

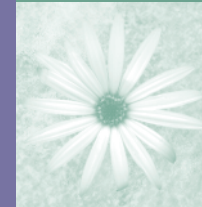


The Institute for
Female Pelvic Medicine
& Reconstructive Surgery®



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your
surgery



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pre-operative instructions

Patient Name: _____

Procedure: _____

Hospital or Surgery Center: _____

Date of Surgery: _____
month date year

one month prior to surgery

Clearance for Surgery

Depending on your medical condition, you may be required to obtain clearance for surgery.

Medical Clearance Cardiac Clearance

Please arrange for your primary care provider (PCP) to perform an EKG and any other testing deemed necessary to clear you for surgery. The testing should be performed two to four weeks prior to surgery. Your PCP should fax test results to:

Allentown: 610.435.2763

Bethlehem: 610.954.3162

North Wales: 215.855.4715

Pre-admission Testing

- The hospital will contact you if pre-admission testing is to be completed at their facility. You can expect to receive this call approximately two weeks to two days prior to surgery.
- Our staff will provide you with paperwork necessary to complete your pre-admission testing at a location other than the hospital.

Anesthesia

One part of pre-admission testing is a review of your medical history by an anesthesiologist. The type of anesthesia we recommend for your surgery is indicated below. However, when the anesthesiologist evaluates your medical needs, it is possible that a different type of anesthesia will be indicated.

- IV Sedation** – The anesthesiologist will administer medication through an intravenous line to make you sleep. You will breathe on your own as you sleep.
- Epidural / Spinal** – The anesthesiologist will place a thin catheter or perform an injection into the middle to lower back. This will numb the lower half of your body. You will breathe on your own as you sleep.
- General** – General anesthesia causes a patient to be unconscious during surgery. A breathing tube will be inserted in your “windpipe” to maintain proper breathing during surgery. You may experience a sore throat after surgery.

Leg Stretches

Some patients experience discomfort in their legs and/or buttocks from positioning during surgery. To help minimize discomfort, we encourage you to stretch your legs each time you get in or out of bed for one month before surgery. While lying in bed, one leg at a time, simply bend your knee at a 90-degree angle, then pull your knee toward your ear and hold this position for a few seconds.

seven days prior to surgery

Discontinue use of the following medications that have anticoagulant (blood thinning) properties seven days prior to surgery:

- NSAIDs including but not limited to ibuprofen, Advil®, Aleve®, Motrin®, Celebrex®
- Aspirin products including but not limited to Excedrin®
- Anticoagulants including but not limited to Plavix®, Coumadin®, vitamin E
- Herbal medications (all kinds)

Please check with your primary care physician and/or the anesthesiologist regarding use of other medications you are presently taking (blood pressure, diabetes, cholesterol lowering, etc.).

when to report to the hospital

St. Luke's Hospital, Allentown Campus, 1736 Hamilton Street, Allentown, PA 18104

St. Luke's Hospital staff will call you the day before surgery to inform you when to report to the hospital. If you have questions about directions or parking, please call the hospital at **610.770.8300**.

St. Luke's Hospital, Bethlehem Campus, 801 Ostrum Street, Bethlehem, PA 18015

St. Luke's Hospital staff will call you the day before surgery to inform you when to report to the hospital. Valet parking is available at the main entrance. If you have questions about directions or parking, please call the hospital at **610.954.4000**.

Abington Memorial Hospital, 1200 Old York Road, Abington, PA 19001

Our nurse will call you two to three days prior to surgery to inform you when to report to the hospital. Valet parking is available at the main entrance on Horace Avenue. If you have questions about directions or parking, please call the hospital at **215.481.2000**.

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the night before surgery

- Do not eat any **solid food** after 7 p.m. the evening before your surgery. (You may have clear liquids until midnight.)
- Do not eat or drink **anything** after midnight. Your surgery may be cancelled if you do. You may brush your teeth, but do not swallow.
- You may have a sip of water to take your regular medications (not those which you have been instructed to discontinue).

rectal/bowel preparations

A rectal preparation is required for your surgery.

Rectal Preparation: One Day Prior to Surgery

Purchase two of the Fleet® enemas (green box) from any drugstore.

At noon, the day before your surgery, take two tablespoons of milk of magnesia.

Take one Fleet enema as directed on the box before bedtime the night before your surgery.

Take the second enema 2-3 hours before your scheduled surgery time.

A bowel preparation is required for your surgery.

Bowel Preparation: Two Days Prior to Surgery

48 hours before surgery, you will begin a surgical bowel prep by consuming a full liquid diet. For example, milk, pudding, ice cream and yogurt may be consumed, but they must not contain solids such as fruits or nuts.

Bowel Preparation: One Day Prior to Surgery

24 hours before surgery, you will begin a clear liquid diet. This includes liquids you can see through. For example, JELL-O®, broth, Gatorade®, ginger ale, 7UP® and apple juice may be consumed. Please do not consume liquids that are red in color like cherry JELL-O or cranberry juice.

Between 2 p.m. and 3 p.m. the day before surgery, you must drink a 5-ounce bottle of magnesium citrate. You can purchase this in different flavors at any drugstore. Chill for better taste. Your stool should become watery. If around 8 p.m. there is still solid stool, you must use a disposable Fleet enema.

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hospital stay

Most of our patients have outpatient surgery or a brief one- or two-day hospitalization. We encourage you to return to your home environment as soon as possible. It is there that you will sleep and eat better, which is very important to your recovery.

The hospitals are teaching centers and, therefore, resident physicians will be involved in your hospital care, always under your doctor's direct supervision. We ask that you be receptive to their participation in your care.

We also have "fellow" physicians. These doctors have completed their residency in gynecology and are involved in subspecialty training exclusively with our practice.

post-operative instructions

Indwelling Urinary Catheter

Approximately 30 percent of patients experience temporary difficulty emptying their bladder after pelvic surgery. Swelling and discomfort can inhibit your ability to relax, the first step to a normal void. If you are unable to sufficiently empty your bladder, you may be discharged from the hospital with a temporary indwelling catheter. The temporary catheter will be secured to a leg bag that collects urine. Be sure the catheter collection bag is below the level of your bladder for proper drainage. If you have any questions on the care of your catheter, feel free to call our office. Within several days, you will be seen in the office to assess your ability to void and to have the catheter removed.

Items for Home Care

Have the following over-the-counter medications and items ready for use at home:

- NSAIDs (ibuprofen, Advil, Motrin, Aleve)
- Extra Strength Tylenol®
- Stool softener (Colace® or generic)
- Milk of magnesia
- Fleet disposable enema
- Epsom salt
- Commode sitz bath (Please ask the nurse at the hospital to supply.)

Post-operative Medications

Resume your pre-operative medications unless instructed otherwise.

Pain Management

Every effort is made to minimize your discomfort; however, pain after surgery is common, normal and to be expected.

Take ibuprofen (three tablets every six hours) with food for relief of mild to moderate pain, swelling and soreness.

For additional pain relief, you may take Extra Strength Tylenol (two capsules every four hours). These pain medications work differently and can be used safely together.

These medications will help to alleviate discomfort in your legs and/or buttocks due to positioning for vaginal surgery.

Bowel Movements

Take Colace, or the generic equivalent, (one tablet in the morning and one in the evening) for stool softening. You may increase to two tablets twice a day. Depending on your surgery, Colace should be used for two to 12 weeks or as directed by your doctor. In addition to stool softening, it may be helpful to use a gentle bowel stimulant or laxative if you fail to have a bowel movement for two days (milk of magnesia, one to two tablespoons every six to eight hours as needed).

If you are still unable to have a bowel movement after the third post-operative day, please call the office.

Vaginal Incision

You will have a vaginal incision. If you are able to safely get in and out of the tub, a sitz bath (two cups of epsom salt in six inches of warm tub water) for 20 minutes each day for two weeks will make you more comfortable. A commode sitz bath may also be used (two tablespoons of epsom salt to warm water in commode sitz bath).

You may apply ice packs to the perineum (outside the vagina) for up to 20 minutes as often as needed.

If you notice a rough, sticky area in the groin or buttock area, do not attempt to remove it. This is surgical glue (used instead of stitches), and it will loosen and fall off on its own.

If you notice stitches in the groin or buttock area, do not attempt to remove these. They are dissolvable sutures and will disintegrate on their own.

You may note vaginal bleeding or spotting for several weeks post-operatively. Please call if the bleeding becomes heavier than a period.

You may notice a yellow vaginal discharge, which may have a mild odor, for up to six weeks while the vaginal sutures dissolve.

Follow-up Visits

A nurse will call to check on your progress two to three days after your surgery. At that time, you will schedule a post-op appointment two weeks from your date of surgery. Our doctors will recommend subsequent post-op visits as necessary, usually six weeks post-op and four months post-op. If you had general anesthesia, you may feel tired the first two weeks. Keep moving, and you will recover more quickly.

If you feel feverish, take your temperature. If your temperature is greater than 100.5 degrees, please call the office.

Place nothing in your vagina for six weeks (no tampons, douche, intercourse, vaginal estrogen, etc.). Some surgeries may require up to 12 weeks, ask your doctor.

You may take stairs, touching each step with both feet (as a toddler does), for the first few days, then as tolerated.

For the first two weeks, do not lift anything heavier than a full gallon of milk (8 pounds). For the next two months, avoid heavy lifting (20 to 30 pounds). Some surgeries may require up to 12 weeks, ask your doctor. When lifting or bending to pick up things, bend at your knees, not your back. Protect your back as well as your surgery.

Do not drive until you are free of discomfort from your surgery. If you can walk up and down the stairs and get in and out of a chair without discomfort, you may drive.

Walking is a good, safe exercise. Please speak to your doctor about resuming your usual exercise regimen. Patients who undergo only the TVT procedure may be able to resume exercise in as little as two weeks. Remember to drink plenty of water when you exercise.

No tub baths, hot tubs/spas for two weeks. You may cool off in private swimming pools after your physician examines you in approximately two weeks (no diving).

allentown office: 610.435.9575

Appointments	Extension 100
Nurse	Extension 102
Billing Coordinator	Extension 105
Surgery Scheduling	Extension 109
Research Nurse	Extension 111

bethlehem office: 610.954.3898

Appointments	610.954.3898
Nurse	610.954.3898

north wales office: 215.855.4713

If you are a patient at our North Wales office,
please call this number to schedule a post-op visit
or to speak to the nurse or receptionist.

A physician at The Institute for Female Pelvic Medicine & Reconstructive Surgery is available for emergencies 24 hours per day.

Office hours are Monday through Friday, 8 a.m. to 4 p.m.

After hours and on weekends, you can leave non-urgent messages that will be returned the next business day. For urgent situations, the answering service can page the physician on call.



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