



Enhanced Recovery After Surgery: A Guide for Patients Undergoing Gynecologic Surgery

Trinity Health Medical Group, Obstetrics & Gynecology



Trinity Health

YOUR SURGERY

Surgery Date: _____

Time to Arrive: _____

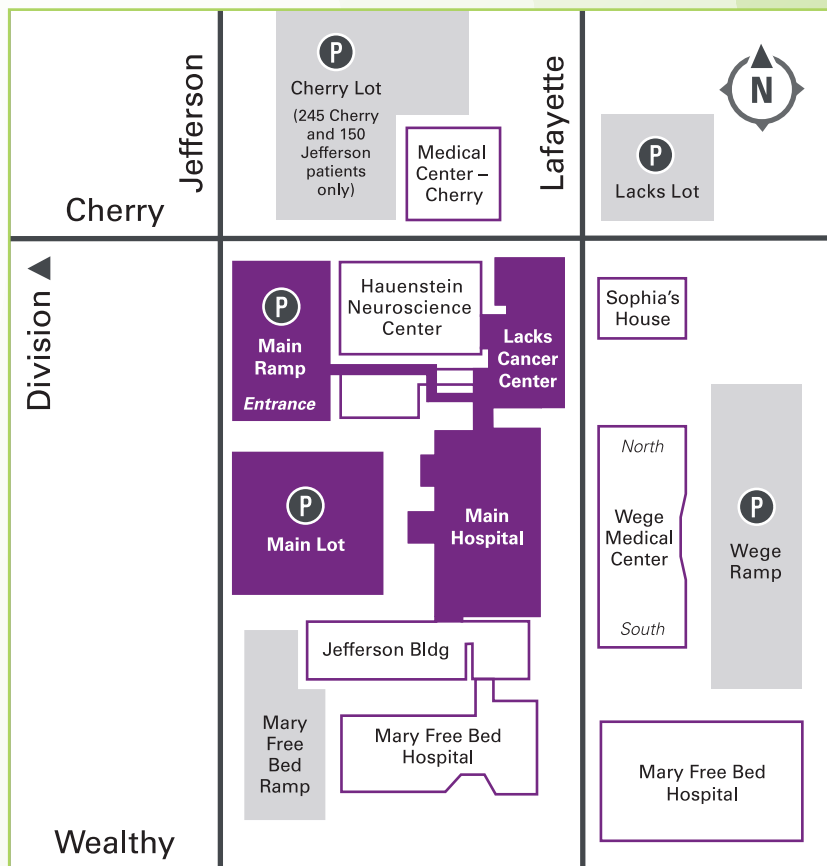
Surgeon: _____

Contact Information

- ☐ Trinity Health
Grand Rapids Hospital
200 Jefferson Avenue SE
Grand Rapids, MI 49503
616-685-6000

Parking

The main parking lot and parking ramp are in front of the main hospital at 200 Jefferson Ave SE. (Parking is free of charge.) If you park in the ramp, follow skywalk to main hospital or to Lacks, depending on your surgery location.



Patient Name: _____

- Enter Trinity Health Grand Rapids Hospital on _____ at _____ a.m. / p.m.
- Please check in at: _____ Main Hospital, Level 3, **OR** _____ Labor & Delivery, Main Hospital, Level 9
- Your surgery is scheduled to begin at _____ a.m. / p.m.
- Your surgical procedure is considered:
 - ☐ **Outpatient:** You will return home the day of surgery.
 - ☐ **Inpatient:** You will stay at the hospital one or more days following surgery.

Please complete the highlighted areas:

_____ Schedule an appointment for a medical or cardiac clearance with _____.

_____ Your pre-op appointment with Dr. _____ is scheduled on _____
at _____ a.m. / p.m. at _____ (see addresses on back cover of this book).

_____ Your post-op appointment with Dr. _____ is scheduled on _____
at _____ a.m. / p.m. at _____ (see addresses on back cover of this book).

_____ Your post-op appointment with Dr. _____ is scheduled on _____
at _____ a.m. / p.m. at _____ (see addresses on back cover of this book).

Reminders

- Starting on _____, (1 week prior to surgery) please stop Aspirin 325 mg (81 mg ok to continue), Ibuprofen, Magnesium, Potassium, Zinc, Iron, Calcium and Therapeutic Herbal products.
- Starting on _____, (2 weeks prior to surgery) please stop Vitamin E and Turmeric.
- Nothing to eat AFTER MIDNIGHT the day of surgery (this means no solid foods, milk containing products, gum or hard candy). However, you may drink clear liquids up to 2 hours prior to arrival time (no limit to amount). Clear liquids include something you can see through, such as apple or cranberry juice, Jell-O, Gatorade, black coffee or tea (WITHOUT CREAM OR MILK), and any nutritional supplements like GED or Ensure pre-surgery. No alcohol, marijuana, or street drugs 24 hours before and after surgery. No smoking or tobacco products for a minimum of 8 hours before surgery.
- Bring a list of medications with the frequency and dosage you take, including vitamins and over-the-counter medications.
- Contact the surgery scheduler if your insurance plan changes prior to surgery.
- Please read the entire surgery booklet to learn how to prepare for your surgery. If you have any questions, call our office at 616-685-8750.

Medication Information

Medications that are okay to take as usual:

Medications that SHOULD be taken the morning of surgery if usually taken in the morning:

Medications that are NOT to be taken the morning of surgery:

Medications to STOP 24 hours before surgery:

MEET OUR TEAM

Our obstetrics and gynecology specialists provide the highest level of comprehensive gynecologic services in a comfortable, supportive environment.



**Kathryn
Born, MD**



**Vita
Eizans, DO**



**Maggi
Forgue, DO**



**Jessica
Gibbie, MD**



**Kerry
Gorsuch, MD**



**Brittley
Leppien, DO**



**Andola
Mathis, MD**



**Joseph
Perosky, MD**



**Kali
Sanford, DO**

Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in recovery.



Four Main Stages

- 1 Planning and Preparing Before Surgery**
Giving you plenty of information so you feel ready
- 2 Reducing the Physical Stress of the Operation**
Allowing you to drink approved clear liquids up to 2 hours before your surgery
- 3 Pain Relief Plan**
Giving you the right medicine you need to keep you comfortable during and after surgery
- 4 Early Feeding and Moving Around After Surgery**
Allowing you to eat, drink and walk around as soon as you can

Enhanced Recovery After Surgery (ERAS) *(continued)*

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team. It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Potential Risks & Complications

Some risks and complications of gynecological surgery include:

- Side effects from medications used to put you asleep
- Infection
- Bleeding, with a possible need for a blood transfusion
- Damage to nearby organs
- Blood clots in the legs or lungs
- Hernia at incision site

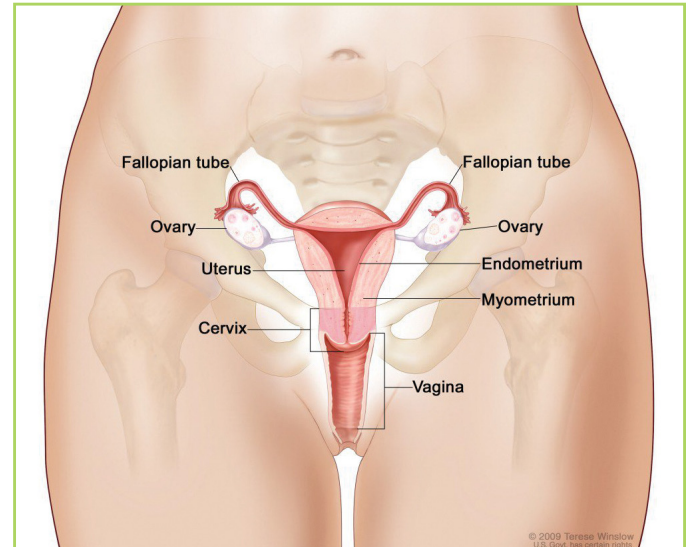
Your surgeon will review possible complications during your preoperative appointment before you sign your consent form.



Introduction to Gynecologic Surgery & Cesarean Section

Types of Surgical Procedures

- **Hysterectomy** — Removal of uterus
- **Oophorectomy** — Removal of ovary
- **Salpingectomy** — Removal of fallopian tube
- **Open Surgery (Laparotomy)** — An incision is made through the abdomen. This incision could be up and down or across the abdomen. Surgeons use hands and instruments to do surgery through that opening.
- **Laparoscopic and Robotic Surgery** — This type of surgery, sometimes referred to as Minimally Invasive Surgery (MIS), is done through small incisions in your abdomen. Your abdomen is filled with a gas called carbon dioxide. Your surgeon will put a thin video camera through one of the incisions and the surgery is projected onto a video monitor. Specialized instruments are placed through the other incisions to perform the surgery. Laparoscopic surgery may be done with the use of the da Vinci robot.



Introduction to Gynecologic Surgery & Cesarean Section *(continued)*

- **Vaginal Surgery** — This surgery is performed through the vagina and can include the removal of the uterus, ovaries and fallopian tubes as well as correction of vaginal prolapse.
- **Cesarean Section** — Most babies enter the world through the birth canal. However, in about one-third of cases, a baby is born by cesarean delivery. This means the baby is delivered through an incision in the mother's abdomen and uterus. The ob/gyn will make a cut (incision) through your skin and the wall of the abdomen. The baby will be delivered through the incision, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your abdominal skin.

The type of operation you undergo depends on the reason for your operation and the surgeon's preference. Vaginal, laparoscopic and robotic surgery may reduce the pain and recovery time after surgery, but not everyone is a candidate for this type of procedure.

In some situations, your operation may begin as a laparoscopic procedure, but circumstances may require your surgical team to convert to an open surgery.

Before Surgery

Preoperative Physical Appointment

Once you have met with the surgeon and it has been determined you need surgery, a preoperative evaluation will be scheduled. This will include reviewing your medical and surgical histories.

You may be scheduled for additional testing based on your history. These tests may include a physical examination, blood tests, an EKG, radiology studies and/or specialist consultations.



Phone Calls You Will Receive Prior to Surgery

A nurse will contact you by phone 1 to 5 days prior to your surgery. This nurse will review your current medications and answer any questions regarding your surgery. They will also confirm your surgery and arrival times. Instructions will be given about what may be required of you before and after surgery.

If you have not been contacted the day before your surgery (by 1 p.m.), please call to speak with a nurse at 616-685-8750.

Before Surgery *(continued)*

STOP SMOKING

You must refrain from smoking or chewing tobacco for at least 8 hours before your surgery. The link between smoking and post-operative complications is well documented. Smoking decreases your body's ability to heal after surgery.

Note: Trinity Health is a smoke-free facility.

Nutrition

Excellent nutrition leading up to your surgery can help improve healing and recovery time. It is very important to eat a healthy balanced diet.

Every meal and snack should include a good protein source to help you heal and quality carbohydrates to help provide energy. Lean proteins include fish, poultry or meat, eggs, dairy, Greek yogurt, cheese, beans, tofu, legumes, vegetables, soy and nut butters. Complex carbohydrates include whole grain pasta, brown and black rice, oatmeal, ancient grains, quinoa, couscous and whole grain bread. Make your noontime meal the largest meal of the day to help optimize your energy stores.



Before Surgery *(continued)*

Shopping List

- Feminine hygiene pads (any brand) — purchase for use after discharge from hospital
- Acetaminophen 500 mg (Tylenol®)
- Ibuprofen 200 mg (Motrin®)
- Simethicone 80 mg
- Colace® and Senna-S
- Dial® bar soap
- Gatorade®

Evening Before Surgery Day

- Enjoy a regular dinner and drink plenty of water.
- You can eat up to 8 hours before surgery.
- Change your bed linens so you will arrive home after surgery to clean sheets.
- Be sure to shower with antibacterial soap.
- After showering, put on clean underwear and pajamas.
- Do NOT shave your abdomen or private area.



Surgery Day

Items to Bring With You

Your items will be locked in a locker.

- List of home medications you currently take
- Driver's license/photo identification
- Medical insurance card
- Copy of Living Will or Durable Power of Attorney for Health Care
- Phone charger
- Glasses case or contact lens case and solution
- Sturdy walking shoes
- Assistive device for walking, if needed
(Note: wheelchairs are located at the front entrance of the hospital, if needed)
- Denture case, if needed
- CPAP machine, if needed
- Pajamas, robe and slippers
- Feminine hygiene pads
- Personal toiletries
- Your own pillow if you choose
- This booklet

- Leave your suitcase in the car (your family can bring it to your room after surgery)

Items to Leave at Home

- Home medications (they will be dispensed from the hospital during your stay)
- Narcotic prescriptions
- Jewelry, cash, credit cards or checkbook
- Electronics

The hospital is not responsible for lost items.

Items to Remove Before Surgery

- Jewelry, including all piercings
- Nail polish
- Glasses and contact lenses
- Dentures or any removable dental work
- Wigs
- Hair clips, hair pins
- Makeup
- Tampons

Surgery Day *(continued)*

May I Eat or Drink Before Surgery?

You can eat up to 8 hours before surgery. Stop 8 hours prior to surgery, and drink clear liquids up to 2 hours prior to arrival time (no limit to amount).

Clear liquids include something you can see through, such as apple or cranberry juice, Jell-O, Gatorade, black coffee or tea (WITHOUT CREAM OR MILK) and any nutritional supplements like GED or Ensure pre-surgery.

Patients with Type 1 Diabetes

Carbohydrate drinks are not for patients with type 1 diabetes.

If you have type 1 diabetes, you may drink 12 ounces of clear fluid instead (water, broth, apple or grape juice).



Surgery Day *(continued)*

Preoperative Holding

- You will meet your surgical team and complete mandatory consent forms.
- Your family and friends will wait for you in the surgery family room while you change into a gown and your IV is started.
- A companion may be invited to stay with you in the preoperative area until it is time to go to the operating room.
- You may be given a special wipe to clean the surgical area.
- You will be given several medications that keep you comfortable and relaxed during and after surgery (many patients do not remember being in the OR due to these medications).

Surgery Family Room

Your family or companion will be given a pager which will alert them when to return to the surgery family room. The pager will allow them to travel within the facility while they wait.

After surgery, your doctor will talk to your family or companion in the surgery family room. Your family will be informed when you are assigned to a hospital room. They can meet you in your hospital room after you come out of recovery. No visitors are allowed in the main operating room recovery area.

Surgery Day *(continued)*

Operating Room

You can expect that:

- The lights will be bright, and the room temperature will seem cool. Small, sticky pads will be placed on your chest. They are attached to a monitor, so your heart can be evaluated throughout the procedure.
- A blood pressure cuff will be placed on your arm. It will check your blood pressure every few minutes.
- A probe will be placed on your finger to check how much oxygen is in your blood.
- You will be given extra oxygen to breathe through a mask.
- The anesthesiologist will give you medicine through your IV. It will make you go into a deep sleep. Your nurse will be near you as you go to sleep.
- Because of your anesthetic, you may not recall entering or leaving the operating room.
- Warm blankets are available for your comfort.
- Boots will be placed on your legs to circulate your blood and help prevent blood clots.
- You may receive an antibiotic if indicated.
- Once you are asleep, a time-out will be performed to confirm the correct patient and procedure. Then your surgeon will perform the operation that was discussed with you.

After Your Surgery

When you wake up, your surgery will be finished, and you will be in the Post Anesthesia Care Unit (PACU). This used to be called the recovery room. Your first memory after surgery will likely be in the PACU. This is where you will recover from the effects of anesthesia.

The PACU nurse provides constant care. They will take your blood pressure and pulse every 15 minutes and check your dressing (if you have one) and your IV. Oxygen will be given by way of a small, short tube placed under your nose or an oxygen mask.



The PACU nurse will ask you to take deep breaths and cough. This will help expand your lungs to prevent complications such as pneumonia. You will be asked to move your hands and feet as part of the recovery process. Your level of comfort will also be carefully evaluated by your nurse. Medications will be available if you have pain and discomfort.

The amount of time spent in the PACU will vary depending on several factors, including the type of surgery you had and the type of anesthetic you received. The minimum recovery stay is between 30 minutes and 1 hour. Most people stay 2 hours.

After Your Surgery *(continued)*

In the PACU, you may have some of the following:

- An oxygen mask or soft oxygen prongs that go in your nose
- An IV line in your hand, arm or neck
- An epidural catheter in your back to deliver pain medication
- A bladder catheter (Foley) to drain your urine
- Inflating wraps on your lower legs to prevent blood clots
- A heart monitor with sticky pads attached to your chest
- A blood pressure cuff on your arm to monitor your blood pressure
- A probe attached to your finger to measure the oxygen in your blood
- A dressing over your incision
- Gauze packing in the vagina

From the PACU, you will either be sent to the surgical floor or discharged home depending on your surgery and anesthesia type.

After Your Surgery *(continued)*

Pain and Comfort Measures in the Hospital

- **Non-Pharmacologic Methods** — This simply means no medicine. Some postoperative pain can be managed without pain medicine. Examples include ice packs, heating pads and warm compresses.
- **Non-Opioid Medicines** — Acetaminophen (Tylenol®) will be started before surgery. A medicine like ibuprofen (Motrin®) will be given to you in the operating room while you are asleep. Acetaminophen and ibuprofen will start after surgery as soon as you are awake, alert and able to take medicines. You will receive these medications 3 or 4 times a day on a scheduled basis. This is very important and helps give you steady pain control.
- **Oral Opioid Medicines** — This refers to a class of medicines, also known as narcotics (Norco®, oxycodone). These will be used for pain not controlled by the other pain control methods. If you do not receive an epidural analgesia or patient controlled analgesia, these will start as soon as you are awake, alert and able to take oral medicines.
- **Epidural Analgesia** — Analgesia means pain relief. If you use this method, a doctor will insert a small plastic tube into your back just prior to surgery. The pain medicine is injected through the tube and this medicine goes into your epidural space next to the spinal cord nerves. This method is an option for larger surgeries and provides great pain relief. After surgery, a pump can be used to give a constant dose of pain medicine. You can also press a button to deliver an extra dose of pain medicine if you are in pain. The button system only allows a certain number of doses. This prevents you from getting too much medicine.

After Your Surgery *(continued)*

- **TAP Block** — This option uses the same medicines used for epidurals, but instead the doctor will inject the medicine into the left and right side of the abdominal wall. The pain medicine is placed at the nerves that relays pain signals to the brain from the surgical incision and stops or decreases the signal to the brain. Like the epidural, the TAP block is an option that provides great pain relief, especially for those having laparoscopic or robotic surgery.
- **Patient Controlled Analgesia (PCA)** — This uses a special pump that is connected to your IV. This pump includes a button that delivers a dose of pain medicine through the IV tube. The button is meant to be pushed for pain that is not controlled by the other pain-relieving agents. Like the epidural, the button system only allows a certain number of doses. This prevents you from getting too much medicine.

Goals for Pain Management

It is normal to have some pain after surgery. The pain is typically worse the day after surgery and then quickly begins to get better. We will manage your pain during your hospital stay, and then, upon discharge, provide you with a plan for pain management at home. This plan will include the same medicines that controlled your pain in the hospital.

The best strategy for controlling your pain after surgery is around-the-clock pain control with Tylenol® (acetaminophen) and Motrin® (ibuprofen). These medications can be taken together every 6 or 8 hours, depending on the directions from your provider.

After Your Surgery *(continued)*

In addition to Tylenol and Motrin, heating pads or ice packs can be used on your incisions to help reduce your pain. Taking these medicines around-the-clock will provide a steady pain control, and for many patients, provides enough pain control without opioid pain medicines.

The goal of pain management is to keep you comfortable. You will still have some pain, but your pain needs to be controlled so that you are able to participate in activities that help you recover and heal quickly, such as walking. Your nurses will ask you to rank your pain on a scale of 0 to 10. A 0 means you have no pain and 10 means that it is the worst pain imaginable.

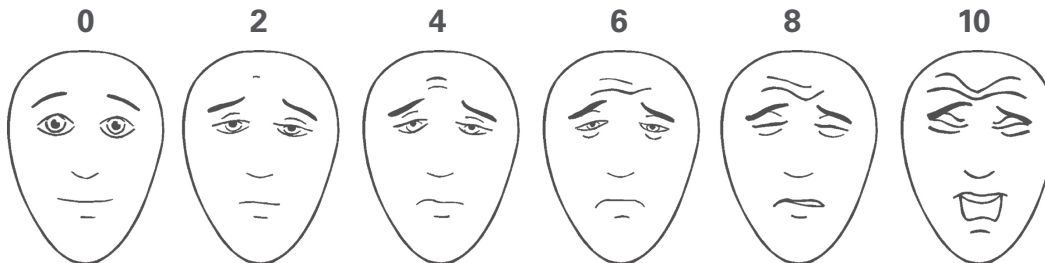
Trinity Health Severity/Numeric Comparison Scale

Mild: 0–3

Moderate: 4–6

Severe: 7–10

Faces Pain Scale, Revised (FPS-R)



Your Daily Goals: Checklist for Gynecologic Surgery Patients

Day of Surgery (may be inpatient or at home)

Most patients who have laparoscopic or robotic surgery will be ready for discharge on this day.

- ☐ You will be given food and liquids when awake and alert.
- ☐ Start oral pain medications when tolerating food.
- ☐ Sit in a chair for 2 hours.
- ☐ Walk in the hallway with assistance.
- ☐ Cough and take deep breaths each hour using deep breathing tool (incentive spirometer).
- ☐ Receive injections to prevent blood clots if indicated.
- ☐ Wear inflating leg wraps to prevent blood clots if indicated (when you are not walking).

First Day After Surgery

- ☐ Continue a regular diet.
- ☐ Walk in the hallways 5 times.
- ☐ Sit in the chair most of the day.
- ☐ Cough and take deep breaths 10 times each hour.
- ☐ Receive injections to prevent blood clots if indicated.
- ☐ Wear inflating leg wraps to prevent blood clots (when you are not walking) if inpatient.
- ☐ Remove vaginal pack if in place.
- ☐ Take oral medications.
- ☐ Demonstrate appropriate wound care.

Your Daily Goals: Checklist for Gynecologic Surgery Patients *(continued)*

Second Day After Surgery

Most patients with open surgery will be discharged by this day.

- ☐ Continue regular diet.
- ☐ Walk in the hallway more than 5 times (it is important to walk in the hallway and not just around your room; distance walking will help build endurance for discharge to home).
- ☐ Sit in the chair when you are not walking.
- ☐ Cough and take deep breaths 10 times each hour using incentive spirometer.
- ☐ Receive injections to prevent blood clots if indicated and inpatient.
- ☐ Wear inflating leg wraps to prevent blood clots (when you are not walking).
- ☐ Take oral medications.



What is My Goal for the Incentive Spirometer?

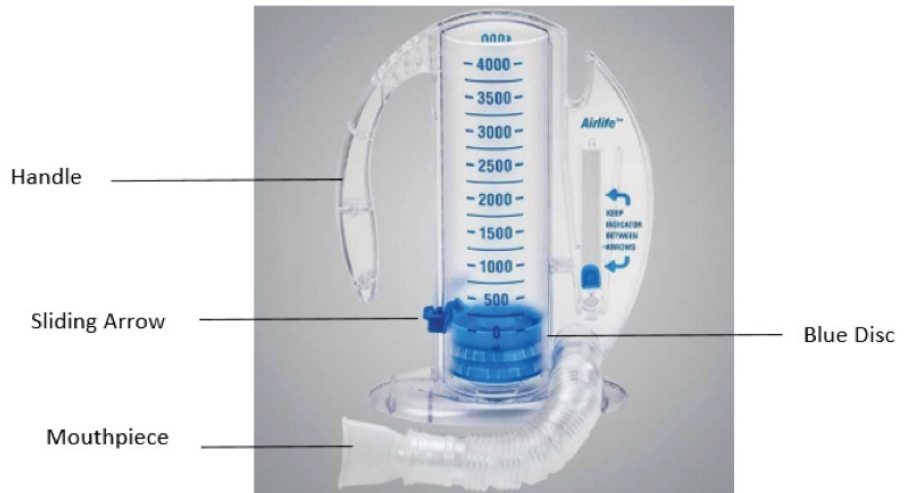
Please read these instructions before your surgery so that you will be prepared to start these exercises as soon as possible after your surgery.

Take at least 10 breaths every hour, resting after each breath. Continue using the incentive spirometer for 1 to 2 weeks after your surgery.

Deep breathing is very important after surgery. It expands the lungs, helps circulation and helps prevent pneumonia. Your surgeon wants you to perform deep breathing exercises after surgery. You will also use an incentive spirometer to help you meet goals for deep breathing.

What is an Incentive Spirometer?

The incentive spirometer is a plastic device that helps you to breathe deeply. It encourages you to take deep breaths and gives you instant feedback on how well you are doing.



What is My Goal for the Incentive Spirometer? *(continued)*

How Do I Use the Incentive Spirometer?

1. Sit up as straight as possible so that your lungs can fully expand. Hold the spirometer's mouthpiece with one hand and the spirometer's handle with your other hand. Keep the spirometer level with your mouth.
2. Exhale normally, and then place your lips tightly around the spirometer's mouthpiece.
3. Slowly inhale through the mouthpiece as much air as you can. Give this your best effort! Watch the blue disc in the spirometer rise to see how deeply you inhaled. The deeper you breathe, the higher the blue disc rises. Hold your breath and count to 5. Try to keep the disc elevated in the spirometer if you can.
4. Finally, remove the mouthpiece from your mouth and exhale normally. Rest for a moment and then repeat the exercise. Rest in between each deep breath. As you fully expand your lungs, you will see the disc rise higher. You can track your progress on the spirometer with the sliding arrows. As you master one level, aim to move the disc higher with the next set of deep breaths.



Important Exercises to Do After Your Surgery

Leg Exercises

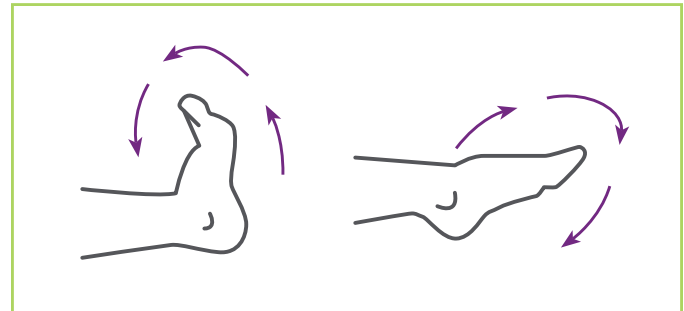
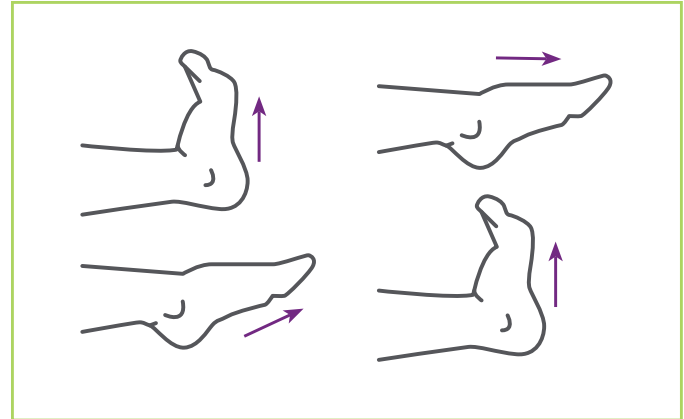
These exercises will help return blood from your legs to your heart. This improves circulation and helps prevent blood clots. Do these exercises when you are in bed after your operation. You can practice these at home as well.

How Do I Exercise My Legs After Surgery?

1. Push toes of both feet toward the end of the bed. Relax both feet. Pull toes of both feet toward your chin. Relax both feet.
2. Point toes and draw a circle with them: first to the right and then to the left.

What is My Goal for Leg Exercises?

It is important that you exercise your legs every hour while you are awake.



Important Exercises to Do After Your Surgery *(continued)*

Walking

Walking involves all your systems, promotes normal body functions, helps you take deep breaths, improves your circulation and helps relieve any gas pains or muscle spasms you might have.

Ask for help getting out of your bed until your nurse tells you it is safe for you to do this alone or with a family member.

What is My Goal for Walking?

You should take a short walk with help on the day of surgery. Starting the day after surgery, you should take a walk out in the hall at least 5 times each day. Try to walk a little farther each time you walk.



Your Hospital Discharge

Discharge Preparation

My health care team will review my discharge with me. This will include:

- Discharge medications
- Wound/incision care
- Diet
- Activity/mobility
- Follow-up appointments

Discharge Goals

You will be discharged when you:

- Control your pain with oral medications
- Identify a support person — this person should be able to drive you home from surgery and assist you with meals, medications and daily duties that may involve heavy lifting, pulling and pushing

- Identify your discharge destination — if you are not able to return home, talk to your surgeon prior to surgery; a case manager or social worker may discuss your options with you while you are in the hospital
- Drink all the liquid your body needs without feeling sick
- Get out of bed and walk without help

Questions?

At Home

When Should I Call My Surgeon?

Contact your surgeon for any of the following symptoms:

- Shortness of breath or chest pain; call 911 or go to the nearest emergency room
- Swelling, pain, tenderness or warmth in leg
- Increased abdominal pain that is not relieved by pain medication
- Temperature above 100.5°F
- Severe nausea or vomiting
- Pain with urination or blood in urine
- Vaginal bleeding that is more than light spotting
- If you notice separation of wound edges, thick green or yellow drainage from the wound, foul odor or increasing redness, swelling, warmth or pain around the incision area
- Any other new symptoms



At Home *(continued)*

Discharge Instructions

- Avoid heavy lifting, pushing and pulling (no more than 10 pounds) for 6 weeks.
- You may use stairs and take short walks.
- Gradually increase your walking distance but stop before you think you've reached your limit. If you feel fine the next day, increase the distance a little bit.
- If you had a hysterectomy, there will be an incision at the top of the vagina. This incision takes up to 2 months to heal. Do not have vaginal intercourse until your physician gives you clearance. Use a pad rather than a tampon if you have any spotting. Do not douche.
- After surgery you may get the feeling that your bladder is not emptying fully. This usually resolves within time. However, if you are not urinating or if there are any concerns, please contact us.
- If you have severe stinging or burning when passing urine, contact us as you may have an infection.
- No tub baths, hot tubs, Jacuzzis or swimming until your wound is completely healed. You may shower and wash over the incisions with a clean washcloth and soap, unless your surgeon advises otherwise.
- You may have light vaginal bleeding or spotting for up to 6 weeks following your surgery. Use only a feminine hygiene pad, not a tampon during this time.
- If vaginal surgery, you may use a clean squirt bottle with warm water to clean area.
- Maintain your personal hygiene, change your underwear daily and wear clean clothes.
- Wash your hands often and remind visitors to do the same.

At Home *(continued)*

Hobbies and Activities

- Walking is encouraged from the day following surgery.
- Plan to walk 3 or 4 times daily.

You should NOT:

- Do any heavy lifting for 6 weeks (no more than a gallon of milk = 10 lbs.)
- Insert anything into the vagina (no tampons, intercourse, etc.) until your post-op appointment

You SHOULD:

- Be able to climb stairs from the time you are discharged
- Return to hobbies and activities soon after your surgery; this will help you recover

Remember, it can take up to 2 to 3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6 to 8 weeks following surgery. Your body is using its energy to heal your wounds inside and out.

Work

You should be able to return to work _____ after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to your our office or drop them off at the front desk.

At Home *(continued)*

Opioid-induced Side Effects

Opioid medications can be addictive. It is possible to overdose, which can be dangerous or fatal. It is important to take these medications as prescribed and not combine with alcohol.

To promote safety, we use the minimum dose required to keep you comfortable, for the shortest amount of time necessary. Most patients will only need opioid pain medication for the first few days following gynecologic surgery.

One of the most common side effects of opioid pain management is slowing of the bowels, causing stool to harden and making it difficult to pass. This is known as opioid-induced constipation. This can also lead to nausea and vomiting, possibly increasing your hospital stay.

Opioid-induced constipation usually can be controlled by taking stool softeners (such as Colace®) and/or laxatives (Senokot,® MiraLAX,® bisacodyl) which will likely be provided to you during your stay. When discharged, you may need to continue taking medications for constipation while on the opioid pain medication.



At Home *(continued)*

Wound Care

- The tissue layers under your skin will be closed with sutures.
- Your skin is closed with dissolving sutures, staples or glue and may be covered with a gauze dressing and tape. The outer dressing can be removed after 24 hours.
- If you have staples, they may be removed before you leave the hospital and steri strips (small pieces of tape) will be placed across your incision. You may have a scheduled appointment to have them removed in the office, usually 3 to 7 days after surgery.
- Leave steri strips in place for 7 to 10 days after your surgery. If the edges lift from your skin, trim the edges off with clean scissors. After 7 days, you may remove the steri strips.
- If you notice increased redness, swelling or foul odor at your incision site, contact your surgeon, as these may be signs of infection.



At Home *(continued)*

Pain Management at Home

Many patients have their pain well-controlled with scheduled Tylenol® and Motrin® and only use a few tablets of their opioid medicine, or none at all. If you have opioid pain medicine left, please follow the instructions in your discharge information for safe disposal.

IMPORTANT: Do not take more than 4,000 mg of Tylenol or 3,200 mg of Motrin in a 24-hour period.

However, you may still have pain after taking Tylenol and Motrin. This is called “breakthrough pain.” Your surgeon will prescribe an opioid medicine to use at home; this medicine should only be used for pain not controlled by Tylenol and Motrin.

Opioid medicines usually take 30 to 60 minutes to start working after you take them. Your discharge instructions from the hospital will have additional information about the opioid medicine. It is important to read these instructions carefully and to follow the directions on the opioid medicine bottle.

Your pain will get better as you begin to heal. As your pain improves, you can begin to take less pain medicine. This will start by taking less of the opioid pain medicine, and then taking less of the Tylenol and Motrin. For the first 2 to 3 days after discharge, you may need to take the opioid medicine up to 3 to 4 times a day for the pain that is not controlled by Tylenol and Motrin. Once the pain decreases, you should start taking less tablets of opioid medicine and also increasing the amount of time in between opioid medicine doses.

At Home *(continued)*

You should still be taking the Tylenol and Motrin around-the-clock while you are decreasing the amount of opioid medicine. Usually within 2 to 5 days, you will no longer need opioid pain medicine for your surgical pain. Once you are no longer taking the opioid pain medicine, you can start decreasing the amount of Tylenol and Motrin in the same fashion. Usually within 7 days, you will no longer need Tylenol and Motrin for your surgical pain.

Medications

Continue taking any other medications that you normally take unless instructed otherwise.

Driving

You may drive when you are off opioids for at least 24 hours and pain-free enough to react quickly with your braking foot. For most patients, this occurs 1 or more weeks following surgery. For minimally invasive surgery patients, this may occur earlier. If you have questions or concerns about driving, contact your surgeon's office.

Postoperative Nausea & Vomiting

It is very common to feel sick after your surgery. We will give you medication to reduce this. If you feel sick, you should eat less food and switch to a liquid diet. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

At Home *(continued)*

Diet

Eat your usual diet or whatever appeals to you. Drink plenty of liquids each day to help avoid dehydration and constipation. Aim for at least 6 to 8 cups (54 to 64 ounces) of fluid or more per day. Limit the amount of caffeine you drink such as coffee, tea and soda. Do not drink alcohol while taking pain medications. Avoid greasy and spicy foods while recovering from surgery.

Signs of mild dehydration are thirst, dry mouth, headache and dizziness. If your urine is dark yellow, increase the amount of liquids you are drinking. When you are well hydrated, urine is very light yellow or has almost no color at all. If symptoms don't improve after drinking more liquids or if signs of dehydration worsen (such as severe dizziness that prevents you from walking, no urine at all or very low amounts of urine that is dark, yellow, orange or brownish), call your doctor or go straight to the ER.

It is important to know that no two people react the same way to the same foods. Be patient and progress slowly. Some foods may cause unpleasant side effects such as gas, diarrhea or constipation. By adding one food at a time, you will learn which foods (if any) bother you. It is usually helpful to eat meals at regular intervals, three or more times per day. Smaller meals may produce less gas.

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase. You may find that for a few weeks following your operation you may have some slight adjustments to your diet depending on your bowel pattern. If you don't have an appetite, choose higher calorie versions and try to make the most of when you feel hungry.

At Home *(continued)*

Bowel Function

You should have a bowel movement within 2 to 3 days after surgery. After you begin having bowel movements, if you notice they are slowing down or have stopped, and you are feeling nauseated, stop eating regular food and begin clear liquids again. This should subside, and regular bowel movements should return. If they do not, or if you begin vomiting, notify your surgeon.

Walking is the best way to get your bowels moving. The first bowel movements may also be loose and/or urgent. It will take some time for your bowels to get back to normal function. Constipation is a possible side effect of opioid pain medication. Increase your fluid intake and take a daily stool softener or laxative as prescribed to keep your bowels moving. Look at your discharge instructions for more information on how to take these medications. As you decrease the number of opioids you are taking, you will need less softener or laxatives.

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus. If you do get an ileus, it usually only lasts 2 to 3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

What to Do for Common Bowel Problems

Constipation

- Increase your fluids, especially water (drink a minimum 80 oz. of fluid daily).
- Increase walking as tolerated.
- Eat more fiber (add slowly, one at a time) such as bran or whole grain cereals, fresh fruit, vegetables and whole wheat bread.
- Slowly work to decrease the amount of opioid pain medications you are taking if pain is getting better.
- Continue taking stool softeners until you are no longer taking opioid pain medications and normal bowel movements resume.
- Drink prune juice.
- If no bowel movement in 2 to 3 days, you may add 1 to 2 doses of MiraLAX powder daily. If no bowel movement after 3 days, call your doctor's office.

Gas

Gas production is a normal part of intestinal function. However, excessive gas can be uncomfortable. The following foods may produce more gas:

- | | |
|--------------------|----------------------|
| • Apples | • Lettuce |
| • Apricots | • Milk/milk products |
| • Bagels | • Onions |
| • Beans | • Pastries |
| • Bread | • Potatoes |
| • Brussels sprouts | • Pretzels |
| • Cabbage | • Prune juice |
| • Carrots | • Raisins |
| • Celery | • Wheat germ |
| • Citrus fruits | |
| • Eggplant | |

What to Do for Common Bowel Problems *(continued)*

- Simethicone (Gas-X®) may reduce gas production and bloating symptoms.
- Try Lactaid® milk or taking a Lactaid® tablet with dairy products.
- Dietary fat may cause increased pressure and bloating. Try decreasing the amount of fat in your diet.

Diarrhea

Foods that can cause loose stools or diarrhea:

- Aspartame/artificial sweetener
- Beer/alcohol
- Broccoli
- Chocolate
- Fresh fruit
- Fried foods
- Grape juice
- Green beans
- Prunes/prune juices
- Raw vegetables
- Spicy foods
- Spinach/leafy green vegetables

Foods that can decrease loose stools or diarrhea:

- Applesauce
- Bananas
- Boiled milk
- Bread
- Cheese
- Creamy peanut butter
- Marshmallows
- Pasta/noodles
- Tapioca
- Yogurt
- White rice

Notes

[illegible]

Notes

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