

# **UW**Health

## Obstetrics and Gynecology

**Contact Information:**

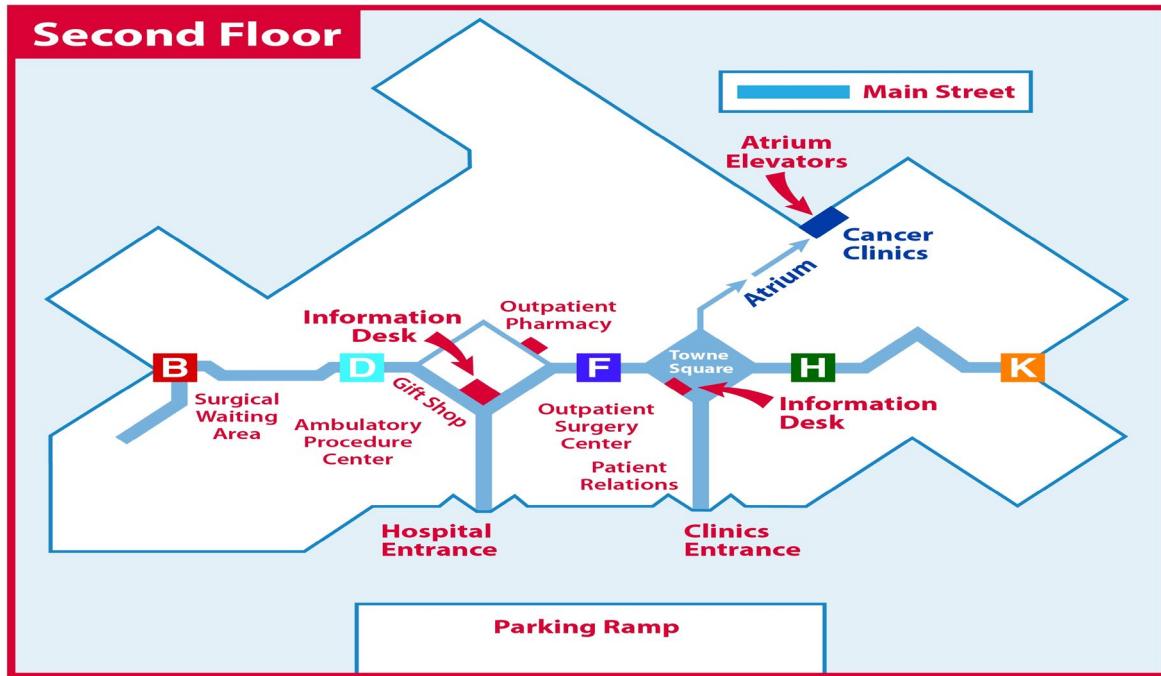
UW Hospital Address (main)  
600 Highland Ave.  
Madison, WI 53792

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

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Patient Name	
-----	
Surgery Date/ Arrival Time	
-----	
Surgeon's Name	
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	<a href="http://www.uwhealth.org/">http://www.uwhealth.org/</a>



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 1<sup>st</sup> 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 3<sup>rd</sup> floor and turn left to the First Day Surgery Unit entrance.

This is the 2<sup>nd</sup> floor...

To get to the ...

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

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

## **What is HIPEC?**

HIPEC stands for hyperthermic intraperitoneal chemotherapy (chemo). It is a high dose, heated chemo procedure that we use to treat cancers that have started in or spread to the abdomen. The chemo is sent straight to the cancer cells during surgery. This allows us to use a higher dose of chemo. The chemo is heated because it helps improve the amount of chemo the cancer absorbs.

## **Who can have HIPEC?**

We use HIPEC in Gynecologic Oncology (Gyn/Onc) in patients with advanced epithelial ovarian cancer who have already had chemo to shrink the disease before surgery.

We also use HIPEC to treat some of these types of cancer: colon, appendix, peritoneal surface (i.e. mesothelioma).

## **What are the risks of HIPEC?**

- Surgical complications:
  - Infection (in your incision, abdomen, urine or blood stream) or
  - Bleeding
- An increased risk of leakage of bowel junctions (where the bowel was pieced back together) due to the heated chemo. The surgeon may decide that it is safer to create a temporary stoma (the bowel is pulled to the surface of the skin) if there is an increased risk of leakage.
- Increased risk of side effects on the kidney. Your doctors will closely follow your kidney function.

- Fluid buildup in the space between the lungs and the thoracic cage, especially when tumor was removed from the diaphragm. In these cases, the surgeon will put a drain in the thorax to prevent fluid buildup.
- The stomach may empty slowly for about two weeks. This may cause nausea or vomiting.

## **What are the benefits of HIPEC?**

- HIPEC uses heated chemo to kill more cancer cells while having fewer effects on normal cells.
- The chemo dose can be higher than that given through an IV because it is not absorbed by the body in the same way. Chemo given through HIPEC causes fewer side effects than chemo given through an IV.
- HIPEC can improve patient survival and quality of life and provide a longer time before cancer returns.
- This type of chemo is best at killing cancer cells that are too small to be seen with the naked eye.
- HIPEC can help prevent your body from building up a resistance to chemo.

## **What is the process?**

You will have many people caring for you in the hospital. Your health care team includes the surgeon, residents, NP's, PA's, anesthesiologists, pharmacists, nurses, assistants, and case managers.

On the day of surgery, we will make an up and down incision in the middle of your abdomen. Your doctors will remove your uterus, cervix, fallopian tubes, ovaries, pelvic and para aortic lymph nodes, omentum. Your doctors may also remove your appendix and a portion of your bowel and may create an ostomy. You may also have other organs, such as the spleen,

removed. The goal is to remove all the disease in the abdomen that we can see with the naked eye. Once this is done, we will close the abdomen for a short time so we can circulate a heated chemo mixture in the abdomen for about 90 minutes to destroy any cancer cells that remain.

The chemo is heated to 41° C (about 108° F). We then drain the chemo out of the abdomen and close your incision.

The procedure takes about 8-12 hours. When it is done we will take you to the Intensive Care Unit (ICU) for one day. Your stay in the ICU can be longer for many reasons.

#### **What can I expect after surgery?**

You may have a sore throat from the breathing tube you had during surgery. You will also have tubes and lines. These may include:

- IV lines for fluid
- Epidural to help with pain
- NG (nasogastric tube) in your nose to drain your stomach
- Foley catheter to drain your bladder

During surgery you will get a lot of fluids through your IV. For this reason, we will watch you closely. We will watch your labs, urine output and give you IV fluids. Getting a lot of fluid can lead to major short-term swelling all over your body. This will slowly improve as you heal. There is a risk for ileus. An ileus is when your bowels stop moving like normal for a short time. This can cause nausea, vomiting, bloating, and prevent you from being able to tolerate liquid and foods. This resolves with time.

The kind of chemo used may impact your kidney function and blood counts. We will watch these closely so we can treat any adverse effects you may have.

Your hospital stay may be up to 8-10 days but could vary. The total recovery time is 3-4 months. You will have a large incision (cut) on your abdomen. You will have sutures inside of you. Staples are used on the outside of the wound. These come out after 2-3 weeks.

#### **What can I do to prepare?**

Make sure you eat plenty of protein and calories. You will get a drink called IMPACT. This is a nutritional supplement that you will drink before surgery. Stay as active as you can. Make sure you get enough sleep.

#### **What can I expect when I go home?**

Healing takes time and can feel long. Healing is as much mental as it is physical. Eating small, more frequent meals and snacks helps to ensure that you are getting the best nutrition to help you heal. Make sure you drink plenty of fluids. Our clinical nutritionist will see you during your stay and give you some tips for going home.

Look at your wound daily. Shower or wash this once a day with soap and water.

You will restart chemo after about 3-4 weeks.

#### **Power of Attorney for Health Care**

We will ask you 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 ask a chaplain, social worker or volunteer. 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 entrance). Follow the gray stone path to the E elevator and take it up to the 3<sup>rd</sup> floor. You will see signs for First Day Surgery.

### Getting Ready for Surgery

You need to make plans and prepare. Your surgery will start in the morning. We will call you 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 at **608-263-1548** or **1-800-323-8942**. After hours or on weekends ask to speak with the gynecologic oncology doctor on call.

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. Once you choose your caregiver(s), let them know what your surgery involves and what help you will need. They may need to help with:

- Daily cares such as bathing or care of your wounds.
- Driving you to and from follow up visits, as you cannot drive while on opioid pain medicine.
- Housework such as cooking, vacuuming, shopping, and laundry.
- Caring for others 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 care 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 wait in the waiting room while you get ready. After you check-in they can come to your FDS room for a short 5-minute visit. After, we show them to the waiting area on the 2nd floor.

### Things to Know

- Do not drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.
- Your surgeon will want you to do a bowel prep before surgery, this book has the instructions.
- 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).
- Read *Health Facts for You #7938 - Getting Your Skin Ready for Surgery-Adult* for skin prep instructions.
- 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.
- 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. The Housing Desk staff at **(608) 263-0315**, can give you a list of nearby motels and help book your stay at a discounted rate.
- If you take medicine, we will tell you during your pre-op clinic visit whether you should take them the day of surgery.
- Please leave all jewelry, rings, large sums of money, and credit cards at home. You need to remove all jewelry, this includes all body piercings.
- Bring your inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special items that you need. Be sure these items are labeled with your name. Please do not bring bottles of pills with you the morning of surgery unless you have been told to do so. We will ask you to leave your glasses, teeth, and hearing aids with your family before you go to surgery.
- Please have your family member leave your belongings in the trunk of your car the day you check in (**please bring in your CPAP, eye drops, and inhalers**). Once your room is ready, they can bring your things to you. We are not responsible for lost or stolen items.
- Your main support person will get one parking pass for the length of your stay. Your family can pick it up the day of your surgery at the guest services front desk.

## Your Pre-Op Checklist

Date	Check Once Done	Action
		<b>Begin 6 Days Before Surgery</b>
		<p><b>*Note: Clear liquids include:</b> water, chicken/beef/vegetable broth, apple juice, ginger ale, Gatorade, clear Jello, popsicles. Clear does not mean colorless. Avoid fiber, pulp, sediment.</p> <p><b>Starting 6 Days Before Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drink a carton of Impact AR three times a day for 5 days.</li> </ul> <p><b>GoLytely/NuLytely Bowel Prep Instructions</b></p> <p><b>The Evening 2 Days Before Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Mix the Go/Lytely prep with warm drinking water to the top of line on bottle and shake. It will look clear.</li> <li><input type="checkbox"/> 2. Store this in the fridge and use within 48 hours. It is okay to add Crystal Light power mix to each glass.</li> </ul> <p><b>1 Day Before Surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Drink the prep today. Clear your schedule of other duties for the day.</li> <li><input type="checkbox"/> 2. Drink only clear liquids all day and up to 4 hours before surgery.</li> <li><input type="checkbox"/> 3. <b>If you take scheduled medicines, take them at least 1 hour or more before or after drinking the prep.</b></li> <li><input type="checkbox"/> 4. <b>At 9 am (or earlier)</b>-Take the 4 bisacodyl tablets. Do not chew or crush. If you take morning medicines, it is okay to take them with the bisacodyl.</li> <li><input type="checkbox"/> 5. After your first bowel movement, start to drink the prep. Drink one 8 ounce glass every 10 minutes. You may stop when you <b>drink half the bottle or your stools are clear</b>. If you see sand-like grains in the toilet, drink one cup of prep at a time until all solid matter is gone, and it looks clear. Do not sip slowly. It works better if you drink quickly. You will likely feel cramps. This is normal.</li> <li><input type="checkbox"/> 6. <b>Take you antibiotics today.</b> Drink 3 bottles of Boost Breeze starting 1-2 hours after you finish the GoLytely. You make drink Boost Breeze when you start your antibiotics. Save the 4<sup>th</sup> container for the morning of surgery.</li> <li><input type="checkbox"/> 7. Follow the antibiotic schedule below. Do not follow the instructions on the pill bottles. Call with questions. <ul style="list-style-type: none"> <li>• <b>1 hour after you finish the GoLytely</b>-Take the 1<sup>st</sup> dose of antibiotics.</li> <li>• <b>2 hours later</b>-Take the 2<sup>nd</sup> dose of antibiotics.</li> <li>• <b>10:00 pm</b>-Take the last dose of antibiotics.</li> </ul> </li> <li><input type="checkbox"/> 8. Do the Hibiclens skin prep for surgery. This is shower #1.</li> </ul>

### **The Morning of Surgery**

- 1. 4 hours before surgery, drink the 4<sup>th</sup> bottle of Boost Breeze. Follow the details the nurse from First Day Surgery gave you about your medicines. You can have clear fluids until 4 hours before surgery, you may have:
  - Black coffee-no cream, sweetener is ok
  - Apple juice
  - White grape juice
  - Water
  - Gatorade
  - Boost Breeze
- 2. Give yourself a Fleets enema **at least 1 hour before** you leave for the hospital.
- 3. Do the second skin prep for surgery. This is shower #2.

### **When to Call the Doctor**

- If you have questions
- Steady stomach pain
- Light-headed or dizzy
- No bowel movements
- Cannot drink the prep

### **Bowel Prep Tips**

- Stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal.
- 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).
- 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.

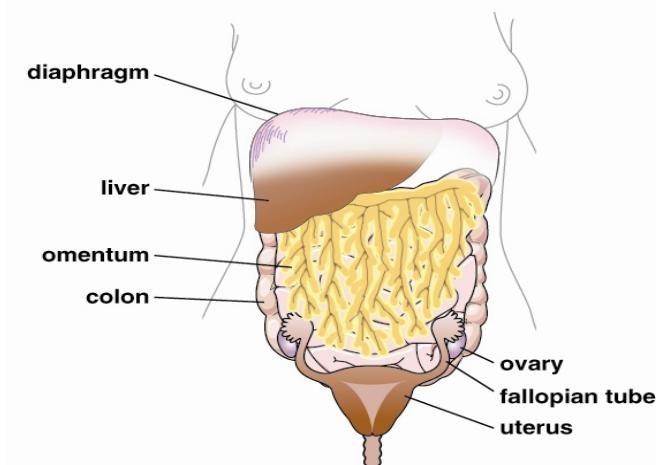
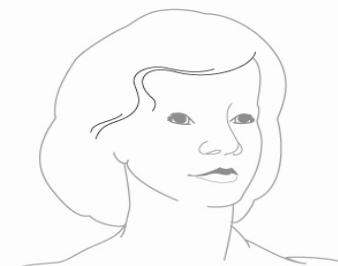
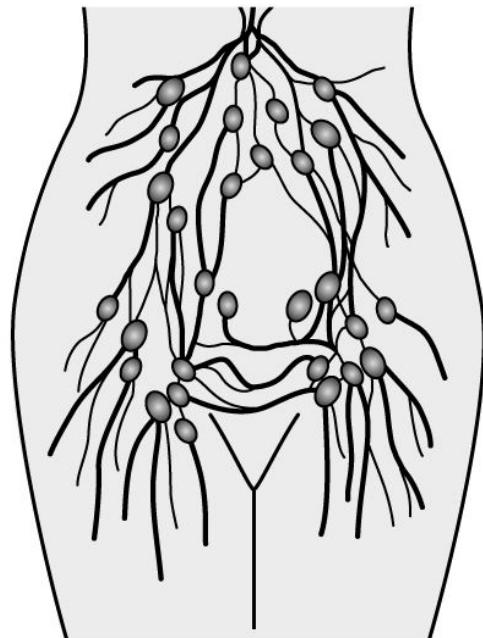
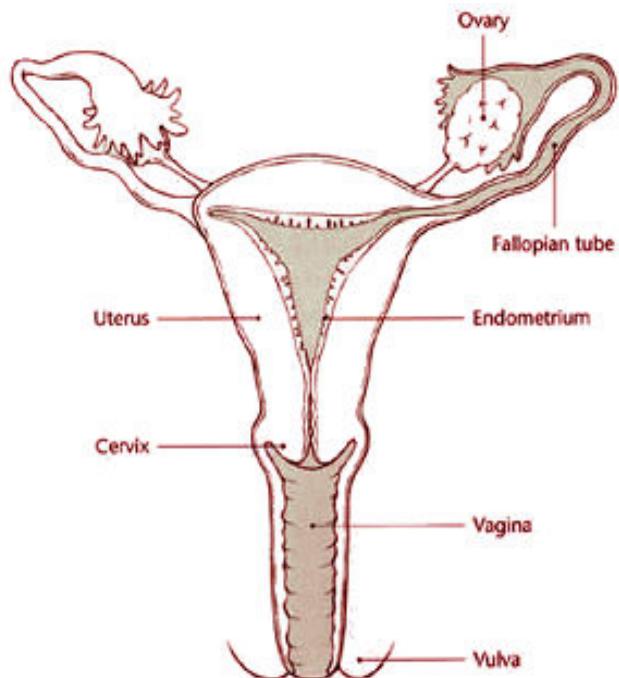
### **One Day Before Surgery**

- 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.

	<b>In the Hospital</b>	
	<b>Mobility</b>	<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.
	<b>Diet</b>	<input type="checkbox"/> Eat a bland diet as able for the first 2 weeks after surgery. <input type="checkbox"/> Drink up to 8 glasses of fluids per day as able.
	<b>Pain Management</b>	<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 your care team questions about pain before you go home.
	<b>Urinating after Surgery</b>	<input type="checkbox"/> Your Foley catheter will removed as soon as it is safe to do so. You will have what is called a voiding trial. This helps us know if you need help urinating after surgery.
	<b>Getting Ready to Discharge from the Hospital</b>	
	<b>Pain Management</b>	<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 <i>Health Facts For You</i> in your surgical folder.
	<b>Discharge Planning</b>	<input type="checkbox"/> You are ready to go home once you can walk, eat and drink, and pass gas or have a bowel movement (if able). <input type="checkbox"/> Your driver will need to be able to pick you up by 10 AM on the day of discharge. <input type="checkbox"/> Plan ahead to have help at home with tasks such as housekeeping/yard work, driving, caring for pets and others.
	<b>Discharge Instructions</b>	<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. Lifting no more than 10 pounds (which is about a gallon of milk) for 6 weeks after surgery. <input type="checkbox"/> Nothing in the vagina for 6 weeks after surgery if your uterus is removed. This means no tampons, no sex, etc.
	<b>Urination</b>	<input type="checkbox"/> If needed, the nurse will teach you how to straight catheterize or how to care for an indwelling urinary catheter.
	<b>Constipation Management</b>	<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.

## 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 2<sup>nd</sup> floor. If they plan to call, please have them call **(608) 263-8590**. If they wish to leave the waiting area, they should pick up a pager at the desk. The nurses will keep them informed during surgery. After surgery, the surgeon will talk with them.

### After Surgery

After surgery, you will be transferred to the Intensive Care Unit (ICU). Staff will show your loved ones where they can stay.

You may have equipment such as:

- An IV 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 constantly drain 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 teach you how each of these items work and how long you will have them.

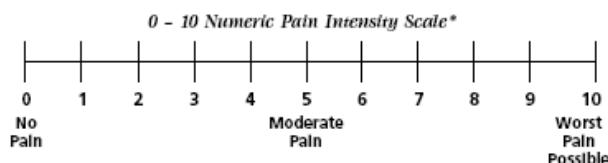
## After Surgery and Going Home

### Nutrition

- You can eat and drink right after surgery unless you have an NG tube.
- Your team will want you to drink supplement drinks 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 weeks after surgery.

### Pain Management

- We ask you 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.
- It is far better to prevent and treat pain early than trying to treat severe pain. Therefore, we have made a 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 prevent nausea and vomiting after surgery. If you do feel sick, you should reduce how much you eat and drink by mouth. Small, frequent meals or drinks are best. If you can drink and stay hydrated, the nausea should pass.

### Urinary Retention

If you have a hard time passing urine after the catheter is removed, 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 Gyn/Onc Clinic.

### Discharge

Discharge time is as early as 10 am. You need to plan for someone to help you get home. Your ride must be ready and waiting for you in order to leave. We strive to get patients discharged as quickly as we can, 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.
- We will ask you to get up and walk early and often. We help you out of bed after surgery because early movement helps you heal.

## **Activity**

Staying active:

- Prevents you from losing too much muscle mass lose.
- Helps you heal faster, have bowel movements, and prevents problems like blood clots and pneumonia.

## **Coughing and Deep Breathing**

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

### **How to Cough and Deep Breathe**

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

### **How to Use the Incentive Spirometer**

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the FlowRate Guide between the arrows.
3. Hold it. Continue to inhale, and keep the guide as high as you can for as long as you can, or as told by your nurse or respiratory therapist.
4. Exhale and relax. Take the mouthpiece out and breathe out as usual.
5. Repeat 10-15 times each hour while you are awake. A good guideline is to do this twice each commercial break on tv.

## **Constipation**

You may have trouble with bowel movements after surgery. Decreased activity and opioids 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 (at least 64oz (8 cups) of fluid per day).
- Avoid drinks with caffeine.
- Walk for at least 20 minutes a day if able.

If you are constipated or have nausea and vomiting call the Gyn/Onc RN triage line/after hours line at **608-263-1548**.

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

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

I don't know	Yes	No
Please call the Gyn/Onc RN triage line/after hours line at 608-263-1548 to review your records	Increase Miralax to twice daily dosing <b>OR</b> take Milk of Magnesia 2-4 tbsps	Use a rectal Dulcolax suppository. 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 Gyn/Onc RN triage line/after hours line at **608-263-1548**.

## **Diarrhea**

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

If you still have diarrhea after you stop stool softeners for 24 hours, call the Gyn/Onc 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 work can range from 4-8 weeks. You will have lifting restrictions. You should check with your employer about rules. If you need a return-to-work form or disability papers filled out, fax them to our office at **(608) 263-2201**.

### **When can I drive?**

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

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 © 8/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8108