

Your Guide to Obstetric and Gynecologic Surgery



Welcome to Sharp HealthCare

It's our goal to provide the exceptional care you need. We know that preparing for surgery can be overwhelming. Our care team is here to help you throughout the process.

This booklet will guide you through the following stages of surgery:

1. Getting ready
2. The day of surgery
3. Recovery

Remember that every patient is different. Your care team will tailor your recovery program to your specific needs.

Please try to read this booklet as soon as possible, and bring it to all appointments and hospitalizations related to your surgery. Write down any questions or concerns and discuss them with your surgeon before surgery. It's important for you and your loved ones to understand what to anticipate so that everyone can fully participate in your recovery.

In good health,

Your Sharp HealthCare Surgery Team

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Your name _____

Surgeon's name _____

Surgeon's office phone number _____

Date of surgery _____

Surgery location address _____

Planning for Surgery

Scheduling Your Procedure

After you meet with your surgeon and decide to move forward, their office will contact you to schedule the surgery and provide necessary information. Before surgery, you'll have an opportunity to meet with your surgeon and ask any questions.

Bring this booklet, your insurance card, a complete list of medications you are taking, contact information for your primary care doctor, and all pertinent medical information to any appointments and hospitalizations related to your surgery. It's a good idea to bring a support person to preoperative appointments, so they can understand what to expect as well.

Insurance Authorization

Your surgeon's office will be contacting your insurance provider to secure authorization for your surgery. Please notify your surgery scheduler immediately if there have been any changes in your insurance since your last visit. Our Patient Financial Services team will contact you regarding any deductible or copayment. **You will need to pay any deductible or copayment on the day of surgery.**

If your policy is an HMO, you may need a referral from your primary care physician (PCP) for services. Please contact the customer service number on the back of your insurance card for clarification. If you will be admitted to the hospital after your procedure and have questions regarding your insurance, please call the hospital admissions office. See the Important Contact Information section at the back of this guide.

Pre-Anesthesia Evaluation Services

If your surgeon refers you to Pre-Anesthesia Evaluation Services (PAES), someone in our department will contact you for a phone appointment to review your:

- Medical history
- Medications
- Preoperative instructions (please have this booklet available during the phone call)
- Bloodwork and testing, if requested by your doctor

If appropriate, your surgical team and prescribing doctor will plan the management of your blood thinners, such as warfarin, clopidogrel and aspirin.

Visit sharp.com/paes for additional information.

Advance Health Care Directive

An advance health care directive (advance directive) is a legal document that allows you to make your health care preferences known in the event you cannot make decisions for yourself. In your advance directive, you can name a health care agent — someone you trust to make health care decisions for you — and what your preferences are about treatments that may be used to sustain your life. Advance directives are optional and can be removed or revised at any time. If you have an advance directive, please bring a copy to the hospital prior to your next visit or hospital admission. You do not need an attorney to complete an advance directive. To learn more and download a form, visit sharp.com/advancedirective.

Steps to Take Before Surgery

Depending on your doctor's recommendation and type of surgery, you may go home the same day or stay in the hospital for a few days.

One Month Before Surgery

It's likely that you'll need some assistance from family members or friends immediately after leaving the hospital. **Pick one family member or friend who can be part of the team to help you make decisions and coordinate your care before, during and after surgery.**

If you don't have assistance at home, or if it's limited, here are a few simple things you can do before coming to the hospital to make your recovery easier:

- Place often-used items between waist and shoulder height to avoid having to bend down or stretch to reach them.
- You WILL be able to climb stairs after surgery. However, if you live in a multistory home, it may be easier for you to bring the things you are going to use during the day to the entry level.
- Stock up on food and other items, as shopping may be difficult when you first get home.

Eat a healthy diet leading up to your surgery, as this helps you recover more quickly. Get plenty of exercise so that you are healthier for surgery. Your current condition may limit this, but any exercise is good.

If you smoke, talk to your doctor about the benefits of quitting. Any inhalation (cigarettes, vaping and recreational drugs) can increase mucus, which is linked to the risk of breathing problems after surgery.

Stop medications or supplements not prescribed by a doctor. Medications like Tylenol PM or Advil PM can cause confused thinking and reduced awareness after surgery.

Notify your primary care doctor and cardiologist, if you have one, about your upcoming surgery.

Do not shave or otherwise remove any body hair on your abdomen or groin area for at least 1 week prior to surgery. Your doctors and nurses will remove any body hair near the surgical site with an electric clipper before surgery if needed.

Your Checklist

Use the checklists in this guide to prepare for surgery and recovery.



Eat a healthy diet leading up to your surgery and get plenty of exercise.



Stop smoking and vaping.



Meet with your doctors and nurses to review your medical history. Your doctor will tell you if you need to stop or change any medications.



If applicable, receive a phone call from our Pre-Anesthesia Evaluation Services (PAES) Department to review your medications and health history.



After your PAES call, complete testing if requested by your doctor.

A Few Days Before Surgery

Your Checklist



Ensure you have 1 (4-ounce) bottle of chlorhexidine (CHG) scrub for your skin preparation. This is enough for 2 showers and will help decrease the risk of infection. See the Skin Preparation section in this guide for more details.

One Day Before Surgery

Eating and Drinking

If you've been told to consume caloric pre-surgery drinks, you'll need to have 1 bottle in the afternoon and 1 bottle before you go to bed. Save a third bottle for the morning of surgery. If you have diabetes, check with your surgeon to make sure this drink is recommended for you.

Please do not eat solid foods (including mints) or chew gum after 11 p.m. the night before surgery. You may take medications with sips of water. **You may continue to drink noncarbonated clear liquids up to 2 hours prior to the scheduled surgery time.**

These clear liquids are **allowed**:

- Water
- Clear vegetable, beef and chicken broth
- Sports drinks (not red or purple)

- Tea or coffee (no cream, milk, sugar, honey or other sweeteners) — these drinks may cause dehydration and should be limited to no more than 2 cups
- Gelatin (without fruit)
- Ice pops (without fruit or cream)
- Italian ice
- Juice without pulp, e.g., apple or white grape juice

These liquids are **NOT allowed**:

- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth
- Alcohol (even if clear)

DO NOT eat mints or candy, or chew gum, once you have started the clear liquid diet.

Note: It's important to stay well-hydrated. Please drink plenty of the allowed clear liquids.

Skin Preparation

You will need to take 2 chlorhexidine (CHG) showers or baths — the first the night before surgery and the second on the morning of surgery. This will help decrease the risk of infection.

We may provide you with a 4-ounce bottle of chlorhexidine (CHG) scrub soap in the mail, or you can purchase it at any pharmacy without a prescription. It's important that you use the scrub according to the directions provided with the bottle.

Your Checklist



Drink 2 bottles of pre-surgery drink, **if recommended by your surgeon**. If you have diabetes, check with your surgeon to make sure this drink is recommended for you.



The night before surgery, shower using 2 ounces (half bottle) of chlorhexidine scrub, following the directions on the bottle.



Stop eating solid foods (including mints) and chewing gum after 11 p.m. the night before surgery.



Day of Surgery

Morning of Surgery

Your Checklist



Drink the third bottle of pre-surgery drink **if recommended by your surgeon**. You must be completely finished 2 hours before your scheduled surgery check-in time. If you have diabetes, check with your surgeon to make sure this drink is recommended for you.



You may continue to drink clear liquids up until 2 hours before your scheduled surgery check-in time. Do not eat any solid foods.



Take medications as instructed with sips of water before leaving to come to the hospital, if prescribed by your doctor.



Shower using the remaining 2 ounces (half bottle) of chlorhexidine (CHG) scrub, following the directions provided with the bottle.



Leave valuables at home.

After Checking Into the Hospital

Once your team is ready, you'll be brought to the pre-surgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for surgery.

A nurse will place an intravenous (IV) catheter in your arm and measure your weight. They'll give you several medications to help manage pain and nausea during and after surgery. We'll minimize the amount of narcotic pain medications you receive, as they can cause constipation and other complications. You'll then be taken to surgery.

Operating Room

You will be placed on monitors and receive anesthesia once you are in the operating room. Your anesthesiologist will discuss your individualized plan with you beforehand.

Recovery

Recovery Room

After surgery, you'll go to the recovery room. Once awake from anesthesia and stable, depending on the type of procedure, you may be given water, coffee or juice to drink. Depending on the type of surgery and anesthesia you have had, you may be assisted with walking while in the recovery room. It's very important to get moving as soon as possible after surgery. Being mobile helps speed up recovery and prevents blood clots and pneumonia. From the recovery room, you may be able to leave the hospital, or you'll be sent to one of the patient care units. If you just had a baby, you will be admitted to our postpartum unit.

How to Support Your Recovery



Walk every day. Even taking a few steps the day of surgery has health benefits. Increase your walking distance each day. Discuss physical activity with your surgeon.



Drink plenty of fluids. Avoid dehydration by consuming 8 to 10 cups of fluid throughout the day. Drink water and sports drinks as your main sources of fluids.



Take prescribed pain medications. Stick to your planned medication regimen for maximum relief and to minimize the need for opioid medications.



Get pelvic rest. Follow sexual activity guidelines as provided by your surgeon. Do not use tampons or have intercourse for AT LEAST 8 weeks after your surgery or 6 weeks if you just had a baby, or as otherwise instructed by your surgeon.

Your Checklist

Depending on your type of anesthesia, your focus will be on drinking and walking as early as possible.



Get out of bed — with assistance from the care team — to take a few steps and sit in a chair.



Begin by drinking liquids as provided by your care team.



Walk at least 3 times in the hallway, using assistance as needed.

The First Few Days Following Surgery

Your Checklist



Spend at least 8 hours out of bed.



Every 4 hours, walk around your home or in the hallway if still in the hospital. Use assistance as needed.



Sit in a chair while eating meals.



Take prescribed medications as instructed.



Avoid dehydration by drinking plenty of liquids.

You can start eating more solid food if you feel up to it. As instructed, drink liquids when possible. Your surgeon may prescribe a liquid laxative, such as Milk of Magnesia. This will help you with digestion and elimination to help prevent complications.

We'll provide you with instructions on how to manage your pain with medications. It's important to stick to your planned medication regimen for maximum relief and to help minimize the need for opioid medications. As with any surgery, you should expect to have some pain. However, this should not prevent you from getting out of bed. If you're concerned about any of the medications or are still experiencing pain that prevents you from getting out of bed, talk with your nursing team if you're still in the hospital, or contact your surgeon if you are at home.

Leaving the Hospital

You'll need to arrange for someone to meet you at the hospital to drive you home. For your safety, we are unable to release you without someone present.

When you are preparing to go home, you will receive:

- Detailed instructions with information about your operation and medications
- All prescriptions for medications you need at home
- An appointment with your surgeon or provider for a follow-up 1 to 2 weeks after you leave the hospital

Please keep in mind that we strive to get patients ready to go home as quickly as possible. There may be delays for a variety of reasons, including complications that could prolong your hospital stay.

Your Checklist



Make sure you have instructions on what to do after leaving the hospital.



Make an outpatient appointment as instructed by your surgeon.



Pick up any prescriptions you may need at the pharmacy.

Pain Relief

While you may not be pain-free at all times during your stay, our staff members will do everything they can to help safely manage your pain. Your pain will be assessed regularly on a scale from zero to 10. Pain assessment is necessary to guide your pain relief. It's essential that you're able to take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain. Therefore, we have created a specialized plan to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process.

If you have an epidural catheter, you'll receive a constant drip of pain medication through your epidural. You'll also be given acetaminophen and an ibuprofen-like medication to help control your pain. When you feel pain, tell your nurse or doctor right away. We want you to be able to participate actively in your recovery. We encourage you to take oral pain medication as soon as you feel you are ready, as this will provide you with the best pain relief after surgery.

Post-Surgery Diet

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Avoid fried, greasy and

highly seasoned or spicy foods. Foods that are high in fat and protein may cause constipation. Drink lots of water, and make sure to use stool softeners and laxatives as instructed and prescribed to avoid constipation. Some patients find their appetite is reduced after surgery. If this happens, try eating frequent, small meals throughout the day.

It's common to lose some weight after surgery. However, by the fourth or fifth week, your weight loss should stabilize.

It's normal after surgery that certain foods taste different and certain smells may make you nauseous. Over time, you will be able to increase the amount of food you can comfortably consume. You should try to eat a balanced, heart-healthy diet, which includes:

- Plenty of fluids — at least 8 to 10 cups per day. We encourage you to drink water and sports drinks. Limit caffeinated beverages at home, such as coffee and tea, to no more than 2 cups per day as they may cause dehydration. Drinking plenty of fluids is especially important if you have diarrhea.
- Food that is soft, moist, and easy to chew and swallow.
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods (low-fiber varieties may be easier to tolerate initially).
- Food rich in protein, such as meat, eggs, cottage cheese or a supplemental nutrition drink, such as Boost or Ensure.

Exercise and Activities

Listen to your body. Please follow exercise restrictions as discussed by your surgeon. Walking is encouraged after surgery. You may climb stairs. It's important to avoid strenuous activity until you've seen your surgeon at your follow-up appointment.

Generally, you can return to hobbies and activities soon after surgery. This will help you recover.

It can take up to 2 or 3 months to recover fully. Fatigue may occur, requiring an afternoon nap for up to 8 weeks following surgery. Your body is using this energy to help you heal. Set small goals for yourself and try to do a little more each day.

Pelvic rest is important. Follow sexual activity guidelines as provided by your surgeon. Avoid placing tampons or anything else in your vagina until your surgeon tells you it is OK to do so.

You may work and drive as discussed with your surgeon.

Wound Care

For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. Avoid soaking in a bathtub or hot tub, or swimming for 4 weeks following surgery or until your surgeon has told you it is OK. It will take the wound several months to “soften.” It’s common to have bumpy areas in the wound near the bellybutton and at the ends of the incision.

If you have staples, they will likely be removed before you go home. If you are sent home with staples, your doctor will discuss the plan for removal with you. You may have a glue-like material on your incision. It is the surgical glue used to close your incision and will come off over time. You may also have sutures inside you that will dissolve on their own.

Concerns Following Surgery

Call your surgeon’s office if you are worried about your recovery. If you think something is not right, call sooner than later. While it’s generally easier to reach someone between 8 a.m. and 4 p.m., a surgeon is always on call for any emergency needs.

Call your surgeon immediately if you:



Have a fever above 100.4° F



Have heavy vaginal bleeding, more than spotting



Have difficulty urinating, or have not urinated within 6 hours after leaving the hospital



Have not had a bowel movement within 2 days after your surgery



Have a wound that is red or more painful than when you left the hospital, or if it has drainage



Are nauseated or vomiting, or cannot keep liquids down



Have pain that is worse or uncontrolled with the medications you were sent home with

Call 911 or go to the nearest emergency room if you believe you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other serious problems. Have the emergency room team contact your surgeon once you are stable.

My Postoperative Appointments

Appointment	Address	Date/Time
Follow-Up Appointment (Surgeon's Office)		
Other		
Other		

Important Contact Information

Sharp Chula Vista Center for Women & Newborns

751 Medical Center Court

Chula Vista, CA 91911

619-502-5800

Pre-Anesthesia Evaluation Services (PAES)

765 Medical Center Court, Suite 200

Chula Vista, CA 91911

619-502-5935

Sharp Grossmont Hospital for Women & Newborns

5555 Grossmont Center Drive

La Mesa, CA 91942

619-740-6000

Pre-Anesthesia Evaluation Services (PAES)

8860 Center Drive, Suite 220

La Mesa, CA 91942

619-740-5180

Sharp Mary Birch Hospital for Women & Newborns

3003 Health Center Drive

San Diego, CA 92123

858-939-3400

Pre-Anesthesia Evaluation Services (PAES)

8008 Frost St., Suite 100

San Diego, CA 92123

858-939-3295

Surgeon's name _____

Surgeon's office address _____

Surgeon's office phone number _____

