

Patient Instructions for Major Procedures

We recognize that most patients are worried and nervous before their surgery. Knowing what to expect and having your questions answered before the surgery can often reduce that anxiety. The information below should answer some of the most common questions about your surgery.

Preoperative Testing Visit

Blood work, X-ray studies, electrocardiograms, and other necessary testing are performed at this visit. A member of our anesthesiology team will interview you to determine if you need any additional testing or special anesthesia for your procedure. Unless you have specific questions, you do not need to see your physician on this visit.

Day Prior to Surgery

After midnight the night before your procedure, do not eat or drink anything, including coffee, liquids, gum, candy, etc. Your stomach must be empty prior to the start of anesthesia, to reduce your risk of aspiration (swallowing regurgitated stomach contents into the lungs). If you take any medications on a regular basis, please ask your physician whether you should take these medications on the day of your surgery.

Day of Surgery

On the day of surgery, you will check in about 2 hours prior to your scheduled surgery. You will need to report to Admissions and will then be taken to the preoperative (preop) area. In preop, you will meet the anesthesia team that will oversee your case. An intravenous (IV) line will be placed and additional lab work or preoperative (preop) antibiotics may be given at this time. Consent forms for surgery and information regarding living wills will also be reviewed while in preop. Your physician will speak with you and answer any last-minute questions. A member of your family may be with you for most of your time in this area.

You will then be transported to the operating room. Your family cannot accompany you to this area. They will be directed to the family waiting room, which is located next to the operating rooms. Your family will be able to follow the course of your procedure on large monitors in the waiting room.

After your procedure, you will be taken to the recovery room or Post-Anesthesia Care Unit (PACU). Your physician will speak with your family after your surgery. You will remain in the recovery room for about 2 hours, then you will be transferred to your hospital room, where you will spend the remainder of your hospital stay.

Prescriptions

- **Pain:** Your physician will prescribe a pain medication for you. Pain is expected after surgery. It should improve as your postoperative period progresses. Use the prescribed medicine as needed. A heating pad is also useful. If you require significantly more pain medication than you were prescribed, please call the office.
- **Routine Medications:** You may resume all previous medications after discharge. Your physician will instruct you to discontinue medicines as necessary.
- **Iron:** Your physician may prescribe iron to help replace the blood cells lost at surgery. Be aware that this may constipate you and can turn your stool dark.
- **Antibiotics:** Most patients do not require an antibiotic after surgery. If you are prescribed an antibiotic to take after discharge, please take the entire prescription, whether you feel better or not. If you continue to have symptoms after finishing the antibiotics, please call the office.

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Appointments

You should be given an appointment for your postoperative check when you leave the hospital. This appointment will usually be 4-6 weeks after discharge. If you have a conflict, please call and reschedule at your earliest convenience. If you were not given an appointment for follow-up, please call our office when you get home to schedule this visit.

Hygiene

Showers are preferable. If you prefer a tub bath, please consult with your physician or nurse.

Activity

- Driving after major surgery should be avoided until approved by your physician. In general, most patients can resume driving once they no longer need opioid pain medicine. It may take several weeks for your reflexes to return to normal. You should also check your auto insurance policy for any restrictions regarding driving after surgery.
- Fatigue is common for up to 6-8 weeks following major surgery. Fatigue is most noticeable during the first two weeks after surgery.
- If your surgery involved an abdominal, laparoscopic, or vaginal hysterectomy or a vaginal repair, you should avoid sexual intercourse, douching, and tampon usage until you return for your postoperative check.
- Light vaginal bleeding and discharge is common for 2-4 weeks after a hysterectomy or vaginal procedure.

Diet

- Eat a normal, well-balanced diet.
- Drink 6-8 glasses of fluids each day. You should also eat a high-fiber diet, to help your bowel function return to normal.

Exercise

- No lifting of objects heavier than 20 pounds until your postoperative check. Stretching exercises are acceptable; however, do not put undue stress upon your incision.
- Walking is encouraged. Use your comfort and fatigue as a guide. We recommend walking one mile (cumulative) each day after surgery.
- Vigorous exercises should be avoided until your postoperative examination.

Bowel Function

- Following major surgery, bowel function does not return to normal for several weeks.
- We encourage a high-fiber diet and drinking at least 6-8 glasses of water daily for the first week after your procedure.
- Some patients will need Miralax or Milk of Magnesia for constipation that lasts at least two days. Contact your physician if you have constipation, nausea and vomiting, or diarrhea for more than two days or if these symptoms do not respond to over-the-counter medication.

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Incisions

- An abdominal incision may be cleansed with soap and water. Any unusual drainage or redness around your incision or temperature greater than 101 degrees should be reported to your doctor or nurse. Mild bruising around the incision is normal.
- Laparoscopy incisions may drain a small amount of fluid for 1-2 days. The same precautions listed above apply to these incisions.

Staples/Stitches

- If your incision was closed with staples, they will have to be removed in the doctor's office. If your incision is vertical, you will be given a time to return in 7-10 days for removal. If your incision is horizontal, the staples will be removed in 3-5 days.
- If your incision was closed with stitches, they will dissolve and do not require removal.
- If steri-strips were applied to your incision, leave them in place for 5-7 days before removing them.

Return to Work

As a general guideline, allow 4-6 weeks following major surgery before returning to work. Many laparoscopic surgeries may return to work earlier. If you wish to return sooner, discuss this with your doctor.

Complications

Please let your doctor or nurse know if you develop any of these symptoms:

- Chills or fever greater than 101 degrees
- Unusual, heavy bleeding (equal to or heavier than a menstrual period)
- Uncontrollable nausea, vomiting, or diarrhea
- Redness, tenderness, or swelling in the calves of your legs (early sign of phlebitis)
- Redness, swelling, or drainage from your incision
- Increasing abdominal pain

If you feel that you need to be seen immediately, please call your doctor. Unless it is a true emergency, please call your doctor before going to the Emergency Department. This will save you time and make the best use of your health care resources.

Test Results

If you have any test results pending at the time of your discharge, the office will contact you to discuss the results with you. If you have not heard from us within one week, please call the office.

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