



Women's Health Surgery Center



Welcome Thank you for deciding to have your surgery with us.

St. Croix Regional Medical Center's (SCRMC) expert staff are committed to providing excellent care throughout your experience with our women's health surgery center. Our focus on customer service allows you to easily navigate the surgical experience and to take the first step toward getting back to your active lifestyle. You are our guest and we are here to serve you.

We have carefully planned your care with the goal of a speedy and successful journey to recovery. The healthcare process can appear complicated, which is why we developed this guide to answer your questions, assist you in the process, and provide you the resources you will need to resume your normal activities.

We encourage you to use this handbook as a journal. The important dates to remember and the countdown to surgery checklist will help keep you organized. Write down any questions on the notes page in the back of the book. It is a great place to record information from your provider visits.

Even though our team has cared for many patients, we understand your needs are unique. Our specialized team will take care of you and your family or caregivers. From your physician, to the surgery staff, and nursing staff, our combined efforts are focused on you! You can find a wealth of information on our providers, services, and locations on our website, www.scrmc.org, or call us at **800-828-3627**.

Thank you for choosing SCRMC. If you have any questions, please feel free to call the **Pre-Op Nurse Educator** at **715-483-0442**. This guide was developed to improve the experience for patients who need major surgery. It ensures you are actively involved in your care and accelerates your recovery. The goal is to get you back to normal as quickly as possible.

Surgery Date: _____

Arrival Time: _____

4 WEEKS BEFORE SURGERY

- Good nutrition, with adequate calories and protein, is important to healing and recovery after major surgery.
- If you smoke, quit before surgery. This may improve healing and reduce complications. Talk with your doctor about smoking cessation.

2 WEEKS BEFORE SURGERY

- Schedule pre-operative physical exam with your family provider 2 weeks before surgery.
Date: _____ Time: _____
- You will likely have lab and blood tests. A chest xray and an ECG (electrocardiogram) may also be ordered.
- Your doctor will talk with you about health problems, such as diabetes and high blood pressure, which need to be under control before surgery.
- Discuss medications and supplements that should be stopped.
- Work with your doctor to clear up any infections before surgery. Doing so helps ensure a better recovery.

Staff at SCRMC will call to schedule your post-surgical appointment. If you need to change this appointment, please call: 1-800-828-3627 or 715-483-3221.

1 WEEK BEFORE SURGERY

- **Please review page 4 for medication list.** Talk to your family provider if you are on any of these medications.
- Talk to your provider about taking one heaping capful of Miralax® daily to help regulate your bowels before surgery.
- If prescribed and instructed to use a vaginal antibiotic, start this five days before surgery. Use one applicator full in the vagina every night for five nights.
- Drink 64 ounces of non-caffeinated fluid daily to stay hydrated and help you recover faster.
- Eat a high-protein diet of six small, frequent meals per day with 15 grams of protein per meal. It is recommended that you drink a high protein shake one to two times each day. Premier Protein is an excellent source of protein (30g) that is low in sugar.

1 WEEK BEFORE SURGERY continued

- Exercise 30 minutes per day to increase blood flow and help you recover faster.
- Make arrangements with a friend or family member to drive you to the hospital and drive you home after your surgery.
- Begin practicing diaphragmatic breathing (see page 15).
- Discontinue herbs and vitamins to reduce the risk of medication interactions. To reduce the risk of bleeding, also stop aspirin, NSAIDs, and fish oil supplements.

2 DAYS BEFORE SURGERY

- Shower with antibacterial (*Chlorhexidine*) soap (*more information on page 5*).

THE DAY BEFORE SURGERY

- St. Croix Regional Medical Center will call to confirm your arrival time.
- Shower with antibacterial (*Chlorhexidine*) soap.

THE DAY OF SURGERY

- Do not eat or drink anything after midnight including chewing tobacco, lozenges, gum, breath mints, and hard candies. *Take instructed medications with a sip of water.*
- Shower with antibacterial (*Chlorhexidine*) soap.
- Wear loose-fitting clothing on the day of your surgery.
- Report to the Lloyd Olson Surgery Center entrance located at 235 State Street, St. Croix Falls, WI. You will be directed to registration and sign in.

Bring with you:

- All insurance information.
- A complete list of all the medications you have taken in the last 24 hours.
- Bring medications as directed by surgery scheduling.

HELPFUL HINTS FOR PREPARING YOU AND YOUR HOME FOR SURGERY

- Clutter should be kept out of the way to prevent tripping and falling.
- House pets should be kept in another room or attended to while you are up walking.
- Place a small table by the chair and bed for the convenient reach of frequently used items.
- Bring anything you need during the day downstairs. You will be able to climb stairs after surgery, but it may be hard to go up and down often.
- The telephone should be located where it can easily be reached, or carry your cell phone with you.
- If you don't have someone with you all the time, it would be helpful to have a planned schedule when relatives and/or friends come to help with your care (*i.e. bath time, meals, outside walking, etc.*).
- If you do the cooking, make double batches of everything for a week or two before your surgery. Freeze half and you will have two weeks of ready-made meals when you get home. You can also stock up on healthy, ready-made foods that you enjoy.
- Put anything you use often at waist and shoulder height where it is easy to reach, to avoid bending down or stretching to reach things, especially in the kitchen. A grab tool may help if you drop items.
- Consider modifying your bathroom to include a shower chair, grip bar, sitz bath or raised toilet.

MEDICATION DO'S AND DON'TS BEFORE SURGERY

Medications are a very important piece of your Surgery Plan. Keep your medication list current including all prescribed medications, over-the-counter (OTC), herbal and vitamin supplements. Make sure that your provider has told you what to take and not to take on the day before and day of surgery.

Medication Stop Date: _____

TO REDUCE BLEEDING RISK:

Anticoagulants need to be STOPPED before your surgery. All of these medications have different actions in your body, and your provider will tell you when to stop them.

Common Anticoagulants: Warfarin, Dabigatran (Pradaxa®), Rivaroxaban (Xarelto®), Apixaban (Eliquis®)

Antiplatelets need to be reviewed by your provider before surgery and directions given when to stop them.

Aspirin: If you are taking any Aspirin you may need to stop at least seven (7) days before surgery. Confirm this with your surgical team.

Common Antiplatelets: Aspirin, Clopidogrel (Plavix®), Cilostazol (Pletal®), Excedrin®, Prasugrel (Effient®), Aggrenox, Dipyridamole, Anagrelide (Agrylin®)

Anti-inflammatory Medications may cause increased bleeding. Stop these drugs seven (7) days before surgery.

Common Anti-inflammatories: Ibuprofen (Motrin®, Advil®), Naproxen (Aleve®), Celecoxib (Celebrex®), Sulindac (Clinoril®) Diclofenac®, indomethacin, ketorolac, Meloxicam®

Other Medication concerns:

OTC, herbal or vitamin supplements—Make sure to give an accurate list of supplements to your provider before surgery. Some of the supplements may need to be stopped before surgery.

Steroids—If you take Prednisone, Methylprednisolone, Hydrocortisone or Fludrocortisone, your provider will have to decide what to give you after surgery.

Insulin or Oral and Injectable Diabetes Medications—Your provider will give you direction on what to take the night before and morning of surgery. Be sure to have an accurate list of what you take.

If you have questions, please call and speak with a pre-op education nurse at 715-483-0442.

CHLORHEXIDINE (klor-hex-ah-deen) SOAP

What is Chlorhexidine soap?

Why should I start using it two days before surgery?

Start Date: _____

- Chlorhexidine is an antiseptic that will help clean your skin and help lower the chance of an infection.
- Shower with Chlorhexidine every day starting 2 days before surgery and on the morning of your surgery (for a total of 3).
- You will be given your bottle of Chlorhexidine soap at your pre-operative physical.

How to shower with Chlorhexidine:

- Use the Chlorhexidine soap from your neck to feet. *(Do not use on your groin or anal areas: use your usual soap for those areas.)* Rinse the soap from your body.
- Use your usual soap or cleanser on your face.
- Use your usual shampoo on your hair.
- Use a clean towel each time to dry yourself. Dry the groin and anal areas last.

Important:

- **DO NOT** use Chlorhexidine soap if you are sensitive or allergic to it.
- **DO NOT** use Chlorhexidine soap on your face because it is not safe for your eyes or ears.
- Go back to using your usual soap if your skin is irritated by the Chlorhexidine soap, following the same steps above.
- **DO NOT** use lotions, powder, perfumes/colognes or deodorant after your shower.
- **DO NOT** shave the hair on or near your surgical site 72 hours prior to your surgery.
- Sleep on clean linens and in clean night clothes the night before surgery.
- **DO NOT** sleep with pets.

If you have questions please, call and speak with a pre-op education nurse at 715-483-0442.

WHAT SHOULD I DO THE DAY BEFORE SURGERY?

- **DO NOT eat solid food after midnight on the night before surgery.**
 - Have a light supper (no fried or fatty foods) on the night before surgery.
 - **DO NOT drink alcohol 24 hours before surgery.**
 - You can have water up to 8 hours before the scheduled time of surgery.
- Take off all piercings and jewelry including wedding rings.
 - Remove nail polish or fake nails.

WHAT SHOULD I BRING TO THE HOSPITAL?

Limit the personal things you bring to the hospital. Only bring the most important items such as:

Medical Items:

- A copy of your Health Care Directives
- Any test results or forms you were told to bring
- Home medications as directed by surgery scheduling
- CPAP machine if you have sleep apnea
- Insurance details

Toiletry Items:

- Comb and brush
- Razor and shaving cream (*electric razor preferred*)
- Body wash or soap (if you want your own brand), and deodorant
- Toothpaste and toothbrush, denture cleanser and denture cup

Clothing: (*You will be getting dressed in your own clothes the day after surgery.*)

- Loose-fitting clothing, such as sweats
- Loose, non-slip footwear (such as Velcro shoes)
- Underwear, pajamas, and/or robe
- Cases for glasses, hearing aids, dentures or contacts

DO NOT bring valuables to the hospital with you. You may bring your cell phone and charger.

LEAVING FOR THE HOSPITAL

Before leaving for the for the hospital:

- **DO NOT eat solid food after midnight on the night before surgery.**
- Please shower and use the Chlorhexidine soap provided to you during the pre-operative physical appointment. **DO NOT shave your legs. DO NOT use bath brushes or loofahs.** These items can cause tiny cuts in the skin, and make it easier to develop an infection.
- Brush your teeth and rinse with water but avoid swallowing the water. **Do not chew gum or use breath mints.**
- **Take your approved medications as soon as you wake with only a small sip of water.** You may take heart, blood pressure, pain medication or those medications as instructed by your surgeon and pre-operative screening nurse.

Meds to take:

- Wear loose-fitting clothes which are easily removed. Do not wear boots, high heels, or panty hose.
- Leave jewelry and valuables at home, such as your wedding band and other jewelry.
- **DO NOT** use perfume, deodorant, shaving creams, lotions or hair products.
- Bring a small container or case with your name clearly marked to store your eyeglasses, contact lenses, hearing aids, or dentures.
- **If you use a C-Pap or Bi-Pap machine, bring your machine.**

ARRIVING AT THE HOSPITAL

- Please arrive at the hospital **90 minutes prior to your scheduled surgery.** The Pre-op Educator will call you to confirm your surgery time the day before your surgery.
- **Report to the Lloyd Olson Surgery Center entrance at 235 State Street, St. Croix Falls, WI.** You will be directed to registration and check in.

You must designate one person to be contacted (preferably the family member or friend you have designated as your support person) when your surgery is complete.

BEFORE SURGERY

Pre-operative Preparation

- After you meet with the admitting representative, you will be taken to the pre-operative preparation area. You'll be asked to change into a hospital gown and your clothes will be placed into a plastic bag with your name on it. You will remove your dentures, eyeglasses, contact lenses, and hearing aids just before surgery.
- The pre-op nurse will review your medical records, conduct a brief physical evaluation, and take your vital signs (pulse and blood pressure). An intravenous line (IV) will be started and you will meet with the anesthetist. Your surgeon will verify and mark the surgical site with their initials while you are awake and alert so you can participate in the process.
- Your nose will be swabbed with iodine; this may help prevent surgical site infection. *If you have a known allergy to iodine, please let your care provider know.*
- One support person can be with you in the pre-operative preparation area until the time of surgery. While you're in surgery, they will wait in the pre-operative bay area where the surgeon/nursing staff will update them on your progress.
- Surgery may take two to three hours or longer, depending on the surgery you are having, from the time you leave your support person until your surgery is completed. They may ask about the surgery and when you will be finished at the surgical services nurses station. Once you are ready to be moved from the PACU (Post Anesthesia Care Unit)/ Recovery Room), they will be notified of your room number and may proceed there to meet you. Patients are transferred to the Medical/Surgical Unit. **For safety reasons, visitors are not allowed in the PACU.**

ANESTHESIA

- Your anesthetist will meet with you prior to your surgery to thoroughly review your medical history. Your anesthetist will speak with you about the type of anesthesia you will receive and you will sign a consent form prior to surgery.
- **Report any difficulty or complications you may have had with anesthesia, or other health concerns, to your anesthetist and pre-op nurse.**
- 95% of our patients have spinal anesthesia with sedation. Spinal anesthesia provides local anesthesia in your lower back. Local anesthetics block the nerves that provide feeling from your rib cage down. Sedating medications are given through your intravenous (IV) fluids before and during surgery.
- If you are not able to have spinal anesthesia with sedation, you may have general anesthesia.
- During surgery, medications will be given as needed to keep you relaxed and pain free.
- After surgery, you will wake up quickly in the PACU. You may receive oxygen through a nasal cannula (tube in the nostrils) or mask to promote healing. You may receive supplemental oxygen throughout the first night and throughout your stay. Your nurse and respiratory therapist will monitor your oxygen levels regularly.

POST SURGICAL CARE

After your stay in the Post Anesthesia Care Unit (PACU), you will be transferred to your hospital room. When you awaken, you may feel groggy. There may be tubes and surgical dressings applied to your surgical site. Your nurse will assess you for pain and administer ordered pain medications.

- **Intravenous Fluids, Antibiotics:** You will receive fluids, and antibiotics intravenously (IV) to hydrate you and prevent infection post surgery. As you progress, the IV fluids will be stopped and only an IV access line will remain.
- **Dressings:** Leave dressings in place, unless directed differently by your care team.
- **Catheter:** Your care team will provide catheter care instructions.
- **Oxygen:** After surgery, you may receive oxygen through a tube under your nose called a nasal cannula. A nurse or respiratory therapist may place a small clip on your finger to monitor the level of oxygen in your blood frequently while you are receiving oxygen.
- **Blood Transfusions:** If your blood count is low after surgery, a blood transfusion may be ordered by your provider.

MEDICATIONS

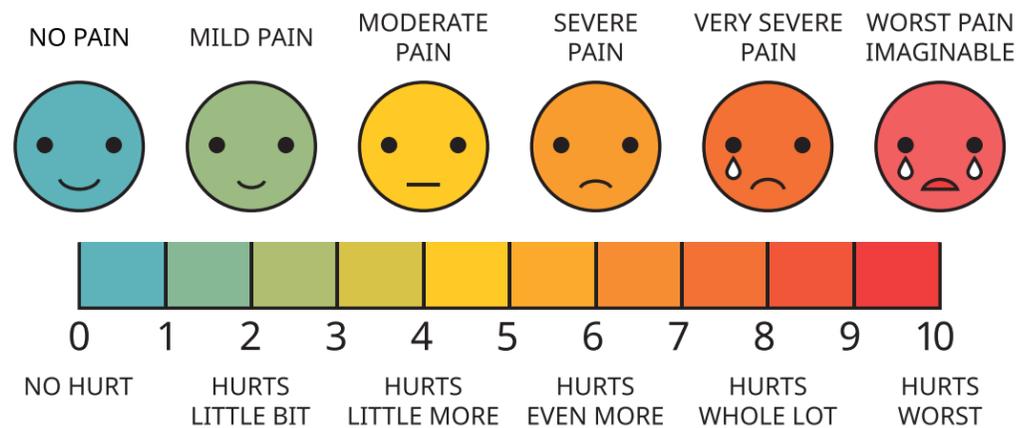
- **Insulin (non-diabetic patient):** It is normal for patients to have high blood sugars after surgery. This is one way the body reacts to major surgery. Insulin will be used to control your blood sugar if it is high. Controlling blood sugars can help healing and help prevent problems after surgery. Your blood sugar will be taken before and after surgery. During your stay, your blood sugar will be taken 4 times daily.
- **Insulin (diabetic patient):** You will continue to take your insulin or blood sugar medication as you do at home. Oral medications for diabetes are commonly withheld while you are in the hospital. Your care team will help manage your diabetes while you are in the hospital. Dosage may need to be adjusted slightly after surgery.
- **Anticoagulant (blood thinner):** You will need to take a prescribed anticoagulant for several weeks after your surgery according to the surgeon's instructions. This is to help prevent blood clots from forming.

POST SURGICAL CARE

Pain Medications and Pain Management

You will experience pain after your surgery. Your care team is committed to minimizing your post-operative pain throughout your hospital stay. You will be asked frequently by staff to rate the intensity of your pain. **See the pain scale below.**

- **Pain Scale:** A pain scale will be used and is numbered 0 to 10 with each number representing a degree of pain. "0" is considered no pain and "10" is worst pain imaginable.
- **Pain Medication:** Pain medication will be administered by the nurse as needed to help control pain and discomfort.

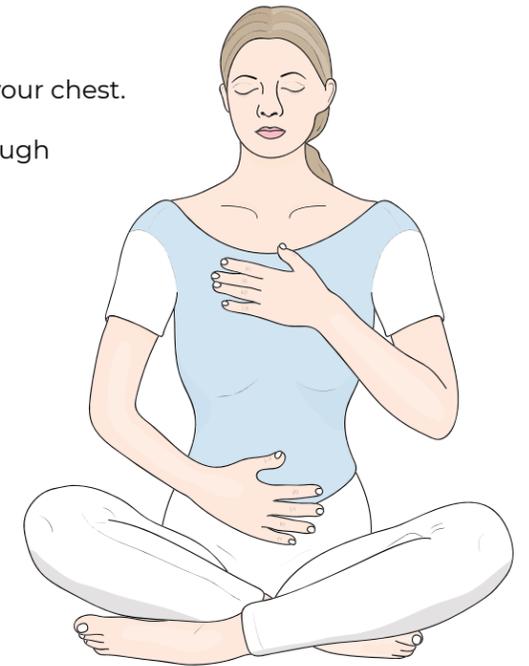


DIAPHRAGMATIC BREATHING

Start practicing Diaphragmatic Breathing 2-5 minutes every day (*see instructions below*). This breathing technique has been proven to help with pain management after surgery. By practicing ahead of time, you will be able to use this skill more effectively when you really need it. Aromatherapy and music may be helpful as well.

How do you breathe?

- Place one hand below the rib cage and one hand on your chest.
- Take a deep breath in through your nose and out through your mouth.
- Notice the movement of your hands when you inhale. Which hand moves more?



Chest Breathing

- Short, shallow breaths primarily use the chest and the upper lobes of the lungs
- When feeling afraid, stressed or anxious, people often utilize this type of breathing

Diaphragmatic Breathing

- The diaphragm is a shelf of muscles that separate the thoracic cavity (*lungs and heart*) from the abdominal cavity (*stomach, etc.*).
- A deep, full breath allows both the upper and lower lungs to fill with oxygen, moving the diaphragm downward and pushing the stomach out to make room for all the air.
- You should see the entire stomach and diaphragm moving in and out.
- This type of breathing increases the oxygen that enters the body, reduces tension, and nourishes tissues.

To practice

- This technique can be practiced lying down or seated in almost any setting.
- You should practice for 2-5 minutes each day, until it feels natural and comforting. You can count to three (*Breathe in 1... 2... 3*) or come up with a phrase to say (*Breathe in and imagine the oxygen going all the way down into my stomach*) to help you pace yourself and ensure you take slow breaths.

RECOVERING AFTER SURGERY

- Nursing will be in your room often checking your vitals signs, managing your IVs, and monitoring your symptoms. This will decrease once your vitals signs remain stable.
- The spinal block may last for an hour or up to 12 hours. It is important you notify your nurse by using your call light when you start to feel discomfort. Your nurse will provide you with oral pain medication for you to continue to manage your pain and complete your daily activities.
- There are medications available to help prevent constipation, a common side effect from pain pills. Please report any concerns to your care team.
- You will be given an incentive spirometer to help with deep breathing exercises. This is important to use after surgery to prevent pneumonia and keep your lungs clear.
- Notify staff if you feel sick to your stomach. Medication can be given for nausea.
- After surgery, you will feel discomfort. With the use of pain medications, you should be able to tolerate activities and movement. If your pain is sharp, you may need other pain relief options.
- You will sit up for all meals and are encouraged to change position at least every two hours during waking hours. This will help decrease stiffness. *Meals will be served in your room and you will be given a menu to complete each day.*

Call don't fall! *Do not get up on your own the first time! You may be lightheaded and could fall. Press the call button and a nurse will help you get up out of bed.*

DISCHARGE GOALS

Our goal is to get you home safely as soon as possible. Some patients will go home the same day of surgery. Some patients may need to spend one night in the hospital. Going home will depend on several factors.

- If your surgery finishes after 5 p.m., it may be recommended you stay one night.
- You are off IV fluids, drinking liquids, and eating solid foods.
- Your pain is adequately controlled.
- You are able to move on your own.
- Choose a friend or family member to help you make decisions and manage your care during your hospital stay.
- If you live alone, after surgery, you may want someone to stay with you after surgery. You will be sore and may not be able to move easily for a few days.
- If you take care of anyone, like children or an older parent, find out if you should get help caring for them.

POST-OPERATIVE DISCHARGE INSTRUCTIONS

Within 72 hours after discharge, you will be contacted by a nurse to discuss your medications, post-op pain, and any questions you may have.

We recommend you do the following for the first few days after surgery:

- Perform deep breathing 10 times every hour. Deep breathing keeps your lungs well-inflated and healthy while you heal, and helps prevent lung problems, like pneumonia.
- **Be active**
 - 1 day after surgery, we'll help you get out of bed, sit in a chair, and walk down the halls as much as you tolerate. It's good to be out of bed for at least 8 hours to help with blood flow and faster recovery.
 - After 2-3 days, try to walk down the hall at least 3 times a day.
- Chewing gum often helps awaken your bowels.
- Keep your bowels moving. Talk to your provider about taking one heaping capful of Miralax® daily to help regulate your bowels for at least seven days after surgery.
- Drink fluids and eat regular foods you tolerate.
- Some women experience pain in the right shoulder as a result of air that is used during laparoscopic surgery. Your body will heal this on its own in 1-2 days, but walking and ibuprofen can help.
- You may receive a **blood thinner** to help prevent blood clots in your legs.
- A lab technician may come in to **draw blood** so your surgeon can decide if you need to be on an iron supplement when you go home.

POST-OPERATIVE DISCHARGE INSTRUCTIONS

What you need to do when you get home from the hospital:

- Before you go home, your provider or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands with soap and water or an alcohol-based hand rub before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have a question or problem after you get home.
- If you have any symptoms of an infection, such as redness or pain at the surgical site, drainage or fever, call your provider immediately.

For the first one to two weeks following your surgery, your abdominal wound(s) may be slightly red and uncomfortable. There may be bumpy areas at the ends of the scars and the skin around them may tingle or be numb. The feeling may come back, or some areas may stay numb. If your abdominal wound(s) opens up, drains fluid or has redness that spreads, please contact us.

- You may shower and let the soapy water wash over your abdominal incisions.
- Do not take a bath or swim for 2 weeks.
- The abdominal wound(s) will soften up in several months.
- Do not use any ointments, creams or lotions on the incision(s).
- If your incision is closed with steri-strips or skin glue, it will come off on its own in a few weeks.



Call your provider immediately if you experience any of these warning signs of infection.

- Persistent fever (*oral temperature greater than 101.5 degrees*)
- Shaking or chills
- Increased redness, tenderness, swelling, or drainage from incision
- Increased pain during activity or at rest
- Urgency or frequency when urinating or blood-streaked urine may be signs of a urinary tract infection.

If you have questions, please call 715-483-3221.

Blood Clots

Blood clots can sometimes occur after surgery. Proven ways to decrease the risk of clot formation include medication prescribed by your provider. It is however, important to recognize the warning signs for blood clots.



Call 911 immediately if you experience any of these warning signs below.

Warning signs of blood clots in the lung:

- **Sudden shortness of breath**
- **Sudden onset of chest pain**
- **Localized chest pain with coughing, or when taking a deep breath**
- **Coughing up blood**
- **Stroke-like symptoms**

Know the symptoms of stroke:

- **Weakness:** Sudden numbness or weakness of face, arm, or leg; especially on one side of the body.
- **Speech Problems:** Sudden confusion, trouble speaking or understanding.
- **Vision Problems:** Sudden trouble seeing in one or both eyes.
- **Movement Problems:** Sudden trouble walking, dizziness, loss of balance or coordination.



Call your provider immediately if you experience any of these warning signs below.

Warning signs of blood clots in the leg:

- **Increased pain in the calf**
- **Tenderness or redness in your leg**
- **Increased swelling of the thigh, calf, ankle or foot**
- **Change in color and/or change in temperature of the foot**

If you have questions, please call 715-483-3221.

POST-OPERATIVE DISCHARGE INSTRUCTIONS

Vaginal discharge

In the first few weeks after surgery, you will have discharge coming out of your vagina. After a few days, the amount of discharge slows down and becomes pink or brown. Occasionally, the discharge can be bright red if a stitch dissolves and comes out. These symptoms are completely normal unless your discharge is enough to fill a pad in one hour. In that case, you should contact the office.

Urinary function

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

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. Make sure you eat regular meals and take regular walks during the first two weeks after your procedure. Also, continue to take Miralax® daily until your bowel movements regulate.

Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Constipation
- Bowel movements that are loose
- 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

Constipation

It is very important to **AVOID CONSTIPATION AND HARD STOOLS** after surgery as it can cause severe stomach pain and nausea. Excessive straining will cause pain, bleeding, and possibly tearing of vaginal sutures. To prevent constipation, it is important to stay on a bowel regimen.

- Take one heaping capful of Miralax® powder daily (*mix in 6 oz. of fluid*).
- Take stool softeners as prescribed if you are taking narcotic pain medication.
- If you don't experience a bowel movement in two days, increase Miralax® to twice a day and add Sennokot-S® daily.
- If you do not experience a bowel movement in three days after discharge, call our office.

POST-OPERATIVE DISCHARGE INSTRUCTIONS

Resuming sexual relations

While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse, using tampons or douching. Your surgeon will examine you and make sure you have healed enough. You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort

Activity

You likely will feel tired when you get home. It is important to remember your body heals with sleep and regular activities may make you more tired than before surgery. It is important to increase your activity level slowly as you get back your strength and independence.

- Start by walking 4-6 times a day, and breathe deeply 10 times every hour while you are awake.
- You can climb stairs.
- Exercise a little more each day until you are back to your normal level of activity.
If you have pain, slow down.

Activity limits

For 1 to 6 weeks after your surgery, (Your doctor will clarify the number of weeks you should follow these restrictions):

- Do not lift, push or pull anything heavier than 8 to 10 pounds (the equivalent of a gallon of milk).
- Do not do strenuous activities or exercise, stretches or contact sports.

Mental health and mood

It may take a while before you feel like yourself again. You may have good days and bad days. Some women feel a sense of loss after uterus or ovaries are removed.

- Call friends and family to talk.
- Invite people over to keep you company and help out.
- Do things, like hobbies or activities, you enjoy.

You can get back to most activities soon after surgery. If you feel tired and worn out at first:

- Take afternoon naps.
- Set small goals and try to do a little more each day.

POST-OPERATIVE DISCHARGE INSTRUCTIONS

Driving

Do not drive while taking pain medications. Avoid driving for approximately 3 to 7 days after surgery. Reaction time may be delayed and it may be difficult to stop suddenly.

Return to work

You should be able to return to work 2 to 6 weeks after your surgery. Your doctor will clarify recommendations for time off work. If your job involves heavy lifting, you should not perform heavy work until 2 to 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace. If you would like to return to work sooner, please contact your doctor for a release.

Nutrition guidelines after surgery

One to two weeks after surgery, you may have a diminished appetite and some nausea. If this occurs, the following nutritional guidelines will improve your symptoms. Here are some general diet guidelines to follow for four weeks:

- Do not eat raw fruit and vegetables
- Do not eat whole grain bread and cereal
- Avoid highly seasoned and fried foods
- Avoid foods that cause gas or cramps, such as beans or cabbage
- Avoid seeds, nuts, and raisins
- Drink at least eight cups (64 oz.) of caffeine-free fluids per day
- Drink at least one cup of fluid for each loose bowel movement
- To help thicken your stools, try adding dry oatmeal to foods. Eat bananas, rice, applesauce, and toast.
- For bloating and cramping, try one teaspoon of fennel steeped in one cup of warm water. Consume three to four cups per day.

Cafeteria (State Street Café)

The State Street Café at St. Croix Regional Medical Center is open daily for patients, visitors, and employees. Breakfast, lunch, and dinner options are available as well as vending machines throughout the facility.

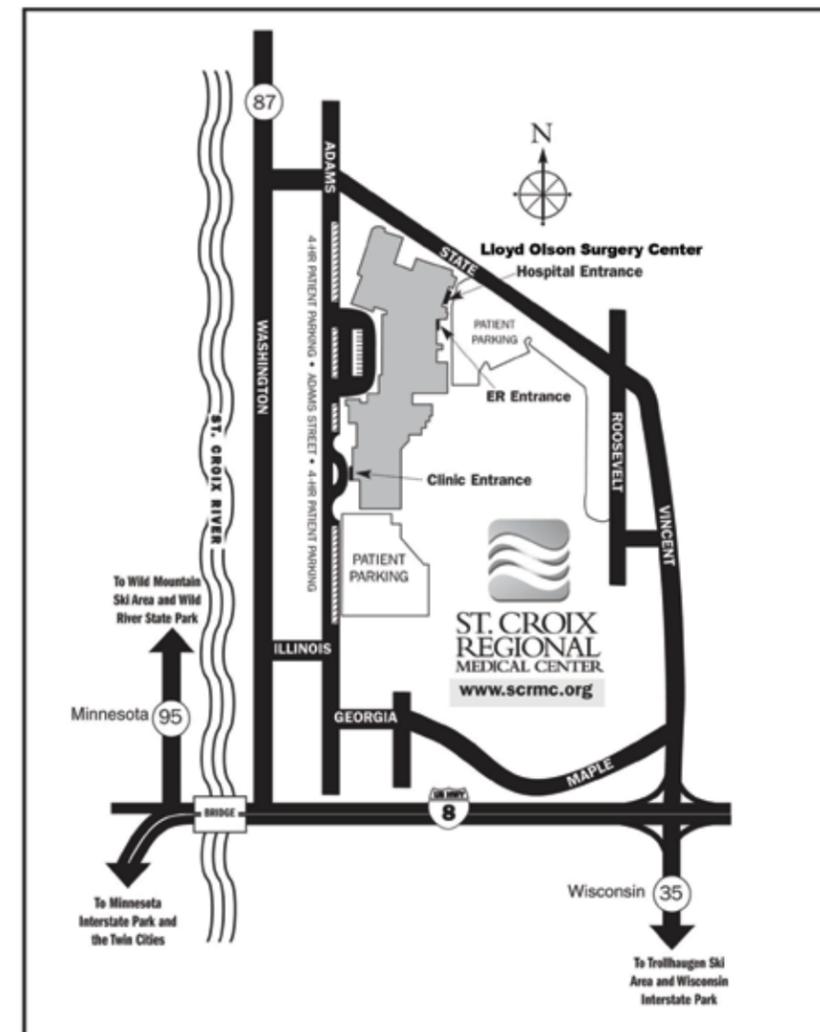
Visiting Hours

Visitors are welcome at any time. We do not have designated visiting hours. Exceptions will be determined by your provider and the nursing staff based on the patient's needs. One designated support person may accompany you to the hospital.

Note: Visitors with known communicable diseases are not allowed at anytime.

Parking

Emergency and short-term parking for patients and families is available near the entrance to the hospital/surgery center.





Women's Health Surgery Center

ST. CROIX REGIONAL MEDICAL CENTER

235 State Street, St. Croix Falls, WI 54024

