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Preparing for Surgery

Prior to your surgery

Medications - Stop taking aspirin, ibuprofen or any of the non-steroidal anti-inflammatory medications that can inhibit blood clotting one week prior to your surgery. Using Tylenol until the time of surgery is acceptable. Inform your doctor of all other prescription and non-prescription medications that you may be taking at the pre-operative appointment.

Blood donation – Though most surgeries do not require a blood transfusion you should discuss the possibility with your surgeon. Prior to surgery you will be provided with an informational pamphlet about arranging to have your own blood (autologous) or direct donor blood to be available at the time of surgery. If you would like to store blood for your surgery in advance, call the American Red Cross at 557-2000. They will provide information about cost and insurance coverage.

Smoking - If you smoke, you should stop before your operation. Any period of nonsmoking helps, but to get the most benefit you should quit for at least 2 weeks before surgery. Quitting or cutting down on smoking will allow you to tolerate an anesthetic more easily. It will also be easier for your lungs to resume normal function after surgery. You will not cough as much and the risk of infection is decreased. If you need nicotine, consider bringing a nicotine patch to the hospital with you.

Consent - A surgical consent is a discussion between you and your physician which includes the risks, benefits and alternatives to the surgery you will be undergoing. Additionally, special consents are signed for a tubal ligation (required by state law to be at least 3 days in advance) and a hysterectomy, both stating you are aware that these procedures will prevent future fertility. A copy of the consent will be provided to you to bring to the hospital. It is important to bring these to avoid delay or cancellation of the surgery.

Pre-operative doctor's visit - You may have a pre-operative visit scheduled with your doctor. This is the time that you should have all of your questions answered. Your doctor may perform another examination at this visit. Bring a current list of your medications and drug allergies to this appointment. You may be asked to sign a surgical consent at this time and you may be given your post-operative medication prescription at this appointment. Make your post-operative appointment at this time.

Hospital registration – For surgeries scheduled to be done at the hospital, you will be asked to pre-register at the hospital and obtain blood work and possibly an EKG prior to surgery. You do not need a laboratory appointment for blood work and you do not need to restrict your diet prior to giving these blood specimens. The hospital hours are 8:00 am - 6:00 pm, Monday – Friday; 8:00 – 2:00 pm Saturday and 8:00 – 12:00 on Sunday. Check in at the admitting desk and they will direct you to the laboratory. Take the pink pre-admission order sheet with you to the hospital when you go for lab work. A copy will have been faxed to the admission department by the surgery scheduler. The hospital will place identification bands on your wrist when you have your blood work drawn that must

remain until your discharge from the hospital. The outpatient surgical centers usually do not require pre-operative blood work. They may check your hemoglobin on the day of surgery.

Consider taking a stool softener 2-3 days prior to your procedure and after your procedure. If you are taking pain medication (narcotics), constipation is a common post-operative complaint. Benefiber, Colace and Fibercon are common stool softeners. Ibuprofen (maximum dose 2400 mg/day) taken with narcotics will enhance pain relief without increasing the narcotic side effects (drowsiness, constipation). You can purchase Ibuprofen without a prescription and start it when you are discharged.

Fill medication prescriptions that are given to you at your pre-operative appointment. If you are having both ovaries removed, consider asking for an estrogen prescription to avoid menopausal symptoms.

The day before surgery

Diet – Procedures involving abdominal surgery may cause post-operative gas pains and several days to recover normal bowel function. You may have a normal meal on the night before surgery. Do not eat or drink anything after midnight unless directed by your surgeon or anesthesiologist. You may take your normal medication in the morning with a sip of water.

Anesthesia - The anesthesiologist will attempt to call you on the night prior to your surgery to discuss your anesthetic. Be prepared to discuss your health history including any drug allergies, previous anesthetics and any medications you take. Your surgeon will request a general, regional or local anesthetic depending on the type of operation, the state of your health and the type of surgery. A general anesthetic induces a sleep state which prevents pain and memory of the surgery. A regional anesthetic blocks feeling in a significant region of the body to prevent pain at the surgery site. You may still feel pressure in this part of your body during the operation. A local anesthetic is given by injection into the area where the doctor will operate and numbs only the region injected. You can visit the anesthesiologists website at www.groupanesthesia.com. If you will not be home the night prior to surgery, please call their office during the day at 408 354-2114 and leave an alternate phone number.

On the day of surgery

Checking in - For inpatient procedures, you should arrive at the hospital 2 hours prior to your surgery time. If you are given different times by Los Olivos and the hospital, please follow the Los Olivos instructions or call the Los Olivos scheduler to clarify. The outpatient surgical centers request you check in one hour prior to your surgery.

What to bring - Please bring all your normal medications to the hospital with you in their original bottles. Leave valuables and jewelry at home. If you will be staying overnight, bring with you those personal items that you may need such as an IPOD, slippers, and bathrobe. Wear loose fitting clothing to and from the hospital or surgery center for comfort. If you are having an abdominal procedure, consider purchasing a light panty girdle such as Spanx or cycling shorts to wear at home after the procedure to give you abdominal support.

Pre-op - The pre-operative area nurses will ask you your health history and take your vital signs. They will give you a special surgical gown. You will be asked to sign a facility surgical consent for your operation and for the anesthetic. The nurses will ask you to remove any dentures, hearing aids, contact lenses, wigs, jewelry that you may be wearing. Sometimes special stockings or compression devices

will be fitted to your legs for DVT (blood clot) prevention. You may be taught to use an inspirimeter to help with your breathing after surgery. An intravenous (IV) line may also be started in pre-op. Medication to help you relax may be administered prior to being taken to the surgical area

Operating room - When it is time for your surgery, you will be escorted to the operating room by an orderly. In the hallway outside the operating room, the circulating nurse will introduce herself and verify the type of surgery you are having. She will also ask you many of the same medical questions you have already answered. The anesthesiologist will also meet you at this time and may listen to your lungs and examine your mouth and throat. Once this is completed you will be escorted into the operating room. Your surgeon will be with you at this time.

After the operation

Once the operation is over, you will be moved into the recovery area. This area is specially equipped for monitoring patients after surgery. With your permission, your surgeon will meet your family in the waiting area to discuss your health. You will not remember much about what you are told on the day of surgery due to medications that you are given both before and after the surgery. Most patients are in the recovery room about two hours. Your family will be able to see you when you are transferred to your hospital room. In recovery, you will probably have an oxygen mask on your face and IV line in your arm or wrist to provide fluids and medications. Other tubes may be in place to drain fluid from the operating site or your abdomen. You may also have a catheter draining urine from your bladder.

Recovery in the hospital

Pain - Your doctor will order pain medication for you. You are encouraged to ask for the medication on a regular basis. You will not become addicted to pain medication if it is taken to recover from surgery. Ibuprofen may be prescribed in addition to a narcotic to enhance the effect of the narcotic without increasing side effects.

Medications - You should continue to take most of your regular medications while in the hospital. In addition, your doctor may prescribe antibiotics. Medicine to help with nausea, sleeping or headaches is also available.

Activity - After the surgery, it is important to re-expand your lungs. You will be asked to breathe deeply, cough and change your position in bed often. An inspirimeter, also called a Voldyne, may help you with your breathing exercises. As your strength returns, the nurses will have you move around as much as you can. Depending on the type of surgery, you may be able to start walking soon after your operation. Ambulating helps your body resume normal functions.

Diet - You will probably be started on liquids soon after surgery. Your surgeon may encourage advancing your diet to normal foods as long as you are not nauseous and have not had intestinal surgery. Sometimes it may be helpful to wait for regular food until bowel function returns with signs of decreased distention and having flatus (“passing gas”).

Length of stay - Your insurance company will have a standard length of stay for an uncomplicated surgery of your type. You should contact the company ahead of time to determine this. Most vaginal surgery is allowed one night in the hospital and abdominal surgeries are allowed two nights. If you are not eating, ambulating and tolerating oral medication, you will need to stay longer. Insurance should cover your entire stay if there is a medical necessity.

Recovery at home

Outpatient surgery - After outpatient surgery, you will probably be able to go home within 1-2 hours. It is recommended not to drive for 24 hours after outpatient surgery so you should arrange to have someone drive you home upon discharge from the facility.

Inpatient surgery - Gradually resume normal activities as tolerated. No strenuous activity or heavy lifting is recommended until after your six-week visit, unless directed otherwise by your physician. Do not drive while you are still taking prescription pain medications or have pain that will restrict your ability to drive normally. Walk several times each day. Expect to feel fatigued during your recovery. This is a normal response and gradually passes with time. Limit lifting to 15 pounds or less during the first four to six weeks of recovery. Climbing stairs should cause no problems. If you have had a hysterectomy or vaginal surgery, you should not have intercourse for six weeks.

Medication - Take your pain medication as needed. Ibuprofen acts to enhance narcotics and may be recommended in addition to a narcotic. Tylenol may also be sufficient. Resume all of your usual medications as previously prescribed. If you are constipated, use a Ducolax suppository or Fleets enema as a laxative. A stool softener (Colace, Citracel, Fibercon) may also be helpful during the first week or two of recovery. It may take up to two weeks for bowel function to return to normal. If you need a narcotic refill, please call during normal office hours and leave a message with the nurse with the pharmacy phone number. Narcotics will not be refilled after office hours.

Diet - Your doctor may recommend a special diet for recovery from some operations. A low fat, bland diet is best. Avoid highly spiced or acidic foods. Drink more water daily than you are used to drinking. Avoid carbonated beverages. Narcotics can cause constipation so increase natural fiber or consider a stool softener.

Incision - Pain and bruising around the incisions are normal after surgery. Remove outer bandages (if any) and band aides two days after surgery. Steristrips should be removed 3-5 days after surgery. Surgical glue should be removed from the incision in the shower 5-7 days after the surgery. If you have staples, drains or sutures that need to be removed in the doctor's office, call to schedule an appointment.

You may shower 24 hours after surgery. Do not use ointments, topical antibiotics, or peroxide on the wound unless you are directed to do so. If your skin folds over the incision, keep the skin separated with clean dry gauze or a peripad. You may also use a hair dryer to keep the incision dry. The incision is usually healed by 6 weeks after surgery. It is normal to feel numbness and have swelling (edema) above the incision for 3-6 months.

Warning signs - Call the office for a temperature over 101 degrees, severe pain, nausea, vomiting, urinary burning, or increasing redness around the incisions. Do not hesitate to call if you have any other questions.

Follow-Up - You should be seen in the office two weeks after surgery unless directed otherwise. A sooner visit may be requested for staple or suture removal or an incision check. Please call the office if you do not have an appointment.