



Enhanced recovery after surgery.

Patient guidebook



Overview

Enhanced Recovery after Surgery is a comprehensive program to prepare you for surgery, care for you during your hospital stay, and help you get back on your feet as soon as possible. This program has also been proven to lower the chance of problems after surgery by:

- Keeping your pain level under control
- Allowing you to eat and drink more quickly
- Helping you get out of bed to walk faster
- Shortening your time in the hospital thus decreasing infection risk



What will happen before surgery?

You have an active role in preparing for your surgery. Your surgeon will give you important information on how to get your body as healthy as possible. This may include deep breathing exercises, smoking cessation, nutritional supplements, and antimicrobial soaps. When you arrive at the hospital, you may be given medications to help with nausea and pain control prior to your surgery.

What will happen during surgery?

You have a team of people including doctors, nurse anesthetists, and nurses who will be monitoring you closely throughout your surgery. You will be given IV fluids, be kept warm with special warming blankets, and given medication as needed to keep you asleep, control your blood pressure, and prevent nausea after surgery.

What will happen after surgery?

You will go to a recovery area where the nurse will monitor your vital signs closely and give you medications to keep you comfortable. You will then be transferred to another area to complete your recovery. It is important for you to get out of bed to sit in a chair and walk as soon as possible. You will start drinking fluids and eating food as soon as safely possible. You will be able to go home once you are walking, eating food without nausea, your vitals are stable, and your pain is controlled.

What will happen once you are home?

It is important you continue getting out of bed to sit in a chair and walk. Follow your instructions regarding how to take your pain medication. You will be given a list of warning signs to call your surgeon and when to come in for your follow-up visit.

Preparing for your surgery.

4 weeks before surgery

Walk for at least 30 minutes 5 days a week.

It is important to be as strong as possible before surgery to minimize the normal loss of strength and endurance that occurs after surgery.

Eat a balanced diet including protein.

This will help you heal faster, keep your immune system strong, and regain your strength faster.

Drink at least 48 ounces of water a day.

(unless instructed otherwise)

Quit or cut back on smoking at least 4 weeks before surgery. Talk to your primary care provider if you need help.

Practice diaphragmatic breathing.



Start practicing diaphragmatic breathing

2–5 minutes every day (see instructions on next page).

This breathing technique has been proven to help with pain management after surgery. By practicing ahead of time, you will be able to use this skill more effectively when you really need it. Aromatherapy and music may be helpful as well.



Diaphragmatic breathing

How do you breathe?

- Place one hand below the rib cage and one hand on your chest.
- Take a deep breath in through your nose and out through your mouth.
- Notice the movement of your hands when you inhale. Which hand moves more?

Chest breathing

- Short, shallow breaths primarily use the chest and the upper lobes of the lungs.
- When feeling afraid, stressed or anxious, people often utilize this type of breathing.

Diaphragmatic breathing (belly)

- You should see the entire stomach and diaphragm moving in and out.
- The diaphragm is a shelf of muscles that separate the thoracic cavity (lungs and heart) from the abdominal cavity (stomach, intestines, etc.).
- A deep, full breath allows both the upper and lower lungs to fill with oxygen, moving the diaphragm downward and pushing the stomach out to make room for all the air.

- This type of breathing increases the oxygen that enters the body, reduces tension and nourishes tissues.
- When you breathe out fully (stomach is tucked in), you also help to release all the tension and some of the toxins in the body.
- When intentionally done, this type of breathing can slow your breathing rate, eliciting a feeling of relaxation and jump starting the parasympathetic response, which has the opposite effect of the sympathetic nervous system (stress response) in the body.

To practice

- This technique can be practiced lying down or seated, and in almost any setting.
- You should practice for 2-5 minutes each day, until it feels natural and comforting. You can count to three (breathe in 1... 2...3) or come up with a phrase to say (breathe in and imagine the oxygen going all the way down into your stomach) to help you pace yourself and ensure you take slow breaths.

2 weeks before surgery

Check with your primary care provider or specialist for instructions on taking blood thinners, diabetic medications, or medication-assisted treatment (i.e. Suboxone, Methadone).

1 week before surgery

Stop taking aspirin, ibuprofen, and naproxen. Make sure you have all the supplies you need: Hibiclens wash (8 ounces), pre-surgery nutritional drink, chewing gum.

3 days before surgery

Stop taking vitamins, supplements, and herbal remedies.

The day before surgery

Drink lots of clear liquids throughout the day.

You want to go into surgery well-hydrated.

The evening before surgery

Wash with your soap of choice and shampoo first. Do not shave your planned surgical area. With a clean washcloth, apply Hibiclens (4 ounces) to your body starting below your neck. AVOID your face and genital area. Allow Hibiclens to sit for 2 full minutes and then rinse. Please do not apply lotion, perfumes, cologne, or scented sprays, or any skin/hair products afterwards.

The morning of surgery

Repeat process for applying Hibiclens

Do not use other soaps, or apply lotion, or any skin/hair products afterwards.

6 hours before surgery

Stop eating solid food or any liquids with particles in it. You may continue to drink clear liquids, including water, tea, coffee (no creamer), clear, colorless sodas, sports drinks, Popsicles or Jell-O (not red or purple), and broth without particles.

4 hours before surgery

Drink one full bottle of pre-surgery drink. This helps you hydrate and provides vitamins, minerals and amino acids to help you heal after surgery.

3 hours before surgery

Stop drinking clear liquids.

2 hours before surgery

Arrive at the hospital. Make sure you allow adequate time for traffic and parking.



At the hospital.

When you arrive

The nurse will check your vitals and review your allergies, medications, and medical history. An IV will be placed. Your surgeon and anesthesiologist will see you to review the planned procedure and answer any last-minute questions. You may receive medication to help with inflammation, pain control, and nausea. These may include acetaminophen, nonsteroidal anti-inflammatories (i.e. Toradol, Celebrex), gabapentin, and scopolamine. Your anesthesiologist may offer you local anesthetic injections or an epidural if appropriate.

After surgery

Pain control You will be asked to rate your pain on a scale of 0-10; 0 is no pain and 10 is severe pain. Some pain is to be expected after surgery and you will be given pain medication on a scheduled basis to keep your pain in the mild range. If your pain level is higher than this, as-needed pain medications are available from your nurse. Remember to perform the deep breathing exercises you learned before surgery.

Bowel function Early movement encourages your bowel function to return sooner. Chew 1 stick of gum for 15 minutes three times a day.

Blood clots You will have compression devices on your legs while in bed. You may also receive an injection of a blood thinner.

Activity Inactivity can increase your risk for pneumonia, blood clots, muscle weakness, and slowed bowel function. It is important to follow your nurse's instructions regarding getting out of bed and ambulating. You should sit in a chair for all your meals.



Discharge home from the hospital

Depending on your surgery and medical problems you may be going home the same day as your surgery, or on the first or second day after surgery. The following are requirements to be released from the hospital:

- Your vitals are stable
- You are walking without dizziness
- You are eating without nausea or vomiting
- Your pain is controlled on oral pain medication

Your nurse will go over discharge instructions before you leave, including:

- Instructions for caring for yourself
- How to take your medications
- Prescriptions you will need to pick up
- Instructions on when to follow up with your surgeon
- Warning signs to watch for



Recovery at home.

Bowel function

Gas pains can occur for the first week after surgery and usually last a few minutes at a time. You may experience irregular bowel habits, accidents, or urgency as you recover. To prevent/treat these symptoms it helps to eat regular meals, drink plenty of fluids, and take frequent walks. Constipation is also common after surgery, and you can use MiraLAX® or Milk of Magnesia as needed.

Bladder function

It is common to have slight burning the first few times you urinate. You may also have the feeling your bladder isn't emptying all the way or leaking of urine. This usually gets better with time.

Activity

You should be able to climb at least one flight of stairs when you go home. It is important to walk at least 4 times a day. Do not lift more than 10 pounds for 4 weeks. Do not place anything into the vagina or rectum for 6-8 weeks after surgery, depending on the type of surgery you had.

Wound care

You can shower and let the soapy water wash over the incision. Do not scrub it or put anything on it. Do not soak in the bathtub, swimming pool, lake/ocean, or hot tub for one month after surgery.

Please **call your surgeon** if you have:

- Fever higher than 101 degrees
- Vomiting and cannot keep liquids or food down
- Redness or drainage from your incision
- Increasing abdominal pain not controlled by your pain medication
- No passage of gas for more than 48 hours
- Lower leg pain, redness, or swelling
- Dizziness or feeling faint while standing
- Frequent, watery diarrhea

Dial 911 if you have sudden shortness of breath or chest pain.

Work

You should be able to go back to work 4-6 weeks after surgery, depending on the nature of your work.

Driving

You may drive when you are off narcotic pain medications for at least 24 hours. You must also be able to step on the brake and turn to look behind you without pain.



Let's connect via the Healow app!

The Healow Patient Portal empowers patients to easily manage healthcare needs and medical records with features that save time and effort. For an enhanced experience, download the Healow app, which allows patients to communicate directly with their Women's Care provider, access medical records and lab results, request appointments, and manage medications and personal data all within the secure app.

**Access the patient portal on
WomensCareOBGYN.com/patient-portal**

To download the app follow the steps below:



Step 1

Download the Healow app via the App Store (iOS) or Google Play (Android).



Step 2

Once the app is installed, enter the practice code provided by your Women's Care location.



Step 3

Log in with your Patient Portal username and password to access features and information.