



GYNECOLOGIC SURGERY PLANNER

75 Francis Street
Boston, MA 02115

We are pleased that you have chosen Brigham and Women's Hospital for your surgery and offer our best wishes for a safe and speedy recovery. We know that you may have many questions and concerns about your surgery, so we have created this planner to help keep you organized and informed of what to expect before, during and after your surgery. Please keep this in a convenient location and refer to it often.

PRE-ADMISSION—PLANNING FOR YOUR CARE:

- ❑ Enclosed you will find the following fact sheets and brochures to read before your surgery.
 - “Preparing for Your Surgery at Brigham and Women's Hospital”
 - “Questions to Ask Before Surgery”
 - “Important Telephone Numbers to Remember”
 - “Recovering from Your Surgery”

Please consult with your surgeon's office if you have any questions or concerns after reading this information.

- ❑ Certain medications may not be taken prior to surgery. Consult your primary care physician or cardiologist about the use of anticoagulants (blood thinners). Also, speak with your surgeon about the use of medications containing aspirin or ibuprofen.
- ❑ Call your insurance provider with any questions about insurance coverage. Ask if you need to call for pre-certification before you are admitted to the hospital for surgery.
- ❑ For financial questions, call Patient Accounts at **(617) 732-5538**.

LAST MINUTE STEPS PRIOR TO SURGERY:

- ❑ On the last business day before your surgery, please call **(617) 732-7324** between 3:30 and 6:00 p.m. to confirm the time of your procedure.
- ❑ If you develop a cold, sore throat, cough, fever or other illness before surgery, notify your surgeon.

PLANNING FOR HOSPITAL DISCHARGE:

- ❑ Your hospital stay will pass surprisingly quickly. We advise that you **plan in advance for a ride home. Usual discharge time is 10:00 a.m.**
- ❑ Ask a family member or close friend to help you at home the first few days after your discharge, as you may find it difficult to perform your normal, everyday activities.

The Day of Surgery

GETTING TO THE HOSPITAL:

- ❑ You should plan to arrive at the hospital about two hours prior to your surgery.
- ❑ Please drive up to the main entrance at 75 Francis Street where a valet parking attendant will greet you.

ADMISSION:

- ❑ Once inside the hospital, go directly to the Admitting office, which is located in the Main Lobby.
- ❑ A receptionist will direct you to an admitting interviewer, who will ask you for all of the necessary information for admission, including insurance or payment information. You will also be asked to sign a consent form for admission to the hospital.
- ❑ You will then be escorted to an area where you can change into a hospital gown and be helped onto a stretcher. Your family can stay with you until it is time for the anesthesia to be administered.

ANESTHESIA:

- ❑ An anesthesiologist will start your intravenous (IV) tube and administer medication to make you feel drowsy.
- ❑ You will then be moved into the operating room.

After Your Operation

POST-ANESTHESIA CARE UNIT (PACU):

Following your surgery, the staff will take you to the post-anesthesia care unit, an area where patients can be monitored while they wait for the anesthesia to wear off. Although you may feel drowsy and want to sleep, the staff will ask you to complete some minor tasks to help speed up your recovery.

- ❑ What to Expect:
 - The surgeon, anesthesiologist and nursing staff will work together to watch you closely until you are fully awake from surgery.
 - They will check your heartbeat and blood pressure often.
 - They will also ask you to cough and take deep breaths to keep your lungs clear. You may breathe oxygen through a facemask for a short time until you wake up.
 - Patients sometimes feel very cold when they are waking up. If you feel cold, ask the nurse for extra blankets to stay warm.
 - You will most likely have an IV tube in your arm or hand and plastic wraps on your legs to help your blood circulation. Usually the tubes and wraps will be removed as soon as you are ready to take fluids and get up and move around.
 - Sometimes patients may have a tube, called a Foley catheter, inserted during surgery to drain urine from their bladder. The catheter will be removed the day after surgery.
- ❑ Pain Management:
 - We want you to be as comfortable as possible, so let the nurses know how you feel.
 - The staff in the recovery area will ask you questions to find out how alert you are and how much pain you are having. For example, they may ask you to rate your pain on a scale of 0-10 (with 0 being no pain and 10 being the most). Your answers will help the staff decide the type and amount of medication you need.

If you have questions at any time, please be sure to ask your nurse or surgeon.

Recovering from Surgery During Your Stay at Brigham and Women's Hospital

While recovery varies from one patient to the next, the following chart is intended to provide an idea of what to expect during the course of your stay with regard to a number of factors.

	DAY OF SURGERY	DAY 1	DAY 2
Discharge Planning	Your needs are assessed and plans for discharge are started. All of the discharge plans will be reviewed with you.	You should finalize arrangements for discharge, care at home, follow-up appointments, and referrals as needed. Plan in advance for a ride home—our usual discharge time is 10 a.m.	Our usual discharge time is 10 a.m.
Patient Education	You will be taught to turn, cough, and take deep breaths. You will develop a plan of care with your nurse. Discharge teaching will begin.	You will be taught how to get out of bed, measure urine output, change your pad, turn, cough, and take deep breaths. Discharge teaching will continue.	Discharge teaching will continue.
Assessment	Upon transfer to your assigned room, you will meet your nurse who will assess your condition frequently.	Your nurse will take vital signs, assess lung and bowel sounds, and check incision and vaginal staining every 4-6 hours.	Same as Day 1.
Pain Management	You will be asked to rate your pain level on a scale of 0-10 every 2-4 hours. Pain medication will be given by injection into an IV tube.	Pain medication will be administered by mouth if you are tolerating fluids.	Same as Day 1.
Activity	You will be assisted out of bed in the evening.	You will be assisted out of bed as needed. You will then advance to walking independently 3-4 times a day.	You will walk independently 3-4 times a day.
Personal Care	You will be provided with assistance.	You will be provided with assistance.	You may shower.
Bladder Function	You may have a Foley catheter, which drains urine from the bladder. This catheter will be placed during surgery.	If you have a catheter it will be removed. You will be assisted to the bathroom to urinate as needed.	You may urinate independently.
Bowel Function	Your bowel function will be slowed by surgery.	Your bowel function will increase. You may experience gas pains.	You may pass gas and/or have a bowel movement.
Incision Care	A dry, sterile dressing may cover your abdominal incision.	The initial dressing will be removed. The incision may be left without a dressing.	Same as Day 1.

Recovering from Surgery at Home

HOW YOU MAY FEEL AFTER YOUR SURGERY:

- You may feel tired, weaker than usual, or “washed out” for up to six weeks after a major surgery. Try to take naps or frequent rest breaks during the day. Initially, simple tasks may exhaust you.
- You may feel somewhat depressed, have trouble concentrating, or have difficulty sleeping.
- You may have a poor appetite and food may not seem to have its normal taste or appeal.

All of these feelings and reactions are normal and should pass in a short time. If they persist, please tell your surgeon. Please feel free to contact his or her office with questions at any time.

CARE OF YOUR INCISION:

- It is normal for your incision to be slightly red around the stitches or staples (if you have any).
- Do not remove the steri-strips for two weeks. (These are the thin paper strips that might be on your wound.) The steri-strips will fall off on their own before the end of two weeks.
- It is normal to feel a hard ridge along the borders of the incision. This will go away with time. The incision will also fade and become less obvious over the next six to 12 months.
- Avoid direct sun exposure to the incision area. Also, do not use any ointments on the incision unless you were instructed to do so.
- You may see a small amount of clear or light red fluid draining from the incision or staining your dressing or clothes. If there is a large amount of drainage, (for example, the dressings become soaked), please call your surgeon.

RETURN OF NORMAL BOWEL FUNCTION AFTER SURGERY:

- Constipation is a very common side effect of pain medication. If needed, you can take a stool softener (one capsule of Colace® or gentle laxative, such as one tablespoon of milk of magnesia) twice a day. Both are available from your local pharmacy without a prescription.
- If you still experience difficulty or pain moving your bowels, call your surgeon’s office.
- After certain operations, you may experience diarrhea. Do not take anti-diarrhea medicines unless instructed to do so. Drink plenty of fluids and wait for it to pass. If it does not, or if it becomes severe and you feel ill, please call your surgeon.

ABOUT YOUR MEDICATIONS AFTER SURGERY:

- You will go home with prescriptions for pain medication to take orally. You may also have a prescription for antibiotics or other pills. Please take these as directed.
- Take all of the normal medications you were on prior to the operation, unless any of those medications have been changed or stopped by your surgeon. If you have any questions about what medicine to take or not to take, please call your surgeon. Your primary care physician is another resource to help answer these questions.

Resuming Usual Activities Following Your Gynecologic Surgery

Most people feel very tired when they leave the hospital. Even when you are told you can resume normal activities, you may not feel up to it. For this reason, it is best to pace yourself as you return to your usual daily routine.

We are happy to provide the following general guidelines and suggestions based upon our collective experience. We encourage you, however, to discuss each item below with your nurse and surgeon to get information specific to your case where appropriate.

ACTIVITY	WHEN TO RESUME
Bathing	Ask your surgeon or nurse when you can resume taking tub baths.
Showers	Immediately, but allow the water to “run over” your incision; avoid having the water “hit it” directly. You may gently wash away dried material from around the incision. Make sure to dry completely by gently patting instead of rubbing.
Lifting	If you have an incision on your abdomen, avoid lifting more than 20 pounds for six weeks. (This is about the weight of a bag of groceries.)
Walking, Exercise	You can begin walking immediately for short distances, but pace yourself and do not allow yourself to become fatigued or overly tired. You may begin some light exercise when you feel comfortable. Swimming and moderate exercise is generally fine after four to six weeks.
Climbing Stairs	No limitation, go slowly.
Sexual Activity	Discuss with your surgeon during your first postoperative visit.
Housework	Give yourself permission NOT to do heavy housework for four weeks!
Driving	Do not drive until you have completely stopped taking pain medication.
Back to Work	After your first visit with your surgeon, or earlier if previously discussed with him or her.
Travel	You may go outside, but avoid long distance travel until after your first office visit with your surgeon.
Other	

When to Call Your Doctor

Any one of these signals can be cause for concern when you leave the hospital. If you experience any of the following symptoms at home, please call your doctor immediately.

- Temperature greater than 100.5°**
- Signs of infection (redness, swelling, draining wound)**
- Heavy bleeding or a foul discharge**
- Nausea and vomiting**
- Leg calf tenderness or pain**
- Pain or difficulty while urinating**
- Other:** _____

Important Phone Numbers to Remember

Once you leave the hospital, you may have questions for any of the people who have cared for you. Use this space to record their names and phone numbers.

The main number for the hospital is **(617) 732-5500**. You can reach any extension from this main number. To reach the page operator, call **(617) 732-5656**. You will need to know the five-digit beeper number for the person you are trying to reach. Feel free to leave a message or your home phone number so they can return your call promptly. To reach the Gyn-Oncology fellow, call **(617) 732-6660**.

NAME	DEPARTMENT	PHONE NO./PAGER NO.