

The background features abstract, flowing shapes in various shades of purple and white. Two monarch-style butterflies with purple and black wings are positioned on the page. The main title is centered in a large, dark purple serif font.

# Preparing for Your Gynecologic Surgery



**WOMEN'S  
SPECIALISTS**  
*of New Mexico*

**WSNM sincerely appreciates the opportunity  
to assist you in your health care needs.**

My Surgeon:	
WSNM Office Phone Number:	(505) 843-6168
Date of my Surgery:	
Date of preoperative visit:	
Date of pre-admission labs (if needed):	
First postoperative visit:	

### Preparing for Your Gynecologic Surgery

We know you may have many questions as you prepare for your surgery. This guide will help you know what to expect from the moment your surgery is scheduled through your recovery.

**We recommend that you read all of this information as soon as you get it and keep it with you throughout your recovery. This booklet is for information only. It does not replace the advice of your doctor. Always follow your doctor's advice.**

The surgeon, surgical scheduler, nurse, and medical assistant are key members of your healthcare team and play an important role in helping plan your surgery and recovery. However, **you and your family are the most important members of the team.** We encourage you to ask questions and take an active role in your care. Please call your surgeon's office with any questions or concerns.

We look forward to caring for you.



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## Surgery Planning Checklist

This checklist is to help you keep track of all we need to do as a team to make your experience easier.

### *Beginning now*

- Please fully read this guide “Preparing for Your Gynecologic Surgery” to help you know how to care for yourself before and after surgery
- Read any additional information you may get from your surgeon**

### *Days/weeks before surgery*

- Complete any tests needed before surgery
- Complete your pre-admission appointment(s)
- Make a plan for who will drive you home and help with your care after surgery
- Follow instructions about medications you should take
- Contact your surgeon’s office if you have cold or flu symptoms, sore throat, fever, productive cough, drainage from the eye, or a skin rash near where your operation will be
- Eat a healthy diet and include protein with each meal to help with healing
- Drink plenty of water every day
- Stay active! Safely walk or exercise each day as directed by your Primary Care Provider

### *Day/evening before surgery*

- You will get a phone call on the day before surgery from the preadmission clinic at the surgery center or hospital to confirm your arrival time and location of surgery.
- We recommend eating a regular meal the night before surgery, and drink plenty of water the day before surgery

### *Day of surgery*

- Do not eat or drink for 8 hours before your arrival time at the hospital unless otherwise instructed by your doctor or the surgery center.
- Follow instructions about medications you may or may not take
- Do not use body lotions
- Do not wear jewelry
- Do not wear contact lenses
- Do not wear makeup

### *After surgery*

- Follow all instructions given after surgery
- Attend your follow-up visit(s) with your surgeon/ surgical team

## Before Your Surgery: Pre-Admission Testing (PAT)

Another important member of your care team will be the Pre-Admission Testing (PAT) clinic from the surgery center. You will talk with them on the phone before your surgery. **If any of the information shared with you during this phone call is different from what your surgeon told you, please call your surgeon's office.**

### *Preparing for your PAT phone call*

You can expect to talk about the following things:

- Do you have a health condition, such as diabetes, heart disease, high blood pressure, or a bleeding or clotting disorder?
- Are you taking any medications? This includes over-the-counter products, such as aspirin, ibuprofen, vitamins and herbal products. Please use the chart on page 5 to help before this appointment.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Have you had other surgeries or illnesses?
- Have you ever had a reaction to anesthesia?
- Could you be pregnant?
- How is your general health?
- Do you have a fever, cold or rash?
- Do you have an Advance Directive?

If labs or additional tests are needed, our surgery schedulers will make an appointment, and you will still have a preadmission phone call. This meeting is to help make the best plan of care with you.

The conversation takes about 15 minutes and will happen on a weekday between 8 AM-4 PM. If you do not speak English, an interpreter will be available by phone to help with the discussion. If your surgery date is approaching and you have not heard from the PAT office, please call us at 505-843-6168.



## Before Your Surgery: Medications

Prescription medications, including herbs and supplements, can affect your health during surgery and when receiving anesthesia. For your safety, ask your doctor about taking your usual medications. You may be given special instructions about changes to your medications before surgery. **Please do not make any changes to your medications on your own.** If your surgery is delayed and you have been asked to change your regular medications to prepare for surgery, please **call** your surgeon's office to discuss your medications.

When talking with your doctor and the PAT clinic, please include:

- All prescription medications
- Non-prescription medications
- Vitamins, herbs, supplements
- Drug-containing implants (such as IUD birth control)

It is **especially important** to talk about any of the following medications you may take:

- **Blood thinners** - Some blood thinners might need to be stopped before surgery. Examples of blood thinners are **Coumadin, Plavix, Xarelto, and aspirin**. If you take a blood thinner, please talk with your surgeon or the preadmission team about any changes. **Do not make changes on your own.** If you are asked to stop a blood thinner, including aspirin, your surgeon may ask the doctor who prescribed the medication to make the change.
- **Blood pressure medications** – Some blood pressure medications must be stopped before surgery, but some may not.
- **Diabetes medications** – We will make sure you know how to take these medicines the night before and the day of surgery and what to do if your blood sugar is low during this time. **If you do not know what you are supposed to do, please ask your surgeon.**
- **Weight loss medications** – Medications like semaglutide and tirzepatide need to be stopped for a specific period prior to surgery. For these medications that are taken daily, the dose should be held the date of surgery. For weekly dosing, you should stop taking it 1 week before surgery. If you are on these medications, you should have a liquid diet the day before surgery. Please ask your surgeon for details regarding this. Phentermine needs to be stopped 7 days prior to surgery.
- Pain medications (prescription and over-the-counter)
- Medications to manage addiction





## Before Your Surgery: Activity, Eating, and Drinking

### *Eating and Drinking*

Please follow these instructions about eating and drinking before your surgery. If you do not follow these instructions, your surgery might be delayed or rescheduled for your safety.

In the weeks and days before your surgery, eat a healthy diet. Don't forget to include protein with each meal and drink plenty of water.

Eat a regular meal the night before surgery.

Hydrate well the day before your surgery. There are many benefits of added hydration:

- You will feel less hungry and thirsty before your surgery.
- You are less likely to feel sick from not eating or drinking before surgery.
- Helps you to be able to go to the bathroom normally sooner after your surgery.
- Avoid drinking alcohol the day before your surgery.

**On the day of surgery, do not eat or drink anything for 8 hours before your scheduled arrival to the hospital unless told otherwise by your surgeon or surgery center.**



### *Activity*

Staying physically active in the days, weeks or months before your surgery can help improve your recovery after surgery. It is important to walk and exercise regularly in a safe way. Be sure to follow any instruction your Primary Care Provider may give you about activity.



# The Day of Surgery

## *Your belongings*

- Please leave any valuables at home. The hospital cannot be responsible for valuables, such as cell phones, insurance cards, credit cards, and driver's license. If you do bring any of these items, we encourage you to leave them with a family member while you are in surgery.
- If you are going home right after surgery, we will keep your things with us until you are ready to get dressed and go home.
- If you are staying at the hospital after recovery, we will ask that your family/friend take your things with them. If your things cannot be taken by your family, we will keep them with your hospital bed in the surgery area until you are in your hospital room.

## *Planning your ride to and from the hospital*

- Whether you are scheduled to go home on the day of surgery or a subsequent day, please arrange for a responsible adult to take you home after hospital discharge. You may **not** go home in a taxi or a hired car (i.e. Uber, Lyft) unless a responsible adult is with you (in addition to the driver). If you are going home the day of surgery, your ride home can expect to take you home approximately two hours after the end of your surgery unless told differently.
- We recommend you have someone stay with you the night after surgery

## *Checking in for surgery*

- Please go to the surgical check-in area. We will give you information about where to go before your surgery in your surgical scheduling letter. Due to unexpected reasons (such as emergencies), your surgery time may be delayed. We will make every effort to let you know about any delays.
- When you arrive, you will be taken to the preoperative holding area to get ready for surgery. There you will meet with your surgeon, a nurse, the anesthesia provider, and any other members of your surgical team who will be caring for you. We encourage you to ask any more questions you may have there.
- In most cases, a family member or friend may come with you into the preoperative holding area.
- You may be asked the same questions by different people you meet. **This is for your safety.** Please answer all questions completely, even if you think we already have the information.
- Once you have gone into surgery, your family member or friend may wait in the designated waiting area. If they plan to leave the hospital, please be sure to give the preoperative nurse a phone number where this person can be reached so the surgeon can call when your surgery is done. The nurse will also use this number to call your family member when you are ready to be picked up.

## *Recovery in the post-anesthesia care unit (the PACU)*

- After your surgery, we will bring you to the post-anesthesia care unit ("PACU"). The nurse and other members of the anesthesia team will care for you until the effects of anesthesia wear off.
- The surgeon and nurse will make every effort to keep your family/friends updated as you recover in the PACU.
- If you are scheduled to go home on the day of surgery, the PACU nurse will notify your designated family/friend of the expected pick-up time (usually about two hours) after your surgery.
- If you are staying at the hospital, you will be taken to your room when you are more awake, and your designated family/friend will be told your room number.

## *Prescriptions for after your surgery*

Your surgeon's team may order prescription medications for you after your surgery. This is sometimes prescribed at your preoperative visit, but some surgeons may not prescribe your medication until the day of the surgery. Please make sure your care team has the correct pharmacy information on file for your prescriptions.

## After Your Surgery: General Instructions

After you have had surgery, your body needs time to heal. As you recover, **please follow these instructions** and go to your **follow-up appointments** after your surgery. Your surgeon may provide additional information and instructions beyond what is in this document.

### **General recovery information and instructions**

Call your surgeon if you have:

- Fever (temperature of 100.4 °F or higher)
- Worsening pain or pain not helped by medication
- Burning or pain with peeing
- Inability to pee for more than eight hours
- Foul-smelling vaginal discharge
- Redness, drainage, or separation of your incision(s)
- Persistent nausea or vomiting (inability to tolerate food or liquids)
- Any other symptoms that worry you

**Please go to the nearest emergency room and tell your surgeon's team if you feel dizziness, lightheadedness, chest pain, difficulty breathing, severe pain, or heavy vaginal bleeding (soaking through more than one pad per hour).** There is a WSNM physician on call at Lovelace Women's Hospital 24 hours a day.

### **Pain Management**

Almost all surgical procedures result in some level of pain and discomfort. Pain and discomfort are generally greatest immediately after surgery and subside as time goes on. **Reducing your pain is a priority for our team.** We will work with you on the best plan to take care of your pain. While we cannot take away the pain completely, we can help you manage your pain and be more comfortable. Controlling your pain is important to help you move more easily, breathe deeply, and cough effectively. These things are important to help avoid problems after surgery like sickness, blood clots, and mental stress.

You may be given one or more medications to help control the pain related to your surgery. Most surgical pain can be controlled by alternating **ibuprofen (Motrin® or Advil®) and acetaminophen (Tylenol®) in the first 24- to 48 hours. You can start taking these medications only as needed as your pain improves.** Your surgeon will let you know if these medications are safe for you to take and how to take them.

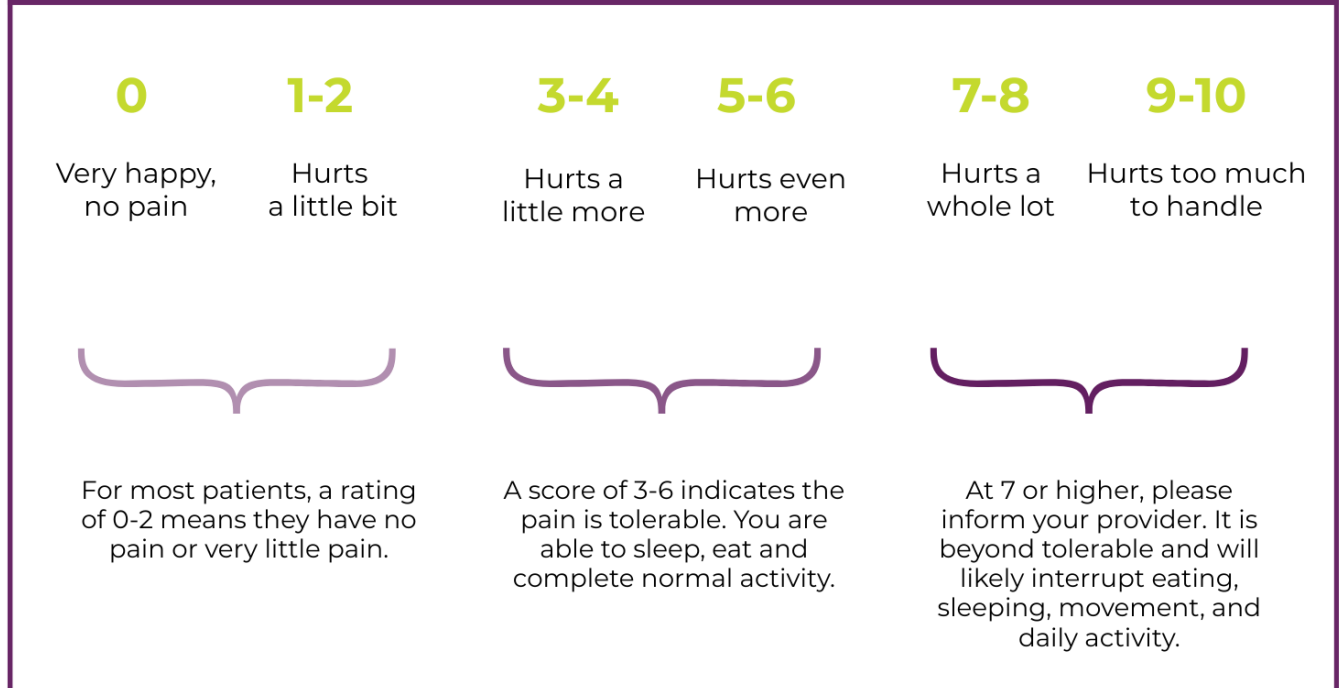
Depending on the type of surgery you have, your surgeon might also prescribe a **prescription narcotic (opioid) medication.** These medications are to treat **moderate to severe pain** in addition if acetaminophen and ibuprofen are not enough to help your pain. Narcotic (opioid) pain medication can cause **constipation.** Please read the important information later in this packet about constipation. **Do not drive or drink alcohol if you are taking narcotic (opioid) pain medications.**

It is important to note that although opioid medications are most effective for the treatment of acute pain. Using them beyond the acute pain stage can be detrimental to your health. It is vital that you discontinue the use of these medications **as soon as your pain allows.** We recommend stopping your narcotic usage **within 2 weeks after surgery.**

**Please take all prescribed medications as directed.**

# Communicating Your Pain Level

It's important for you to be able to describe your pain level to your doctors and nurses. The 10 point pain scale is a standard method that any healthcare organization use to help patients communicate their pain level by turning the pain you are feeling into a numerical rating.



## Eating and Drinking

Generally, there will be no new restrictions on what to eat and drink after surgery unless specified by your surgeon. Most people can return to eating a regular diet soon right away. You should **drink plenty of water** (6- 8 glasses per day), include **fiber** in your diet to help prevent constipation, and increase **protein** to help healing. Fiber is found in foods such as such as fruits, vegetables, beans, and whole grains. Some high protein foods include meat/poultry/fish, eggs, legumes (i.e. beans, lentils, edamame), and dairy (i.e. Greek yogurt, cheese).

### **General tips for healthy bowel function**

- Increase your activity as tolerated, unless your surgeon tells you differently
- Get moving as early as you can, even if just short walks.
- Eat sitting up
- Eat a well-balanced diet that includes plenty of fiber-rich foods or use a fiber supplement if stools are not well-formed
- Drink plenty of water
- Take a stool softener once or twice daily as needed
- Take a laxative if needed
- Chew gum
- Avoid straws or carbonated drinks that can increase gas in your bowel
- Drink coffee

## Constipation

Constipation (being unable to poop) is a very common symptom after surgery, even if you have had no problems before surgery. Medications given during and after surgery, changes in your diet, and less physical activity after surgery can all cause constipation. It can take up to 5 days before you have your first bowel movement after surgery.

Please follow the below instructions unless your surgeon says differently. It is very important to control constipation because **straining to go to the bathroom can affect your recovery**. Your goal should be to have **regular bowel movements that are easy to pass**.

*Stool softeners, laxatives, and suppositories*

**If you have loose or watery stools or diarrhea, do not use stool softeners, laxatives, or suppositories.**

Begin taking a stool softener or mild laxative as soon as you return home after surgery. Docusate (Colace®) is an over the counter stool softener. For a laxative, we recommend polyethylene glycol (MiraLAX®) which can also be bought over the counter.

Each person responds differently to laxatives. Begin taking it once a day. If you need more, follow the instructions on the package. If your stools become watery, stop the laxative. As you return to your usual diet and stop taking narcotic (opioid) pain medications, you should begin going to the bathroom more normally. When this happens, you can slowly take less medication until you no longer need it.

If you do not have good results from MiraLAX, you may need to replace it with a stronger laxative. **Magnesium hydroxide (Phillips® Milk of Magnesia)** can be effective, though it is a more powerful laxative that should be taken for a short time.

If you are still constipated after trying these medications, please call your surgeon's office.

**Take any over the counter medications as directed on their packaging.**

## Movement

Walking soon after surgery is an important part of your recovery. To **prevent blood clots**, prevent infections, promote healing, and speed up your recovery it is important to walk at home **three or more times a day**. You may slowly increase the amount of walking each day as you regain your strength. If you have any questions about the amount of walking that is permitted, please discuss this with your surgeon.

## Wound care

- If you have incision(s) that you can see, check them daily.
- You may go home with gauze covering your incisions. This can be removed **24-48 hours after surgery**.
- If you have **Steri-Strips™** (adhesive bandages) over your incisions, please **leave them in place**. They will fall off on their own, usually within **seven to ten days**. After ten days, you may slowly remove any Steri-strips that have not fallen off on their own. This is easiest to do when they are wet, such as in the shower.
- Your surgeon may use **Dermabond** instead of Steri-Strips™. Dermabond is a special type of skin glue that will hold your incisions together as they heal. This will loosen from your skin and fall off as your incisions heal.
- If **staples** were used on your skin, they will be removed before you go home or at your post-operative visit with your surgical team.
- Most **stitches** do not need to be removed. They **will dissolve** on their own in about six weeks.

- Some moisture, itching, or bruising on or near your incisions is normal and should improve with time. Notify your surgeon if you experience redness, swelling, drainage, or pain at your incision sites.
- **Do not** apply any powders, lotions, alcohol or ointments to your incision sites.
- If sutures were used in the vagina, you will **experience vaginal discharge** beginning around two weeks after surgery. This discharge usually stops once the sutures dissolve, often around 6 weeks after surgery.
- You may use a **pad or panty-liner** to protect your clothing from blood or discharge.

### *Showering, bathing and swimming*

You may shower once you are at least 24 hours out from surgery and feel comfortable doing so. In the shower, allow warm, soapy water to run over your incisions, including the outside of the vaginal area, but **do not scrub** your incisions. **Gently pat the incisions dry.** If you had a laparoscopic procedure (with small incisions on your stomach), keep your belly button as dry as possible. We recommend showering daily and keeping your incisions clean and dry. **Do not** take a bath, soak in a hot tub, or swim for 6 weeks after surgery or until advised by your surgeon.

### *Sexual activity/vaginal insertion*

**Do not** have sexual intercourse, use tampons, douche, or place anything else inside the vagina until advised by your surgeon.

### *Hot flashes*

If you have had one or both of your ovaries removed, you may experience hot flashes and sweating. Some women can have temporary hot flashes after surgery even without removal of the ovaries. Please notify your surgeon if you experience bothersome hot flashes.

### *Bladder catheter*

Some people are sent home with a bladder catheter (a small tube to help you pee). We will teach you how to care for your catheter at home to prevent bladder infection. We will also schedule an appointment for you to return to the office to remove the catheter. Please let us know if you experience any burning near the catheter site, bladder pain, cloudy urine, or other concerns related to the catheter.

### *Vaginal Bleeding*

Vaginal spotting or bleeding that is brown/red in color or a change to your vaginal discharge can be normal for **up to six weeks** after many procedures. This may be continuous, or may stop and start, and should decrease over time. If vaginal spotting or discharge is accompanied by vaginal irritation, vaginal itching, vaginal odor, pelvic pain, or fevers, please call your surgeon.

**If you experience heavy vaginal bleeding saturating more than one pad per hour, notify your surgeon immediately and proceed to the nearest emergency room.**

Questions for Your Surgeon:

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## After Your Surgery: Procedure-Specific Recovery Information/Instructions

Your surgeon will make specific recommendations about how long you need to take it easy and how long it will take to heal after your procedure. Below is general recovery information for the different types of surgery you might have with us. Your surgeon will explain in detail what type of surgery you are having when they ask you for your permission to have the surgery. You can check the box below that applies to you.

### **Hysteroscopic Surgery**

#### *Pain*

You might experience some stomach cramping or low back pain, which may last several days.

#### *Driving and travel*

**Do not drive if you are taking narcotic (opioid) pain medication.** Do not drive if you are too uncomfortable stepping on the brake pedal effectively. Do not drive for 24 hours after having anesthesia.

#### *Activity*

Rest throughout the day of your surgery. You might feel tired for a few days after your surgery. **Do not place anything in the vagina** and **avoid strenuous activity** until bleeding stops. Avoid baths, hot tubs, and swimming pools for 1 week.

### **Laparoscopic/ Robotic Surgery**

#### *Pain*

You might experience some right shoulder discomfort for a few days. This can be a result of the gas that was used to fill your abdomen during surgery to help see more clearly. As your body absorbs this gas in the days after surgery, the discomfort should improve. Walking after surgery and using a heating pad can help ease this.

You might experience some pain of the incision(s) and some deeper discomfort and bloating in the lower stomach.

#### *Driving and travel*

You should plan to avoid driving for **1-2 weeks**. **Do not drive if you are taking narcotic (opioid) pain medication.** Do not drive if you are too uncomfortable stepping on the brake pedal effectively. Do not drive for 24 hours after having anesthesia.

#### *Activity*

**Walk** three times or more a day to help move your bowels, prevent blood clot, and help you breathe. It is ok to walk up and down stairs as tolerate.

*If you had a hysterectomy*, continue **pelvic rest** for 8 weeks. **Do not lift** more than ten pounds (a gallon of milk) for 6 weeks. Avoid baths, hot tubs, and swimming pools for 6 weeks.

*If you had laparoscopic surgery other than a hysterectomy*, you do not need to be on **pelvic rest unless otherwise directed by your surgeon**. **Do not lift** more than ten pounds (a gallon of milk) for 2 weeks. Avoid baths, hot tubs, and swimming pools for 1 week.

## **Abdominal (“open”)/Vaginal Surgery**

### *Pain*

You might experience some pain of the incision(s) and some deeper discomfort and bloating in the lower stomach.

### *Driving and travel*

You should plan to avoid driving for **1-2 weeks**. **Do not drive if you are taking narcotic (opioid) pain medication**. Do not drive if you are too uncomfortable stepping on the brake pedal effectively. Do not drive for 24 hours after having anesthesia.

### *Activity*

**Walk** three times a day or more to help move your bowels, prevent blood clots, and help you breathe. It is ok to walk up and down stairs as tolerated. **Do not** lift, push, pull, or carry anything that weighs **more than ten pounds** (or a gallon of milk) for 6 weeks. Avoid baths, hot tubs, and swimming pools for 6 weeks, and continue **pelvic rest** for 6 weeks.