
Patient Name

Surgery Date/Time to Arrive

Location

Enhanced Recovery After Surgery (ERAS)

A guide for patients undergoing
gynecologic surgery.





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

Please bring this book with you to:

- Every office visit.
- Your admission to the hospital.
- Follow up visits.

Contact Information

- **CPMC’s California Campus**
3700 California Street
San Francisco, CA 94118
- **CPMC’s Pacific Campus**
2333 Buchanan Street
San Francisco, CA 94115
- **CPMC’s Mission Bernal Campus**
3555 Cesar Chavez Street
San Francisco, CA 94110

Pre-anesthesia Testing (PAT)
415-600-2500, Option 1

Hospital Billing Questions
855-398-1633

Physician Foundation Billing Questions
866-681-0739

Patient Relations
415-600-6634

Main Operator
415-600-6000

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need 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 for your surgery—giving you plenty of information so you feel ready.
- 2 Preparing your body for an optimal recovery—by allowing you to drink clear liquids up 3-4 hours before your surgery.
- 3 A plan for pain relief that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
- 4 Early return to eating and activity after surgery.

Pre-Anesthesia Testing (PAT)

One – two weeks before surgery call the PAT center,
(415) 600-2500, Option 1
Monday – Friday, 8:00a.m. – 5:00p.m.



This call should last approximately 30 minutes. The nurse will:

- Confirm your procedure.
- Verify the date and time of your arrival to the hospital.
- Verify medications that should or should not be taken prior to surgery.
- Verify labs or other diagnostic tests.
- Discuss your preparation for surgery, including dietary instructions.

Sometimes, after interviewing you or based on the result of your tests, we may ask that you see your primary care doctor or a specialist, such as a cardiologist (heart doctor), to evaluate you before surgery.

You may need to stop some of your regular medications before surgery. The PAT nurse will tell you if you need to stop taking them.

Write any special medications here:

Preparing for Surgery

- ✓ Stop taking any vitamins, supplements, and herbs one week before your surgery.
- ✓ Stop taking NSAID's (Aspirin, ibuprofen, Motrin, Advil, naproxen, Aleve) one week before surgery.
- ✓ If you are on blood thinners, adjust taking them as directed by your doctor.
- ✓ Update any changes to your medications with your surgeon.
- ✓ When you leave the hospital after your surgery, you may need some help from family or friends.



Pre-Surgery Checklist

What to bring to the hospital:

- A list of your current medications.
- A copy of your Advance Directive form, if you have one.
- Comfortable, loose fitting clothes.
- Any toiletries that you may need.
- You may bring your cell phone.
- Bring a photo ID.
- Your CPAP or BiPAP, if you have one.
- Chewing gum.



DO NOT bring to the hospital:

- Large sums of money.
- Jewelry or other valuables.

Other Important Reminders:

You should plan to have a responsible adult with you to hear your discharge instructions and drive you home.

Follow the instructions you were given regarding blood thinners and diabetes medications.

Day Before Surgery

Food and drink before surgery.

- ✓ Drink two cups of a carbohydrate drink (filtered apple juice or grape juice) after dinner, before bedtime.
- ✓ No solid foods six hours before arrival time.
- ✓ You CAN have as much clear liquids listed here until two hours before your arrival time.

➔ **Clear Liquid**

- Ensure Pre-Surgery
- Boost Breeze Clear Liquid
- Resource Breeze Clear Liquid
- Enlive Clear Liquid Nutrition
- Clear fast
- Sports drinks (Gatorade or Powerade)
- Apple (filtered), grape, or cranberry juice
- Lemonade or orange juice WITHOUT PULP
- Tea, coffee (NO MILK OR CREAM)
- Broth
- Jello

➔ **NOT a Clear Liquid**

- Ensure nutrition shakes
- Boost nutrition shakes
- Milk or anything containing milk products
- Smoothies
- Milkshakes
- Nectars
- Fruit juice WITH PULP
- Yogurt beverages (Kefir)

Day of Surgery

Before you leave home:

- ✓ Remove any dark nail polish, jewelry and all piercings.
- ✓ Drink TWO CUPS of apple (filtered) or grape juice, two hours before you arrive.
- ✓ Brush your teeth.



In the Ambulatory Surgery Unit (ASU)

You will be checked in and get an ID band.

A registered nurse will check your heart rate and blood pressure, weigh you, and review your medical record.

For safety reasons, your details will be reviewed by each team member.

A warming blanket will be placed on you to maintain a normal body temperature.



You may receive medications.

You will meet the anesthesiologist to discuss the anesthesia plan.

You will meet the surgery team, review and sign your hospital consent for surgery.

A physician may mark your surgical site at this time, depending on the type of surgery you are having.

Your family or friends are welcome to be with you during this time.

In the Operating Room

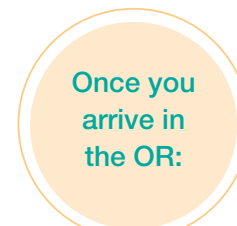
You may walk to the operating room.

We will do a "sign-in" to confirm your identity consent for surgery.

Monitors will be applied.

Compression stockings will be placed on your legs to help circulate your blood during surgery.

If needed, you will receive antibiotics to prevent infection.



After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room until you are ready to be moved to your room.

Once you return to the ASU, you:

- Will have your temperature, pulse, and blood pressure assessed.
- Will have an IV in your arm.
- May have a small tube in your bladder.
- Will be encouraged to eat and drink.
- May have ice packs on your incision(s).
- Will be able to see your family/friends

Pain Control

Different methods may be used to treat your pain including:

- During surgery, injection of numbing medicine at the surgery site.
- Ice packs
- Medicines on a schedule to keep you comfortable.
- Narcotic medicine if needed for additional pain control.

Minimizing your pain early is easier than trying to treat pain after it starts so we have created a specific plan to stay ahead of your pain. This plan will decrease the amount of narcotics you need after surgery. Narcotics can significantly slow your recovery and cause constipation.

Managing your pain will improve your recovery and allow you to return to normal activity. Someone will ask you regularly about your level of comfort.



If you are on long standing pain medication prior to surgery, you will be provided with an individualized plan for pain control with the assistance of our pain specialists.



You may be able to go home if:

- You no longer need an IV and are drinking enough to stay hydrated.
- Your pain is well controlled.
- You are not nauseated or vomiting.
- You do not have a fever.
- You are able to get around on your own.

Once in your room, you will:

If you are staying overnight:



Possibly have a small tube in your bladder called a Foley catheter; which will be removed when appropriate.

Have your temperature, pulse, and blood pressure checked after you arrive.

Have an IV in your arm.

Be encouraged to eat and drink.

Be encouraged to get out of bed and walk on the day of your surgery, with nursing help.

May have ice packs on your incision(s).

Depending on your surgery, you:

First day after surgery.



Will continue to advance your diet and drink.

May have IV fluids stopped.

Have the catheter removed from your bladder.

Continue to increase your activity.

May start receiving pain medication by mouth.

May have blood drawn early in the morning.

Complications Delaying Discharge



Post-operative Nausea and Vomiting

It is very common to feel nauseous 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.



Bowel Function

Following surgery, your bowels may slow down. The best way to avoid this is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, drink plenty of fluids and eat small, frequent meals.

Discharge



Before you are discharged, you will be given:

- A copy of your discharge instructions.
- A list of any medication you may need.
- A prescription for pain medication.
- Instructions on when to return to see your surgeon.



Before you leave the hospital,

- We will ask you to identify how you will get home and who will stay with you.
- Be sure to collect all belongings that may have been stored.



We will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

After Discharge



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 your doctor at any time if you:

- Have a fever greater than 100.4 F.
- Worsening nausea and/or vomiting.
- Have heavy vaginal bleeding.
- Have pain unresponsive to pain medication.
- Have unrelieved constipation or diarrhea.
- Are unable to urinate or have persistent burning.
- Your wound opens up, is draining pus, or is very red.



Vaginal Discharge

In the first 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 have a creamy or yellowish discharge for another one or two weeks. This creamy colored discharge may continue for a longer period depending on the type of surgery that was performed. Call your doctor if you are bleeding like your normal period.



Constipation

After your operation, your bowel function will slow down. Gas, bloating or constipation may occur. It is very important to avoid constipation and hard stools after surgery. Excessive straining will cause pain, bleeding and possibly tearing of sutures. To prevent constipation, it is very important to stay well hydrated and to take stool softeners.

- Take 1 heaping tablespoon of Miralax powder daily (mix in 6 oz. of fluid).
- Drink a minimum of 64 oz (8 cups) of fluid per day.
- If no bowel movement in 3 days, call your doctor.



Wound Care

For the first one to two 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 doctor.

- You may shower and let the soapy water wash over your abdominal incision.
- Avoid soaking in the tub until your doctor allows it
- 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 or sutures, your doctor will arrange for them to be removed 7 – 14 days after your surgery.
- If your incision is closed with steri-strips or 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. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will return to normal.

You should try to eat a balanced diet, including:

- Eating four to six small meals throughout the day.
- Avoid gas-producing foods (broccoli, cauliflower, beans or legumes).
- Drinking plenty of fluids. Aim for at least 64 oz per day.



Activity

Walking is encouraged from the day following your surgery. Plan to walk three or four times daily. 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.
- Avoid extremely strenuous activity (ie, moving furniture, heavy weight-training, straining).

Listen to your body, if you are in significant discomfort with an activity, don't do it. Remember, it can take up to two to three months to fully recover. It is not unusual to be tired and need an afternoon nap six to eight weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.



Work

You will return to work when you and your doctor feel you are ready. If your job is a heavy manual job, you should not perform heavy work until six weeks after your operation. You should check with your employer on the rules and policies for your workplace, which may be important for returning to work.

If you need a “return to work” form for your employer or disability papers, ask your employer to fax them to your doctor’s office.



Driving

You may drive when you are off narcotics and pain free enough to react quickly with your braking foot.



Resuming Sexual Relationships

While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse. Your surgeon will examine you and discuss with you when it is safe to resume sexual activity.

You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort. Please talk with your doctor if you are having problems resuming sexual activity.

Write any questions you have here:



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