



**The Women's
Hospital**

Deaconess

ENHANCED RECOVERY AFTER SURGERY (ERAS)

A Guide For Patients Undergoing Gynecologic Surgery



Patient Name

Surgery Date/Time to Arrive

Surgeon

deaconess.com/twh

We want to thank you for choosing The Women’s Hospital for your surgical services. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your surgical journey and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

HOSPITAL CONTACT INFORMATION

Your surgery is scheduled to be performed at The Women’s Hospital. The main hospital address is:

**4199 Gateway Boulevard
Newburgh, Indiana 47630**

Contact	Phone Number
Hospital Operator	812-842-4200
Pre-Operative Surgical Nurses	812-842-4345
Emergency Department	812-842-4309
Hospital Billing Questions	812-842-4260

ENHANCED RECOVERY AFTER SURGERY (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.

There are four main stages:

1. Planning and preparing before surgery - giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation - allowing you to drink Gatorade or Powerade up to 4 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery - allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the center of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

You will have a pre-operative testing, including lab work and possibly addition tests, to be sure you are ready for surgery. If you have any abnormal pre-operative testing results, it may be necessary for you to see additional specialty doctors. The office will inform you if this is necessary.

A nurse from The Women's Hospital will call you approximately one week prior to your procedure to review your medication list, allergies and health history. The nurse will provide you with instructions regarding what medications to continue and which medications to stop.

- If you are taking any supplements, vitamins, and/or herbs stop these 2 weeks before the scheduled surgery.
- If you are taking any NSAID's (Ibuprofen, Motrin, Aleve, Naproxen) stop these 1 week before surgery.
- If you are taking additional medications for chronic pain, please continue those up until the surgery.
- Follow the instructions you are given from your doctor regarding blood thinners and diabetic medications.

PRE-SURGERY CHECKLIST

What you **SHOULD** bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by the doctor
- A copy of your Advance Directive form, if you completed one
- A book or something to do while you wait
- A package of your favorite chewing gum
- A change of comfortable clothes for discharge
- Any toiletries that 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

**Please know that any belongings you bring will go to "safe keeping."
Remove nail polish, jewelry and all piercings before coming to the hospital.*

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home (If you are going home the same day). If you plan to take public transportation, a responsible adult should travel with you.
- Plan to have support at home after discharge to assist you with daily activities, such as meals, medication and housework.

Miralax Bowel Preparation (if ordered by your doctor)

In order to prepare your bowels for surgery, we ask that you take 1 dose (1 heaping capful) of Miralax daily on each of the 5 days before you come in for surgery. This will help to get your bowels regular.

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

FOOD AND DRINK THE NIGHT BEFORE SURGERY

- Do not eat solid foods after midnight before your surgery.
- We suggest avoiding fatty, fried foods the day before surgery.
- Be sure to have a 20 oz. Gatorade or Powerade (any color) ready for the morning of surgery. Drink this as directed by our office.

PAIN CONTROL FOLLOWING SURGERY

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. It is important that you are able to take deep breaths, cough and move. Preventing and treating your pain early is easier than trying to treat pain after it starts. Your surgeon will develop a plan to control your pain according to the type of surgery performed. You may have a pain pump initially to control pain but will have narcotic pain pills to start once tolerating liquids by mouth.

If you have a contract with a physician for pain management, we will work with your pain management physician to develop a plan for managing your pain.

You may be able to go home if you:

- Are off all IV fluids and drinking enough to stay hydrated.
- Are comfortable and your pain is well controlled.
- Are not nauseated or belching (burping).
- Are passing gas.
- Do not have a fever.
- Are able to get around on your own.

AFTER SURGERY

The evening after or next day after surgery you:

- Will be able to eat regular foods as soon as you are ready. Choose small, frequent and easy to digest meals.
- Will be encouraged to drink.
- Will likely have your IV removed.
- Will have the catheter removed if not removed day of surgery.
- Will have dressing removed in the shower.
- Will be asked to get out of bed frequently to ambulate and sit in the chair.
- Will be monitored closely for pain control.
- Will go home if pain controlled, you are passing gas, tolerating food by mouth without nausea or vomiting, urinating without difficulty, and are able to get around on your own.

COMPLICATIONS DELAYING DISCHARGE

Bowel Function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus. If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

AFTER DISCHARGE

Before you are discharged from the hospital, your will be given instructions for care and medications to take at home.

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- You have a fever greater than 100.5°F.
- You are vomiting and cannot keep down liquids.
- You have severe abdominal pain or severe diarrhea.
- You are unable to pass gas for 24 hours.
- You have pus or any drainage with odor coming from your incision.
- Some clear drops of fluid or blood can be normal.
- Unequal swelling in your calves with calf tenderness or redness.
- You have vaginal bleeding that is heavy enough to soak a maxi pad in 1 hour.

Please call the physician's number on your after visit summary to report any of the symptoms listed above.

Vaginal Discharge

In the few weeks after surgery, you will also have discharge coming out of your vagina. After a few days, the amount of discharge slows down and becomes pink or brown. After that, you will have a creamy or yellowish discharge for another 1 or 2 weeks. This creamy colored discharge may continue for a longer period depending on the type of surgery that was performed.

Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time. Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Constipation
- Difficulty controlling bowel movements with occasional accidents.
- Continuing to feel that you need to have a bowel movement even if you've had several in a row

Make sure you eat small, frequent meals, drink a minimum of 64oz of fluids and take regular walks during the first two weeks after your operation.

If you are having very watery diarrhea more than six times each day call your surgeon's office. This could indicate a dangerous bacterial infection that we may want to test you for if you are having a lot of watery diarrhea.

Constipation

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain, bleeding and possible tearing of vaginal sutures.

- Take one dose of Miralax powder and a stool softener daily.
- Drink a minimum of 64oz (8 cups) of fluid per day.
- If no bowel movement in 2 days, increase Miralax to three times a day.
- If no bowel movement by the third day, call your surgeon's office

Urinary Function

After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not urinating or if there is stinging or burning when passing urine, please contact us as you may have an infection.

Wound Care

For the first 1-2 weeks following your surgery, your abdominal wound may be slightly red and uncomfortable. If your abdominal wound opens up, drains fluid, or has redness that spreads, call your surgeon's office.

- You may shower and let the soapy water wash over your abdominal incision.
- Avoid soaking in the tub for 1 month following surgery or until the abdominal wound is well healed.
- The abdominal wound will "soften up" in several months.
- It is common to have lumpy areas in the abdominal wound near the belly button and at the ends of the incision.
- If you have staples, we will arrange for them to be removed 7-14 days after discharge.
- If your incision is closed with skin glue, it will come off on its own in a few weeks.

DIET

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.

You should try to eat a balanced diet, including:

- Foods that are soft, moist and easy to chew and swallow
- Foods that can be cut or broken into small pieces
- Foods that can be softened by cooking or mashing
- Eating 4-6 small meals throughout the day to reduce gas and bloating
- Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially, below)
- Drinking plenty of fluids. Aim for at least 64oz per day - water, fruit juice, teas/coffee and milk (regular milk is encouraged as a good source of nutrients to aid your recovery).

Be sure to:

- Chew food well - take small bites!
- Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc.
- Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables

Avoid:

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call your nurse.

HOBBIES AND ACTIVITIES

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily.

You should NOT:

- Do any heavy lifting for 4 weeks.
(no more than a gallon of milk = 10 lbs.).
- Play contact sports until 6 weeks following your surgery.
- Insert anything into the vagina (no tampons, intercourse, etc) until released by your doctor.

You SHOULD:

- Be able to climb stairs from the time you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.

Work

You should be able to return to work _____ weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

Driving

You may drive when you are off narcotics for 24 hours and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2 weeks following surgery. For our minimally-invasive surgery patients, this may occur earlier.

Resuming Sexual Relationships

If you had your uterus (womb) removed, you will have an incision at the top of your vagina. This vaginal incision has stitches that will dissolve. This incision takes longer to heal than your skin incision. While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse, using tampons or douching for 6 weeks after surgery.



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