



ALABAMA GYNECOLOGIC ONCOLOGY

SURGERY HANDBOOK

Contact Information

Business Hours

(M - Th 8am - 4:30pm, F 8am - 12pm)

Phone: (205) 877-5100

Fax: (205) 877-5108

After hours (emergencies only)

(205) 930-4066

Locations

Brookwood Medical Center

2006 Brookwood Medical Center Drive

Suite 104

Birmingham, AL 35209

(205) 877-5100

St. Vincent's Medical Center - Birmingham

Bruno Cancer Center

2728 10 Ave. South

Suite 200

Birmingham, AL 35205

(205) 939-7880

Grandview Medical Center

Grandview Cancer Center

3670 Grandview Parkway

Suite 200

Birmingham, AL 35243

(205) 592-5077

www.alabamaoncology.com/blog/services/gynecologic-oncology/

Physician

DR. MACK BARNES

DR. MONJRI SHAH

Nurse

BROOKE CONNELL

SANDRA HUNTER

Surgical date: _____

Surgical procedure: _____

Pre-surgical testing appointment: _____

Location of pre-surgical testing appointment: _____

Please see page 3 for more details.

Table of Contents

Section 1

Introduction.....	1
Important information	2
Before Your Surgery.....	3
Preparing for Surgery.....	5
Days Before Surgery.....	6

Section 2

Day of Surgery	7
After Surgery	10
Frequently Asked Questions.....	13

Section 3

After Discharge.....	15
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This handbook should be used as a guide to help you through the days before, during and after your surgery. Please take a few minutes to look through it as may answer questions that arise. We welcome any feedback that you think would make your experience even better.

If you need to contact us at any time, please refer to the prior page for the appropriate number. We strive to answer all calls in a timely fashion. Messages are checked hourly. If you call before 3pm, your call will be returned that day. Messages left after 3pm will be answered the next business day.

Introduction

We want to thank you for choosing Alabama Gynecologic Oncology for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care and making sure that you are comfortable throughout your experience.

At Alabama Gynecologic Oncology, we believe that YOU are the most important person involved in your care. It is important that you know what to expect before, during and after your surgery so that you can actively participate in your recovery.

We use a multi-faceted approach to enhance your recovery and help you get back to normal after surgery. The main components include:

1. Giving you plenty of information to plan and prepare for surgery so you feel ready.
2. Ensuring that you are an active participant in every aspect of your post-operative care.
3. A pain relief plan that focuses on giving you the medicine you need to keep you comfortable throughout your hospital stay
4. Eating and moving around quickly after surgery.

By working together, we hope to keep your hospital stay as short as possible and get you back on your feet as quickly as we can.

Introduction to Gynecologic Surgery

Types of Surgeries

Hysterectomy: Removal of the uterus

Oophorectomy: Removal of the ovaries

Salpingectomy: Removal of the fallopian tubes

Lymphadenectomy (or lymph node dissection): Removal of lymph nodes. This is usually done as part of cancer surgery.

Open surgery (laparotomy): An incision (cut) made on the skin through the abdomen, used to perform the surgery. This is usually an up and down incision, although occasionally it may be a bikini cut.

Minimally invasive surgery (MIS, also called laparoscopy): This type of surgery is done through small incisions (cuts) in the abdomen. Your abdomen is filled with gas (carbon dioxide) so that the procedure can be performed. This may be done with the use of the robot (DaVinci).

Before Your Surgery

Clinic

During your clinic visit, we will check to see if you need surgery and what type you will need. The procedure will be reviewed with you by your surgeon (Dr. Barnes or Dr. Shah) as well as your nurse (Brooke or Sandra). If you have questions at any point, we encourage you to ask them.

Tip: It is always best to have someone you trust with you to listen to the discussion in case you forget something.

Once we determine the type of surgery and when it will be done, you will be given instructions on preparing for surgery as well as a pre-admission testing appointment if necessary.

Pre-Admission Testing

After your clinic visit, you may have to answer other questions or have tests done before your surgery. This may occur over the phone or at the Pre-Admission Testing (PAT) center at the hospital of your surgery.

- Brookwood Medical Center
2006 Brookwood Medical Center Drive, Suite 104
Birmingham, AL 35209
(205) 877-5100
- St. Vincent's Medical Center - Birmingham
Bruno Cancer Center
2728 10 Ave. South, Suite 200
Birmingham, AL 35205
(205) 939-7880
- Grandview Medical Center
Grandview Cancer Center
3670 Grandview Parkway
Suite 200
Birmingham, AL 35243
(205) 592-5077

At your PAT visit, you may:

- Meet with a nurse who will review your medical history
- Have blood tests drawn
- Get an EKG (noninvasive heart test)
- Talk about the anesthesia you will need for surgery
- Be screened for obstructive sleep apnea (OSA)

Sometimes, after examining you or based on test results, we may ask that you see a specialist such as a cardiologist (heart doctor) to evaluate you more before your surgery. We may also ask that you obtain letters from your other doctors to make sure that you are stable for surgery.

You may need to stop some of your regular medications before surgery. The PAT nurse will tell you which medications you should take or stop.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- A list of your current medications (name of medication, dose, and how often you take it)
- Any paperwork given to you by your doctor
- A copy of your Advance Directive form, if you have completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries you may need
- Your CPAP or BiPAP, if you have one

What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

For your safety, you should plan to:

- Identify a friend or family member to be your “point person” during your hospitalization
- Have a responsible adult with you to hear your discharge instructions and drive you home

If you are having surgery at St. Vincent's, your nurse will call you to remind you of your arrival time one business day before surgery. If you are having surgery at Brookwood or Grandview, the staff from those hospitals will contact you one business day before surgery.

Days Before Surgery

In order to prepare your bowel for surgery, we ask that you take 1 dose (1 heaping capful) of Miralax (or the generic medication polyethylene glycol 3350) daily on each of the 5 days before you come in for surgery. This will help your bowel function stay normal.

We also ask you to continue taking this after your surgery so please purchase a large bottle.

Day Before Surgery

The day before surgery, you will be asked to take a bath with a special kind of soap that helps decrease the bacteria on your skin and make you less prone to developing an infection in your incision(s). Antibiotics prior to surgery are rarely needed.

If you do not receive a call by 3pm the business day prior to surgery, please call your nurse.

Please write what time you are told to arrive in the space provided at the beginning of this booklet.

Night Before Surgery

Please do not eat anything after midnight prior to surgery. We recommend you drink sports drinks such as Gatorade the day and evening prior to surgery.

Day of Surgery

Please take any medications you were instructed to continue with a small sip of water.

When you arrive at the hospital, you will need to check in. When appropriate, you will be escorted back to the Pre-operative area. You should plan to leave your belongings with your family, or they will be placed in a bag and taken to Security for safe-keeping.

Your family will be able to join you in the Pre-operative area once a nurse has interviewed you and an IV has been started. They will be able to stay until you are escorted to the operating room, at which point they may wait in the designated waiting area.

In the Pre-operative area, you may be given medications to keep you comfortable before and during surgery once an IV has been started. You will be seen and interviewed by the anesthesia and surgical teams. If you would prefer your family not be present for these interviews, please let your nurse know.

Your surgeon may mark your abdomen depending on what kind of surgery you are having.

You will need to remove all jewelry, piercings, dentures/partials and contact lenses prior to surgery.

In the Operating Room

From the Pre-operative area, you will be escorted by the anesthesia and operative nursing team to the operating room (OR). Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:

- You will move from the stretcher to the operating room bed.
- You will be hooked up to monitors, including a blood pressure cuff.
- Boots will be placed on your legs to help maintain good circulation.
- You may be given a blood thinner shot to prevent blood clots.
- We will give you antibiotics, if needed, to help prevent infection.
- Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- Just before starting your surgery, we will do a “time out” to check your identity and confirm your surgery.

During your surgery, the Operating Room nurse will update your family if the procedure will be longer than anticipated.

Immediately After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for 1-2 hours, and then are transferred to the floor (if you are going to stay) or the Ambulatory Surgery Unit (if you are going to go home).

Once awake, you will:

- Be given fluids to drink
- Get out of bed (with help) to start moving as soon as possible. This helps speed up your recovery and minimizes your chance of getting blood clots and pneumonia.

You may:

- Have a tube in your bladder to drain urine
- Have oxygen to help you wake up
- Have a pain medicine pump (PCA). If you do not, you should ask for pain medication as you need it. Do not wait until you are in a lot of pain to ask for pain medication, as it may take time to work.
- Ask for nausea medications.

Your surgeon will speak with your family after surgery to give them an update. They will be able to join you once you have settled into your room.

Your Hospital Stay

Our goal during your hospital stay is to make sure you are safe, comfortable, and are recovering normally after surgery. You are an integral part of your recovery, and your participation will help you get home and back to your own surroundings as quickly as possible.

Pain Control

Pain is an expected part of surgery, but managing your pain is an important part of your recovery. There are several interventions which may be done during your stay to help decrease pain, including:

- Giving you oral pain medication just prior to and after surgery
- Performing an abdominal nerve block
- IV pain medication during and after surgery if necessary
- Asking you regularly after surgery to make sure your pain is under control

Our goal is to reduce the amount of narcotic pain medication that is required. Narcotics cause constipation and can significantly slow your recovery.

Activity

Moving around may be difficult after surgery, but it is important to help prevent complications such as pneumonia and blood clots. Walking will also help your digestive system recover from surgery. On the day of surgery, a nurse will help you get out of bed. You will receive a breathing machine (incentive spirometer) to help you breathe more deeply. Each day you will be able to get up and move around a little better than the day before. A physical therapist may be consulted to evaluate your mobility.

Diet

In most cases, you will be able to sip clear liquids after surgery. If you go home on the day of surgery, you may eat a regular diet, although we encourage light foods to prevent nausea. If you are staying in the hospital, your diet will be determined by how you are doing. In most cases, you will be able to eat at least semi-solid food the day after surgery.

Medications

In addition to pain medications, you will have medication for nausea and indigestion available if you need them. We will likely restart your home medications. You will also likely receive a blood thinner injection daily to prevent blood clots.

First Day After Surgery

On the day after surgery, you will:

- Be able to eat regular food as soon as you are ready
- Be encouraged to drink plenty of water
- Likely have your IV fluids decreased if not stopped
- Have the bladder catheter removed
- Be asked to get out of bed with help and walk in your room, or at least sit in a chair for several hours
- Have the dressing removed
- Shower

If you had a minimally invasive surgery, you will go home on this day.

Second Day After Surgery Until Discharge

Two days after surgery until discharge, you will:

- Eat regular food if you haven't already done so.
- Be asked to be out of bed for the majority of the day and walk in the halls at least three times a day

You may be able to go home on day 2 if you:

- Are off all IV fluids and drinking enough to stay hydrated
- Are comfortable and your pain is controlled with oral medication
- Are able to eat regular food without nausea
- Do not have a fever
- Are able to get around on your own

We will not discharge you from the hospital before we are sure you are ready. However, it will take several weeks after surgery to feel back to normal. You will feel better each day.

Discharge

You will be discharged home with a list of medications that you should continue to take as well as a prescription for pain medication. You may receive other prescriptions as well. When you get home, it is important that you move around to help prevent blood clots and pneumonia. Your doctor will call you when the pathology results from your surgery are available. You will need to call the office (205-877-5100) for a follow-up appointment approximately two weeks after surgery.

You may experience nausea or low-grade fevers after surgery. This is generally normal and is part of your body's healing process. However, please call the office if you experience any of the following:

- Fever of 101 degrees Fahrenheit or over
- Nausea and vomiting such that you cannot keep water down

Frequently Asked Questions

1. What may I eat the day before surgery?

We recommend you eat light foods and drink 1- 2 20 oz. bottles of Gatorade. You want to stop eating “solid” food after midnight the night before your surgery.

2. Do I need to take anything to clear my bowels out?

We do not encourage enemas or excessive laxatives before surgery as they may make you dehydrated. However, we do ask that you take Miralax daily for 5 days before surgery to help your intestines recover more quickly.

3. When should I take my home medications before surgery?

You will be instructed which medications you should continue to take by the pre-admission testing nurse. You should take them when you normally take them. We recommend that you limit intake of aspirin, Aleve, Motrin, Advil or ibuprofen for at least 7 days before surgery. If you are on blood thinners, your doctor will give you instructions about them. Do not take pain medication on the morning of surgery.

4. Do my family members have to stay in the hospital?

During surgery, we ask that your family stay close by so that we may speak with them when we are done. Most people feel more comfortable if they have a family member stay with them, but it is not required.

5. Why do I have to have someone drive me home?

After surgery, most people are sore and cannot safely drive. In addition, you will have received narcotic medication which impairs your ability to drive.

6. What may I take for constipation?

We do not expect that you will have a bowel movement in the hospital; however, you should have a bowel movement within 3 days of getting home. If you do not, we recommend you take Miralax twice daily, a stool softener such as Colace twice daily, drink as much water as possible and walk around as much as you can tolerate. If these measures do not work, you may use a Dulcolax suppository, magnesium citrate, and a mineral oil enema. If you have tried all of these things and you still have not had a bowel movement, please call the office during business hours.

Instructions for Laparoscopic or Robotic Surgeries

Most laparoscopic/robotic surgeries last 1-2 hours or less. Your family will be updated during the procedure if it goes beyond two hours.

As long as surgery goes well, you will be discharged either the day of surgery or the day after. You should expect to be sore and have some pain after surgery, but this should be controlled with oral pain medication. You may experience shoulder pain. This is usually a result of the gas used during surgery. This will resolve within several days.

You may eat whatever you like after surgery. We recommend you avoid heavy, spicy foods as well as carbonated drinks as they can upset your stomach. Your appetite may take several weeks to get back to normal. Do not drink alcohol while you are taking narcotic medications.

Your incisions will have stitches under the skin, and you may have bandages or skin glue over the stitches. These may be removed 1 week after surgery. You may shower normally, but please avoid putting soaps, lotions, or oils on the incisions until you see your doctor back in the office. Do not go swimming or take a tub bath until after you see your doctor. You may notice redness around the incisions or a small amount of drainage - this is a normal reaction to the stitches. However, if you notice foul-smelling drainage or spreading redness, please call the office.

It is normal to feel tired for several weeks after your procedure. Try to walk around as much as possible, but rest when you feel tired. Avoid lifting anything heavier than a gallon of milk (5 pounds) for 2-3 weeks after surgery. After that time, you may gradually increase your activity level.

You may have vaginal spotting for 2-4 weeks after surgery. This is normal. However, if you have period-like bleeding, please call the office.

Please avoid putting anything in the vagina (tampons, douching, sex) for at least two weeks after surgery. If you have had a hysterectomy, please avoid putting anything in the vagina for at least 8 weeks. This can cause the top of the vagina to open up which can require further surgery.

Most patients feel back to normal 1-2 weeks after surgery. You may return to work at that time. If you feel like you need more time off of work, please discuss this with your doctor during your office visit.

You may drive 1 week after surgery as long as you feel comfortable and are not taking narcotic medications.

If you have questions, please call our office at 205-877-5100.

Instructions for Vaginal or Vulvar Surgery

Most vaginal or vulvar surgeries last 1 hour or less. Your family will be updated during the procedure if it goes beyond one hour.

As long as surgery goes well, you will be discharged either the day of surgery or the day after. You should expect to be sore and have some pain after surgery, but this should be controlled with oral pain medication. You will likely have some discomfort with sitting and walking until the area heals, which can take up to 4 weeks after surgery. Using a donut pillow when sitting may help relieve pressure.

You may have drainage or light bleeding for several weeks after surgery. This is normal as the stitches dissolve. It is very important to keep the area as clean and dry as possible. We recommend using a squirt bottle with tepid water after you urinate or have a bowel movement. We also recommend sitting in a warm sitz or tub bath for 15-20 minutes three times per day. If possible, avoid wearing underwear. After cleaning the area, you may use a hair dryer on the cool setting to dry the area out. If you have had an external laser procedure, you may be given Silvadene cream for comfort. You may apply this 2-3 times per day. If you use a sanitary pad, please change it frequently.

If you had a groin surgery, you will likely have drains. Please record how much fluid is removed daily. If you notice the groin incision is red or tender, or if the drainage becomes cloudy or foul-smelling, please contact the office. The drains will be removed 1-2 weeks after surgery.

You may eat whatever you like after surgery. We recommend you avoid heavy, spicy foods as well as carbonated drinks as they can upset your stomach. Your appetite may take several weeks to get back to normal. Do not drink alcohol while you are taking narcotic medications.

If you've had a vaginal surgery, you may return to work 2-4 days after the procedure. If you've had vulvar surgery, you may return to work in 1-2 weeks depending on the extent of surgery. If you feel like you need more time off of work, please discuss this with your doctor at your office visit.

You may drive as soon as you would like as long as you feel comfortable and are not taking narcotic medications.

If you have questions, please call our office at 205-877-5100.

Instructions After Open Abdominal Surgery

Most open abdominal surgeries last 1.5 - 2 hours. Your family will be updated during the procedure if it goes beyond two hours.

You will be admitted to the hospital after your surgery for 2-3 days. You should expect to be sore and have some pain after discharge, but this should be controlled with oral pain medication.

After discharge, you may eat whatever you may like. We recommend you avoid heavy, spicy foods as well as carbonated drinks as they can upset your stomach. Your appetite may take several weeks to get back to normal. Do not drink alcohol while you are taking narcotic medications.

Your incision will be closed with staples. You may shower normally, but please avoid putting soaps, lotions, or oils on the incision until you see your doctor back in the office. Do not go swimming or take a tub bath until after you see your doctor. You may notice redness around the incision or a small amount of drainage - this is a normal reaction to the stitches. However, if you notice foul-smelling drainage or spreading redness, please call the office.

It is normal to feel tired for several weeks after your procedure. Try to walk around as much as possible, but rest when you feel tired. Avoid lifting anything heavier than a gallon of milk (5 pounds) for 4-6 weeks after surgery. After that time, you may gradually increase your activity level.

You may have vaginal spotting for 2-4 weeks after surgery. This is normal. However, if you have period-like bleeding, please call the office.

Please avoid putting anything in the vagina (tampons, douching, sex) for at least two weeks after surgery. If you have had a hysterectomy, please avoid putting anything in the vagina for at least 8 weeks. This can cause the top of the vagina to open up which can require further surgery.

Most patients feel back to normal 3-4 weeks after surgery. You may return to work at that time. If you feel like you need more time off of work, please discuss this with your doctor during your office visit.

You may drive 2 weeks after surgery as long as you feel comfortable and are not taking narcotic medications.

If you have questions, please call our office at 205-877-5100.

Notes

