

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Gynecologic Problems • EP080

Preparing for Surgery

If you are planning to have surgery, you will need to know some basic facts. Knowing what to expect before and after surgery and what questions to ask may help you feel less worried and more in control.

This pamphlet explains

- *information you need before surgery*
- *what to do to prepare for surgery*
- *informed consent and advance directives*
- *what happens the day of surgery*
- *what to expect during your recovery*

Before Surgery

Once you and your health care provider have agreed that you need surgery, you will need some details. Your health care provider or nurse should provide the following information:

- Who will be involved in the surgery? Your health care provider will explain who will perform the operation and who will be part of the surgical team.
- Where and when will it take place? Outpatient surgery (also called ambulatory or same-day surgery) does not always take place in a hospital. It may be done in a health care provider's office, surgical center, or clinic. The patient arrives for surgery and usually returns home on the same day. Inpatient surgery takes place in a hospital. The patient usually checks in on the day of surgery and remains for a few days or more after surgery.

- What should you do before surgery? You may need to have certain tests and exams. Some types of surgery require special preparation. You may need to set up appointments and make arrangements. Getting these things done on time will help you avoid delays in having your surgery.

The Health Care Team

Your health care provider leads a team of health care professionals who will work together to care for you before, during, and after your operation. Nurses will assist your doctor during surgery, perform special tasks, and help make you more comfortable. A resident or fellow may help during your surgery. Residents are doctors who have finished medical school. They are getting special training by working with your doctor. A fellow is a fully trained doctor who is doing additional training in a specialized area.

The anesthesiologist is the person who is in charge of giving **anesthesia** and checking its effects. Sometimes anesthesia is given by a nurse-anesthetist who works under the direction of an anesthesiologist.

Health Tips

There are things you can do before your surgery to help it go smoothly and help you heal more quickly. Talk with your health care provider about the following:

- If you smoke, try to stop smoking before your operation. **General anesthesia** affects the normal function of your lungs. Any period of not smoking helps. It is best if you quit at least 2 weeks before surgery. If you cannot quit, even slowing down helps. Quitting smoking before surgery has the following benefits:
 - Your risks related to anesthesia will be lower.
 - Wound healing is faster.
 - The risk of pneumonia, an infection of the lungs, is decreased.
- If you are taking medication, ask if you should keep taking it before or after the operation. Make sure your health care provider knows all of the medications you are taking, including those that have been prescribed for you and those that are bought over-the-counter, such as vitamins, herbs, or other supplements. Some medications should not be taken before an operation. Others may conflict with other medication prescribed for you.
- Follow a special diet before surgery if your health care provider suggests it.
- If you have **diabetes**, maintaining good control of your **glucose** levels before surgery may improve healing.

Informed Consent and Advance Directives

Your health care provider will explain what is involved in your treatment before you can agree to it. This process is called **informed consent** (see box “Informed Consent”). You will be asked to sign a consent form before surgery. This form says that you were involved in the decision-making process with your health care provider. Many consent forms describe the type of operation you will have, who will do it, what condition it is meant to treat or evaluate as well as the risks, benefits, and alternative treatments. Read it closely. Ask questions if there is something you do not understand.

An advance directive is a legal document that tells your health care providers about the types of care you want to receive if you are not able to make medical decisions. Advance directives should be considered before you have surgery. You can obtain advance directive forms from your health care provider, legal office, or state health department.

Informed Consent

As part of informed consent, your health care provider should talk to you about the following things:

- What will be done
- Why you need it (benefits of the surgery)
- Risks of the surgery
- Risk of not having any treatment
- What other choices you may have

You should make sure you understand this information. Do not be afraid to ask questions. Have your health care provider go over anything that is not clear to you. If it is not possible for you, the patient, to sign the form, have a stand-in decision maker sign it for you.

Presurgery Checkup

A week or two before your surgery, you may need to have a physical exam and tests, which may include lab tests of your blood and urine, a chest X-ray, and an electrocardiogram. An electrocardiogram is a test of heart function with an instrument that prints out the results as a graph. Tell your health care provider about any changes in your health, medications, or symptoms that occur before your operation, even minor colds or infections.

The Day Before Surgery

Depending on the type of surgery, your health care provider may want you to use a laxative and eat lightly. Do not drink alcohol 24 hours before surgery. You also may be asked to use an enema at home a day or two before some types of surgery.

You may be told not to eat or drink anything for 6–12 hours before surgery. If you have had something to eat or drink during this time, tell your health care provider. If you have diabetes, ask the health care provider when you can have your last meal. Your health care provider will also tell you which medicines you may take with a sip of water on the morning of surgery.

The Day of Surgery

You will be asked to arrive early to prepare for the surgery. Be sure you have your insurance card.

Before leaving home, shower, wash your hair, and remove any nail polish or acrylic nails. Do not wear make up. Leave jewelry and other things of value at home. All jewelry usually needs to be removed from your body before the operation. If you will be staying overnight, bring only those items you will need, including a case for glasses, contact lenses, or dentures.

You will be given an ID bracelet. It will include your name, birth date, and health care provider's name. Make sure this information is correct. It will be used to identify you throughout your stay in the hospital.

Be prepared to go over your health history, as well as any drug allergies, or allergies to food or latex (some surgical gloves are made of latex). You will be asked what medications you are taking. It may be helpful to bring a list.

Preoperative Preparation

Just before surgery, preoperative preparation takes place. The steps vary, but you may experience the following:

- You may be asked to remove the following items:
 - Dentures and bridges
 - Hearing aids
 - Contact lenses and glasses
 - Wigs, hairpins, combs, and barrettes
 - Jewelry
- You will change from your clothes into a hospital gown and maybe a cap. Steps may be taken to help prevent **deep vein thrombosis**, a risk with all types of surgery. You may be given special stockings to wear, or inflatable devices may be put on your legs. You may be given drugs to reduce the risk of deep vein thrombosis.
- You will be taken to an area to wait until the surgical team is ready for you. Some places allow family members or friends to wait with you.
- Your health care provider or team will confirm your name, birth date, and type of surgery before you go to the operating room. If the operation is to be done on one side of your body, the site may be marked with a special pen.
- An anesthesiologist will discuss which type of anesthesia you will receive during the operation.
- A tube called an intravenous (IV) line may be placed into a vein in your arm or wrist. It is used for supplying your body with fluids, medication, or blood during and after the surgery.
- You may be given medication to help you relax. You also may be given other medications that your doctor has ordered, such as **antibiotics** to reduce the risk of infection.

In the Operating Room

After you have been taken into the operating room, you will be moved to the operating table. Monitors will be attached to various parts of your body to measure your pulse, oxygen level, and blood pressure.

The surgical team may again ask you your name, date of birth, and what operation you are having. A final review of medical records and tests may be done. This final confirmation is called a “time-out,” and it is

done for your safety. The time-out may be done before you are given a sedative, or you may not be awake during the time-out.

If you are having general anesthesia, it will be given through your IV line. After you are asleep, a tube called a **catheter** may be placed in your bladder to drain urine.

After Surgery

Once the operation is over, you will be moved into the recovery area. This area is equipped to monitor patients after surgery.

Many patients feel groggy, confused, and chilly when they wake up after an operation. Let your nurse know if you have a headache or nausea. You may have muscle aches or a sore throat shortly after surgery. These problems should not last long. You can ask for medicine to relieve them. You will remain in the recovery room until you are stable.

Recovery

During your recovery, be sure to ask for enough pain relievers to keep you comfortable. You may receive antibiotics and other medicines.

You may still have an IV line for fluids. It may take a few days before you are able to eat solid food. Sometimes the pain medicine may cause you to have little memory of the day of surgery.

As soon as possible, your nurses will have you move around as much as you can. You may be encouraged to get out of bed and walk around soon after your operation. You may feel tired and weak at first. The sooner you resume activity, the sooner your body's functions can get back to normal.

Going Home

After outpatient surgery, you will most likely be able to go home within hours. After inpatient surgery, you will stay in the hospital until your health care provider says you can go home.

Before you leave, a nurse or other health care provider will go over any instructions on diet, medicine, and care for your incision. You will be told what things or activities you should avoid and for how long (see box “Questions You Should Ask Before You Go Home”).

You should know who to call if you have a problem and what things you should call your health care provider about, such as a fever or increased vaginal bleeding. Also remember that many pain medications cause constipation. Ask your health care provider what he or she recommends to prevent this problem.

You should not drive right after outpatient surgery. Arrange to have someone drive you home when you are ready to check out. Do not operate heavy machinery, make important legal decisions, or drink alcohol for the next 24 hours.

Questions You Should Ask Before You Go Home

- What medicines should I take and when? Can I also take vitamins, herbs, and supplements?
- What and when should I eat?
- What signs of complications or infection should I look for?
- When should I see my health care provider again?
- What will happen to my stitches or staples?
- When and how can I shower or bathe?
- How much weight can I lift, and can I bend over?
- When can I drive, and when can I go back to work?
- When can I have sex again?

If you have had major inpatient surgery, it will most likely take a month or more before you are ready to resume your normal schedule. Minor operations require less recovery time, but you may need to cut back on certain activities for a while.

Finally...

Having an operation can make you anxious. Knowing what to expect will help you feel more at ease and may help you get better faster. Each type of surgery is different. Your health care provider will discuss the details about the surgery with you and answer any questions you may have. The more you know about your operation, the more you can take part in getting well.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Antibiotics: Drugs that treat infections.

Catheter: A tube used to drain fluid or urine from the body.

Deep Vein Thrombosis: A condition in which a blood clot forms in veins in the leg or other areas of the body.

Diabetes: A condition in which the levels of sugar in the blood are too high.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Glucose: A sugar that is present in the blood and is the body's main source of fuel.

Informed Consent: The process by which a patient gains an understanding of what will be involved in receiving a medical treatment or procedure before agreeing to treatment, including why it is being done, its risks, and other alternatives.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920