



Blue Ridge Urogynecology

**CONSIDERATIONS
AND
PREPARING
FOR
SURGERY**

Dear Patient:

This packet provides some general information about your surgery. It includes:

1. Considerations and preparing for surgery. This form tells you what to expect in the days before, during and after your surgery.
2. A description of your surgery. The doctors here perform two main types of surgery – surgery for Stress Urinary Incontinence and surgery for Pelvic Organ Prolapse. You can read more about the type of surgery that is appropriate for you.
3. Discharge Instructions. This sheet will tell you about general instructions for the first three months after your surgery.
4. A description of your surgical care team. These are the people that will be involved with your care both in the doctor's office and in the hospital.

You should read through this information sometime in the next few weeks to familiarize yourself with it, and write down any questions that you might want to ask your doctor at your next visit. We've included a sheet of paper for you to write down your questions. Understanding this information before your surgery helps to relieve your anxiety and may make your surgical experience better.

There are probably some additional things that you will need to do before your surgery. Each patient is different, and we will need to review your medical history in order to determine what exactly you need to do prior to surgery.

Our surgical scheduler, will call you sometime in the next 2 or 3 weeks to talk to you about a date for your surgery. She will also talk to you about the specific things you need to do to prepare for surgery. Finally, she will send you a packet which describes exactly what you should do to prepare for surgery.

Of course, if there is anything that you do not understand or if you have questions please just call us.

Thank you,

Blue Ridge Urogynecology

Considerations for Surgery

Surgery is a major decision you must make with your physician. There are some factors you should consider as you decide whether or not surgery is a good option for you.

1. Expectations – you and your surgeon should discuss what your specific condition is and what improvements you can expect from a surgical procedure. There are some conditions that cannot be improved with surgery. You and your surgeon need to discuss what conditions may persist after your surgery.
2. Risks – there are inherent risks involved in surgery. These vary from person to person depending upon your other medical conditions. You need to discuss with your physician what risks are specific to your procedure. You may need to see a primary care physician if you have multiple medical problems to determine how safe surgery is for you.

Preparing for Surgery

Once you have decided you want to undergo surgery, there are things you need to do in the pre-operative interval to prepare for surgery.

1. You need to ensure we know EVERY medication you are taking, including pain medication or herbal supplements. Some of these can interfere with bleeding, and may need to be stopped the week prior to your procedure.
2. Make sure we know what medications you are allergic to. This includes different types of soaps, including iodine.
3. Your health before your surgery improves your outcome following surgery. Things you can do to improve this are:
 - a. Taking all of your prescribed medications on a regular basis, **and** making sure you have seen your primary physician recently.
 - b. Stopping smoking, even for a short time before your surgery, can significantly improve your surgical outcome and healing process.
 - c. If you are overweight, you may want to think about postponing surgery until you have lost some weight. In addition to being healthier for you, this reduces your operative risk.
 - d. Pelvic floor exercises are an important part of strengthening muscles before and after your surgery. You should continue to do your Kegel exercises prior to your surgery.

Immediately Before Surgery – What to Expect

1. You may have a pre-operative visit with your physician where you will sign the consent forms for your surgery. At this time, you should be prepared to ask your physician any questions you may have about the procedure. If you have

concerns about blood transfusion, this is the time to discuss them with your physician.

2. You may also have a pre-operative visit with a nurse from the anesthesia department. They will review your medications and ask some questions about your general health. At this visit, you should expect to have blood drawn and possibly other medical tests depending on your risk factors. If you are in good health you may meet the anesthesia team the morning of surgery instead.
3. You will be given instructions regarding diet prior to your surgery. Some procedures involve a laxative the day before; you will get a separate instruction sheet for this.
4. You will receive a phone call the DAY PRIOR TO YOUR SURGERY regarding what time to be at the hospital. It is important we have a way of contacting you on this day. Generally you need to be at the hospital two hours before your scheduled time.
5. You will be asked to not eat or drink after midnight on the night prior to your surgery.

The Morning of Your Surgery

1. You will meet your anesthesiologist the morning of your surgery.
2. You will meet the OR nurses the morning of your surgery.
3. You will get antibiotics in the operating room that may or may not continue after your procedure.
4. You will get special compression boots in the operating room to help prevent blood clots.

Postoperative Care in the Hospital

The length of your hospital stay after pelvic organ prolapse surgery will depend on the specific nature of the procedure performed. For some procedures, you may be discharged on the day of the operation. In other circumstances, you may be admitted for one or more days following the procedure. You will be discharged from the hospital to continue your recovery at home when your doctor thinks it is appropriate.

Common Questions

When Will I Be Able to Get Out of Bed After Surgery?

As soon as possible! Depending on your surgery, you may be expected to be out of bed to sit up or walk on the day of surgery. Getting out of bed can improve your recovery by helping circulation, reducing the risk of blood clots, and improving your bowel function.

How Soon After Surgery Can I Have Food?

We will decide how quickly you can begin to eat following surgery. You may be allowed to eat soon after vaginal surgery. If you have a complicated abdominal operation, you may not resume an oral diet until your intestines begin to function, which may be a matter of days. We will monitor your intestinal function by listening to your bowel with a stethoscope, by touching your abdomen to check for distention (swelling), and by asking you whether you have expelled gas or bowel content from the rectum.

Will I Need to Use a Catheter After Surgery?

We will discuss whether you will need to use a catheter temporarily after surgery to drain your bladder. ***Following some procedures, some women do not empty their bladders completely and need to use a catheter for a few days to help them. Before you leave the hospital, you will know whether you need to use a catheter, and will be given everything that you need to do this.***

How Will I Receive Pain Medication After Surgery?

Frequently, your postoperative pain medication can be given through the intravenous line called PCA or patient-controlled analgesia. With this technique, you are given a small hand-held device that contains a button that you can push when you want to receive pain medication. ***Sometimes other methods (like oral or injections)*** will be administered. It is possible you will be started on oral pain medication soon after surgery. If you had an epidural anesthetic for your surgery, the epidural catheter may be left in place in your back. You can receive medication through this epidural catheter in the early postoperative period. It is important that you let your doctor or nurse know if your pain is not well controlled so we can try different medications to make you comfortable.

When Can I Resume My Normal Activities?

You will receive a detailed sheet of instructions describing what you should and shouldn't do for the first 12 weeks after surgery. The rate of recovery is a variable and progressive process. Everyone recovers differently. Your condition and the surgical procedures may vary from a friend of yours.

How Long Will I Have to Use a Catheter After Surgery?

When you are discharged from the hospital you may still be using some method of catheterization to empty your bladder. Return of normal bladder function is unpredictable. It may occur quickly after surgery or may not occur for days or weeks following the operation.

Will I Be on Medication Following Surgery?

We may recommend continued medical therapy following surgery. You will be given pain medication to take home. Sometimes these medications can cause or worsen constipation. You will be encouraged to use stool softeners and laxatives to prevent difficult bowel movements and make you feel more comfortable. You may be advised to use vaginal estrogen cream following your surgery to help healing.

When Will I Have My First Postoperative Visit?

Following your dismissal from the hospital, we will want to see you for a visit in the office. In most cases, this will be about 4 weeks after surgery. When you return for your postoperative visit, your doctor will review your symptoms and answer questions about your recovery and your future activities.