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. You may be receiving a lot of information leading up to and after your procedure. 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. What to expect on 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 with you to all your appointments and hospitalizations related to your surgery. Write down any questions you have so you can ask your surgical team when you see them or call your surgeon’s office. It’s important for you, your family and your friends 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 ________________________________________________________________________________________________

Location ______________________________________________________________________________________________________
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. After your procedure date is set, you’ll come in for a preoperative appointment. You’ll meet with your surgeon and have an opportunity to ask any remaining questions you may have.

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 with you to any additional appointments and hospitalizations related to your surgery. It’s a good idea to bring a family member or friend who will be helping with your recovery to preoperative appointments, so they can understand what to expect after your operation 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 your 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
Our Pre-Anesthesia Evaluation Services (PAES) 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. 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. If you don’t have assistance at home, you may need to stay briefly in an intermediate care facility.
or rehabilitation facility. These facilities will provide assistance for a short period of time while you regain your strength. You'll make the decision along with the medical, nursing and therapy teams responsible for your care. **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 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 have a multistory home, it may be easier for you to bring the things you are going to use during the day downstairs.
- 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 one week prior to surgery. Your doctors and nurses will remove any body hair near the surgical site with an electric clipper prior to your surgery if needed.

**Your Checklist**

Use the checklists in this guide to prepare for your 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.
- 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

Receive a phone call to remind you what time to arrive for your surgery, review medications to take the day of surgery, and answer any last-minute questions.

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 Your Surgery

Eating and Drinking

If you’ve received instructions to complete a caloric pre-surgery drink regimen before surgery, you’ll need to drink 2 bottles of pre-surgery drink beginning in the afternoon before your surgery and completing the second 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 two hours prior to the scheduled surgery time.

These clear liquids are allowed:

- Water
- Clear vegetable, beef or chicken broth
- Sports drinks
- Lemonade (without pulp)
- 1 to 2 cups of tea or coffee (no cream, milk, sugar, honey or other sweeteners) — these drinks may cause dehydration and should be limited
- 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 water or clear sports drinks.

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 your 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 the time you leave to come to the hospital. 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 your 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 your 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 problems. You’ll then be taken to surgery.

Operating Room

Many patients don’t remember being in the operating room because the medications they’re given during surgery can cause amnesia. You’ll most likely be given a general anesthetic, but occasionally other types of anesthesia, such as a regional (e.g., spinal) anesthetic, may also be given. Your anesthesiologist will discuss the plan with you beforehand. You’ll be connected to monitors.

Recovery

Recovery Room

After surgery, we’ll take you to the recovery room where you’ll wake up from anesthesia. Once awake and stable, you’ll be given water, coffee or juice to drink. The surgeon will talk with your support person after your surgery and let them know about the operation. Most patients remain in the recovery room for a few hours. It’s very important to get you moving as soon as possible after surgery. Being mobile helps speed up your 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.

How to Support Your Recovery

Walk every day. Even taking a few steps the day of your 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 source of fluids.

Take your 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 instructions as provided by your surgeon. Do not use tampons or have intercourse for AT LEAST 8 weeks after your surgery or as otherwise instructed by your surgeon.
Your Checklist

Within 2 hours after your surgery, your focus will be on drinking and walking.

Get out of bed — with assistance — 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

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 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. 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 home.

Leaving the Hospital

You’ll need to arrange for someone to meet you at the hospital and go home with you. 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 hospital release instructions.

Make an outpatient appointment with your surgeon for within 2 weeks of leaving the hospital.

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 is the case for you, 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 milk and decaffeinated beverages, such as coffee and tea, to 1 to 2 cups per day as they may cause dehydration. Avoid caffeinated beverages. 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 your 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 your 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.

Follow sexual activity guidelines as provided by your surgeon.

Pelvic rest is important for hysterectomy surgery patients. They should not use tampons or have intercourse for at least 8 weeks after surgery.

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 2 weeks following surgery or until the wound is well-healed. 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, your surgeon will remove them at your follow-up appointment. 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 also have sutures inside you that will dissolve on their own.

**Concerns Following Your 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, 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.

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Notes and Questions for Your Care Team
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Notes and Questions for Your Care Team
Important Contact Information

Sharp Chula Vista Medical Center
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

Women’s Health Center at
Sharp Grossmont Hospital
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 Street, Suite 100
San Diego, CA 92123
858-939-3295

Inpatient Unit: Women’s Acute Care (WACU)
Second Floor
858-939-4960

Surgeon’s name ____________________________

Surgeon’s office address ______________________

Surgeon’s office phone number ________________