

Gynecologic Oncology Specialists

Minimally Invasive Surgical Instructions

Richard M. Boulay, M.D. M. Bijoy Thomas, M.D. Martin A. Martino, M.D.

1240 S. CEDAR CREST BLVD. SUITE #403

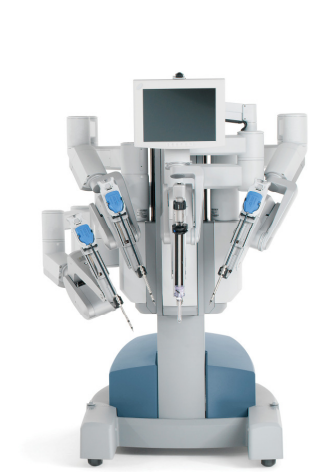
Allentown, PA 18103

Phone (610) 402-3650

Fax (610) 402-3673

The Benefits of Minimally Invasive Surgery

Your doctor may believe that minimally invasive surgery, or MIS for short, is the right choice for you. This newer approach in surgery may have greater benefits to you, the patient. Because MIS uses a smaller incision, many people leave the hospital faster and heal more quickly after their surgery.



The daVinci robot is a new way to perform surgery. This type of minimally invasive surgery allows your doctor to use a large computer with arms to help him or her in the operating room.

What are the benefits to using this computer?

Robotic surgery used for the female reproductive tract may help you leave the hospital faster and have a quicker recovery. Other benefits to using the robot are:

- It may reduce the amount of blood you lose during surgery.
- It may cause fewer complications.
- It may cause less scarring.
- It may cause less pain.

Plan Ahead: What to do before your surgery

Stop Smoking

- **Do not smoke** for at least 24 hours before your surgery.

Stop Taking Certain Types of Medicine

- **Do not take ASPIRIN, ALEVE (naproxen) or MOTRIN (ibuprofen)** for 7 days or one week before your surgery.
- If you take **COUMADIN (warfarin), PLAVIX (clopidogrel) or other BLOOD THINNERS** please ask your doctor if and when to stop taking your blood thinner before surgery.
- **Do NOT take Metamucil, Citrucel or other Fiber Supplements** the day before or the day of surgery.

If You Have High Blood Sugar

- If you are diabetic and use insulin or diabetic medicine, ask your doctor for orders on how to take your medicine the day of your surgery.

If You Have Heart Disease

- **DO NOT stop** taking your heart medicine **UNLESS YOUR DOCTOR TOLD YOU TO STOP**. If you are unsure whether to stop your heart medicine, please call your doctor.

Pre-Admission Testing (PAT)

- You will be scheduled for PAT before you have your surgery.
- Please bring a list of your medicine(s) and write down your dose and how many times a day you take each medicine. Also make a list of any over the counter medicine(s) you take including herbals and vitamins.
- Your health and surgical past will be reviewed. You will also have blood work, a tracing of your heart's activity (ECG), and an X-ray or other tests during your PAT visit if it is needed before your surgery.
- Nausea and vomiting can be common after surgery. Please let your anesthesia doctor know if you have had nausea or vomiting with past surgeries so they can plan to give you medicine to prevent this during your upcoming surgery.

Stay Healthy

- Before your surgery, avoid crowds, and friends or family who may be sick.
- Please let your doctor know if you have any changes in your health such as a cold, sore throat, fever or dental problems.

The day before your surgery

- Follow a clear liquid food plan the day before your surgery for **breakfast, lunch, and dinner**.
 - A clear liquid food plan means **NO** solid foods or dairy products. If you cannot see the bottom of a cup or bowl then it is not a clear liquid.
 - On a clear liquid food plan you may eat or drink:
 - Jell-O (No red flavor)
 - Tea (only use sugar, honey or sweetener, NO milk or cream)
 - Apple and or white grape juice
 - Italian ice, ice pops (No red flavor)
 - Clear broth or bouillon
 - Water (plain or flavored)
- At 10:00AM, the day before your surgery, drink one bottle of Magnesium Citrate. This medicine can be bought at your drug store.
- **The night before or morning of surgery** – take a shower using **Hibiclens**. Wash your whole body with this medicine. **DO NOT use Hibiclens** on your head, face, or genitals.
- Do not eat or drink anything after midnight. This includes water, gum, and hard candy.
- If you are told to take any medicine the morning of your surgery, take it with just a sip of water.

Have your check list ready

- ☐ My medical doctor has cleared me for surgery (if required).
- ☐ I have finished my PAT.
- ☐ I have stopped smoking 24 hours before my surgery.
- ☐ I have finished my colon prep (Magnesium citrate).
- ☐ I have only taken the medicine I was told to take on the morning of my surgery with a sip of water.
- ☐ I have taken my shower with Hibiclens.
- ☐ Do you have a holder for your contact lenses, eye glasses, dentures and hearing aids?
 - A holder will keep your items safe while you are in surgery. Only a hearing aid is allowed in the operating room so you can hear what the health care team is saying to you.
- ☐ **Do NOT** bring money, credit cards, check books or valuables (jewelry) to the hospital.
 - The hospital is not responsible for lost items.
- ☐ **Do NOT** bring electrical appliances (razors/hairdryers).
- ☐ **Do NOT** bring medicine (unless you were told to do so by your health care team).
- ☐ **Remove** all makeup. **Remove** all nail polish.
- ☐ **All jewelry, along with wedding bands, all body piercings such as tongue or belly rings, and hair pins must be removed before surgery. If you choose not to remove these, your surgery may be canceled.**
- ☐ **Do NOT** eat or drink before your surgery.
 - This means no ice, gum, or hard candy. If you do eat or drink something please be sure to tell your nurse right away. Your surgery may be canceled.
 - You will receive a phone call the day before your surgery giving you instructions on what time to arrive at the hospital.

The Pre-operative Unit

- The day of surgery, come through the main entrance and stop at the information desk. They will direct you to pre-operative unit. At LVH-Cedar Crest it is referred to as the Surgical Staging Unit. At LVH-Muhlenberg it is called the Ambulatory Surgical Unit.
- In the pre-operative unit, a hospital gown and slippers will be given to you.
- If needed, pubic hair at the site of surgery will be removed by clipping.
- As stated by our policy, if a “left” or “right” is pointed out on your procedure consent, the word “yes” or the doctor’s initials will be marked on your body. This mark is not permanent and is removable.

The Pre-operative Unit (continued)

- All makeup, jewelry, hair pins, false teeth, contact lenses and glasses must be removed.
- You will be asked to pass your urine before going to surgery.

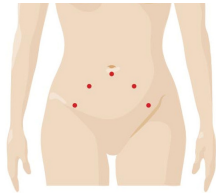
Who will be in the operating room during the surgery?

An operating room staff member will move you on a stretcher from your room to the space where your surgery will take place. In this area you will meet some of the operating room nurses and someone from the anesthesia department. You may also have an intravenous (IV) started and medicine to help you relax.

Your surgeons are responsible for you during your surgery. Before and after surgery you will meet and work with other health care team members. You may meet residents, medical students, physician assistants or nurse practitioners. This team works with your surgeons to make sure your needs are met and your questions are answered.

What can I expect during and after surgery?

You will have an exam while you are under anesthesia. This is when your surgical team confirms your planned surgery and reviews their checklist before they make the incision.



There will be some very small incisions that you will be able to see. Often, there is one small incision by your belly button which is where the camera is placed. Then there are 2-4 dime size incisions made in the lower half of your belly.

- An extra incision is made at the top of the vagina to plan for the removal of your uterus, fallopian tubes and ovaries. This incision is on the inside of your vagina. You will not be able to see this and your doctor closes this incision with suture which dissolves over a short period of time.
- A catheter is also placed into your bladder while you are asleep. It is often removed right after the surgery or the next morning. If you had more advanced surgery, your doctor may talk to you about leaving the catheter in place longer.
- Small strips which look like tape are placed over the incisions on your belly. These will fall off over the next few weeks. Underneath these strips are dissolvable sutures, which will be absorbed or will fall out on their own in 2-4 weeks.
- Your doctor may also use a skin glue to close your incision. This will dissolve over time.

After your surgery

If not previously scheduled, please call the office when you get home for a 2-3 week check up from the day of your discharge. We can be reached during normal office hours from 8:00 am – 4:30 pm by calling **610-402-3650**.

Rest:

- Rest is a needed part of healing, so you may be tired over the next few days to weeks. Taking a nap in the afternoon is encouraged.

Fluids:

- During your surgery we give you medicine, fluid and pain relief through the IV in your arm. Once the IV is removed, be sure to continue to drink plenty of fluids.

Pain:

- During surgery we control your pain with medicine through your IV. Once the IV is removed you will be given pain medicine in the form of a pill to control your pain after surgery.
- You will be given a prescription for pain medicine.
- You may also take over the counter pain medicine including Tylenol (acetaminophen) and Motrin (ibuprofen) if your doctor tells you it is OK to do so.
- **Important:** Many prescription pain medicines contain Tylenol (acetaminophen) so please do not take your prescription pain medicine and over the counter Tylenol within 6 hours of each other.

Food plan:

- When you go home, eat light. Try eating small meals throughout the day. Avoid gas producing foods like fried foods, beans, onions, and broccoli for 2 weeks.

Nausea/Vomiting:

- You will be given anti-nausea medicine in the hospital if you need it.
- At home, a bland diet is encouraged (BRAT - bread, rice, applesauce, toast) and avoid all spicy foods.

Constipation:

- To minimize constipation, increase your fluid intake and eat lots of fiber (leafy vegetables, bran, and fruits).
- It may take several days for you to have a bowel movement. A mild laxative or stool softener (Colace, Peri-Colace, Milk of Magnesia, Metamucil, etc.) may be helpful.

After your surgery (continued)

Vaginal spotting and sexual activity:

- We expect some vaginal spotting or bleeding after surgery.
- If you have bleeding like a heavy period, you should call your doctor.
- The sutures placed in your vagina usually dissolve in 2-3 months, so vaginal spotting or discharge is expected.
- Do not have sex; do not use tampons or douche for **10 weeks** unless your doctor tells you it is safe.
- If you **DO NOT** have a vaginal incision you may begin sexual activity in 6 weeks.

Bathing:

- Showering is safe the day after surgery. You may wash your incisions with mild soap (Dove, Ivory) and water. Pat dry completely. Keep your incisions clean and allow the bandages to fall off on their own.
- Do not take a bath until 2 weeks after your surgery.

Hormones:

- If your ovaries are removed, you may have hot flashes or other signs of menopause. If you would like to talk about hormone replacement therapy let your doctor or nurse know and we will help you with these issues.

Driving:

- We suggest that you not drive until you are no longer taking narcotic pain medicine. This may be from several days to several weeks based on how you heal from surgery.

Steps and lifting:

- You may walk up and down the steps. Use a handrail for balance. You should not lift anything heavier than a gallon of milk (5-10 lbs) for 4-6 weeks.

Return to work:

- You may return to work once you feel ready. Most people often feel better during the first 2 to 6 weeks after surgery. Every person is different. Talk with your doctor.

Call to speak to your doctor if you have any of these signs:

- Heavy bleeding (greater than a period).
- A fever over 101° F (a possible sign of infection).
- Severe pain, redness or drainage around the incisions.
- Nausea or vomiting that lasts over 6 hours
- Sudden shortness of breath or chest pain.

You may call during normal office hours from 8:00 am – 4:30 pm or after hours at **610-402-3650**. We ask that you limit your after hour calls to emergencies only.