel Prep)
	<p>*Note: Clear liquids include: water, chicken/beef/vegetable broth, apple juice, ginger ale, Gatorade, clear jello, popsicles. Clear does not mean colorless. Avoid fiber, pulp, sediment.</p> <p>Magnesium Citrate Bowel Prep</p> <ul style="list-style-type: none"> <input type="checkbox"/> Day before surgery – Eat a light breakfast and lunch. Do not eat greasy foods and red meat. After lunch do not eat any solid food. Only have clear liquids. <input type="checkbox"/> At 3:00 PM – Take one bottle of Magnesium Citrate Oral solution (10 ounces). <input type="checkbox"/> At 7:00 PM – Take one bottle of Magnesium Citrate Oral solution (10 ounces). <input type="checkbox"/> At 8:00 PM – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid. <input type="checkbox"/> At 9:00 PM – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid. <input type="checkbox"/> At 10:00 PM – Take Neomycin 1 gram and Metronidazole 750 mg with a glass of clear liquid. <input type="checkbox"/> Morning of surgery – Use a saline enema (*do this if possible colostomy, *do not do this if possible ileostomy). <p>GoLyte/NuLyte Bowel Prep</p> <ul style="list-style-type: none"> <input type="checkbox"/> The day before surgery do not eat any solid foods. It is important to drink at least 6 large 8 oz. glasses of clear liquids the day before surgery. This is in addition to the bowel prep liquid and helps keep you hydrated. <input type="checkbox"/> Instructions for how to mix the solution are on the medicine bottle. The GoLyte/NuLyte solution should be mixed no sooner than 48 hours prior to using. To mix, add tap water to the gallon level mark and shake or stir the solution until it is well mixed. Do not add sugar or flavorings that have sugar in them to the mixture. Do not take more than the recommended dose, as serious side effects may occur. <input type="checkbox"/> 7:00 AM – Breakfast: Start clear liquid diet

		<ul style="list-style-type: none"> <input type="checkbox"/> 7:00 AM – Put the GoLytely/NuLytely in the refrigerator to chill. It is easier to drink when it is cold. <input type="checkbox"/> 9:00 AM-12:00 PM – Drink one 8-ounce glass of the bowel prep every 10 minutes until it is completely gone. This takes 3 hours. Drink it quickly. A straw may make it easier to drink. <input type="checkbox"/> 1:00 PM –Take Neomycin 1 gram and Metronidazole 750 mg <input type="checkbox"/> 2:00 PM – Take Neomycin 1 gram and Metronidazole 750 mg <input type="checkbox"/> 2:00 PM -6:00 PM – Keep drinking 8 ounces of clear liquids every hour to stay hydrated. <input type="checkbox"/> 6:00 PM – Dinner: Start clear liquid diet <input type="checkbox"/> 7:00-10:00 PM – Drink Boost Breeze (carbohydrate drink) <input type="checkbox"/> 10:00 PM – Take Neomycin 1 gram and Metronidazole 750 mg <p>Bowel Prep Tips</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal. <input type="checkbox"/> It is common to have discomfort in your belly until the stool has been flushed out (this may take 2 to 4 hours or more). <input type="checkbox"/> Anal skin irritation or hemorrhoids may occur. If this happens, treat them with over-the-counter-products (hydrocortisone cream, baby wipes, Vaseline, or TUCKS® pads). Do not use products that have alcohol in them. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.
One Day Before Surgery		
		<ul style="list-style-type: none"> <input type="checkbox"/> You will get a phone call to tell you what time to arrive for your surgery and review medicines to take the day of surgery. <input type="checkbox"/> The night before your surgery, shower with the Hibiclens medicated wash half of bottle or 2 packets and follow the instructions in your folder.
The Morning of Surgery		
		<ul style="list-style-type: none"> <input type="checkbox"/> Take medicines as you have been told. <input type="checkbox"/> Use the second half of the bottle of Hibiclens or 2 packets medicated wash and follow the instructions. <input type="checkbox"/> Use your saline enema if your surgical team told you to.

In the Recovery Room	
Oxygen	<input type="checkbox"/> If needed, oxygen may be used while in recovery room.
Pain Management	<input type="checkbox"/> Take all medicines prescribed to you to help your pain. If you still have pain, let the nurses know. The goal is to have your pain score less than 4/10.
In the Hospital	
Mobility	<input type="checkbox"/> You will be helped out of bed after surgery. <input type="checkbox"/> You will walk at least 4 times a day. <input type="checkbox"/> You will be up in a chair for all meals.
Diet	<input type="checkbox"/> Eat a bland diet as able for the first 1-2 days after surgery. <input type="checkbox"/> Drink up to 8 glasses of fluids per day as able.
Pain Management	<input type="checkbox"/> Your pain should be controlled with oral medicines as soon as possible to help get you home to heal. <input type="checkbox"/> Ask the gynecology/oncology team questions about pain before you go home.
Urinating after Surgery	<input type="checkbox"/> You will have what is called a voiding trial. This helps us know if you need help urinating after surgery.
Getting Ready to Discharge from the Hospital	
Pain Management	<input type="checkbox"/> Your pain should be well controlled. Talk about the plan to manage pain with your care team. <input type="checkbox"/> See Pain Management Health Facts For You in your surgical folder.
Discharge Planning	<input type="checkbox"/> You are ready to go home once you can walk, eat and drink, and pass gas (if applicable).
Discharge Instructions	<input type="checkbox"/> Review discharge instructions with your nurse before you go home. <input type="checkbox"/> You will have limits on how much you can lift after surgery. <input type="checkbox"/> You will have pelvic rest for 6 weeks after surgery if your uterus is removed.
Urination	<input type="checkbox"/> If needed, the nurse will teach you how to straight catheterize or how to care for an indwelling urinary catheter.
Constipation Management	<input type="checkbox"/> Constipation information is on the last page of this book.

Introduction to Gynecologic Surgery

Female Anatomy:



Common Surgeries and What They Mean

- **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.

Surgery

In the Operating Room (OR)

1. We take you to the OR on a cart.
2. The staff wears masks, gowns and hats.
3. They help you move onto a narrow, firm bed.
4. The nurse puts a safety belt (like a seat belt), across your chest/upper abdomen.
5. ECG (electrocardiogram) patches are put on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen level.
6. The anesthesiologist asks you to breathe oxygen through a soft plastic mask and medicine is given to you through your IV.
7. Once you are asleep, a breathing tube is placed in your windpipe to breathe for you.

8. Other IVs and monitors are put on after you are asleep.

While Your Loved Ones Wait

How much time you spend in the OR depends on the type of surgery. Loved ones can wait in the Surgery Waiting Area (C5/2) on the 2nd floor. If you have loved ones that plan to call, please have them call (608) 263-8590. They 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, computers and TVs in this waiting area from 7:30 am until 6:30 pm on weekdays. If they wish to leave the waiting area, they should pick up a pager at the volunteer desk. The nurses will keep them informed during surgery. After surgery, the surgeon will talk with them.

The Recovery Room

After surgery, you go to the recovery room to wake up. You may have nausea and vomiting. If this happens, tell your nurse. 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 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.

You may have a few tubes, drains and other equipment such as:

- 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. It tightens for a few seconds every 10-15 minutes as it checks your blood pressure.
- A catheter to drain urine from your bladder. This tube constantly drains urine from your bladder. You may still feel like you have to urinate. If you do not have a tube and need to urinate, do not get out of bed. Call for help and the nurse will help you.
- An NG (nasogastric) tube in your nose to your stomach to help with nausea and vomiting.
- Wound drains.
- Leg wraps that inflate and deflate or elastic stockings to improve blood flow in your legs.

A nurse will help teach you about how each of these items work and how long they will be in place.

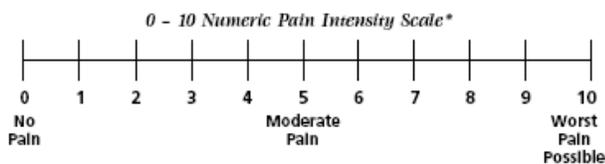
After Surgery and Going Home

Nutrition

- You can eat and drink right after surgery unless you have an NG tube.
- Your team will want you to drink supplement beverages while you are in the hospital to help you heal.
- You may eat any food you wish but start by eating small amounts. You may find that eating small amounts of bland food helps you tolerate food the first few days after surgery.

Pain Management

- You are asked often to rate your pain on a scale from 0 to 10. This helps guide your pain relief.



- It is important to take deep breaths, cough and move.
- Prevention or early treatment of pain is far better than trying to treat severe pain. Therefore, we have made a special plan to stay ahead of your pain and use almost no narcotics, which can slow down your healing.
- If you have an epidural catheter, you will get a constant dose of pain medicine. If you need more pain relief, you can push a button to give yourself more medicine.
- You will get acetaminophen (Tylenol[®]) and an ibuprofen-like medicine as well.
- You can always ask for more pain pills if you are in pain.

Nausea and Vomiting

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

Urinary Retention

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. This can be caused by anesthesia, pain medicine, and less activity. If you need a catheter put back in prior to discharge you will follow up in the Gynecology/Oncology Clinic so a nurse can reassess you.

Ileus

After surgery the bowel can be slow to work. This can make it hard for food and gas to pass through the intestines, causing a blockage. This is called an ileus. Our program 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. The best way to avoid an ileus is to reduce the amount of opioid pain medicine, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids. It is important to eat bland foods for the first week while you recover.

Discharge

Discharge time is as early as 10 a.m. You need to plan for someone to help you get home. Your ride must be ready and waiting for you in order to leave. Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for many reasons. We will not send you home until we feel it is safe to do so.

How to Prevent Complications

To help reduce the risk of blood clots after surgery:

- You will have devices on your legs that gently squeeze your legs while in the hospital.
- You will get shots of a medicine that thins your blood while in the hospital. You may also need to use this medicine when you leave the hospital.
- You will be asked to get up and walk early and often. You are helped out of bed on the day of surgery, as early movement is important to help you recover.

Activity

It is important to stay active for these reasons:

- Every day that you stay in bed, you lose muscle mass. This is why we expect you to get out of bed the same day as your surgery.
- Keeping muscles active helps you heal faster, have bowel movements, and prevents problems such as the blood clots and pneumonia.

Cough 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. A good rule of thumb is to do this twice each commercial break on tv.

Constipation

You may have a hard time with bowel movements after surgery. Decreased activity and opioid pain pills cause constipation. While on opioids, take a stool softener (Docusate Sodium/Colace) 100mg twice daily and Miralax 17 gm once a day. You can buy this at your local drugstore.

To avoid constipation:

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

If you are constipated or have nausea and vomiting call the Gynecology/Oncology RN triage line/After Hours line at 608-263-1548.

If you have no bowel movement within 48 hours after leaving the hospital, follow these instructions:

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

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

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**.

Diarrhea

If you have diarrhea, take less or stop taking stool softeners.

If you continue to have diarrhea after you stop stool softeners for 24 hours, call the Gynecology/Oncology RN triage line/After Hours line at 608-263-1548.

Common Questions

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. The amount of time off of work can range from zero to six weeks after your surgery. You will have lifting restrictions. However, you should check with your employer regarding rules, which may be relevant to your return to work. 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 occurs about 2 weeks after surgery.

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 © 3/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8031