



Dear: _____

This letter is to provide information about your upcoming surgery.

Surgery has been scheduled on _____ at _____ a.m. p.m.

With Dr. _____

At the following location:

_____ Sparrow Clinton Hospital
805 S. Oakland St.
St. Johns MI 48879
989.224.6881

_____ E.W. Sparrow Hospital
1215 E. Michigan Ave.
Lansing, MI 48912
517.364.1000

You will receive an automated call on: _____ informing you of your arrival time on surgery day.

Prior to surgery it will be necessary for you to:

_____ have labs done **2-3** days in advance.

_____ complete a pre-operative interview. The hospital will call you **2-3** days before.

****Lab orders will be sent electronically, and you will not receive a lab slip. Simply visit a Sparrow Lab for testing. Fasting is not required unless specified directly by your surgeon****

PLEASE DO NOT EAT AFTER MIDNIGHT OR DRINK ANYTHING FOR 3 HOURS PRIOR TO SURGERY.

SURGERY AND ADMISSION TIMES ARE SUBJECT TO CHANGE. YOU WILL BE NOTIFIED AS SOON AS POSSIBLE OF ANY CHANGES.

Your scheduled appt(s):

_____ Post-Operative Exam on _____ at _____ a.m. p.m. _____ Lake Lansing _____ St. Johns

_____ Post-Operative Exam on _____ at _____ a.m. p.m. _____ Lake Lansing _____ St. Johns

If you have any questions, please call the office as soon as possible.



Before surgery, call your insurance to verify your benefits including any copays and/or deductibles you may have. Our office will be verifying, pre-certifying if required, and will call your primary care doctor for any authorization needed for the surgery. **However, it is still the patient's responsibility to know your insurance benefits and secure your authorization.** There may be an expense to you, and we can bill this after the surgery. Payment arrangements can be made with our billing department if desired. Please note that anesthesia and hospital fees are separate billings. If you should have any questions, you should contact the hospital's billing department at 517.364.7999.

Any disability papers or off-work requests can be mailed, faxed, or dropped off to our office. We will fill these out prior to surgery and will mail/fax the papers to the patient or employer at the patient's request. PLEASE ALLOW 5-7 BUSINESS DAYS FOR COMPLETION. If any questions should arise regarding this, please call our office at 517.253.3910 (Lake Lansing), or 989.227.3435 (St. Johns).

If you are ill prior to surgery, have a temperature, are vomiting, or show signs of an infection, please contact your primary care physician as soon as possible for treatment. If you are unable to contact your primary care provider, please call our office and we will evaluate and treat you as needed. Occasionally, we need to cancel your surgery due to illness; however, at our surgeon's discretion, we can reschedule your surgery as soon as possible.



Pre-Operative Showering Instructions for OB/GYN

Infection can occur with any surgery. Some risk factors are related to the type of surgery as well as other medical conditions you may have (diabetes, obesity, smoking). You can help reduce your risk by following these preoperative showering instructions.

To reduce your risk of surgical site infection, use 4% Hibiclens® soap to shower the night before surgery AND the day of surgery. You can purchase 4 % Hibiclens® for showering at most local pharmacies (Cost: CVS \$10.79, Walgreens \$9.99, Wal-Mart \$5.97, Sparrow Pharmacy Plus \$5.69). Please read the instructions and the precautions on the bottle before using.

Shower Instructions

1. Wash your hair using your normal shampoo. Rinse completely.
2. Completely wash your face, body, belly, and groin area with regular soap. Rinse completely.
3. Apply a quarter to fifty-cent piece size volume of Hibiclens® to a clean wet washcloth and gently lather (do not scrub) your entire body from your neck down, paying special attention to the planned surgical site, armpits, belly button, and any folds. Do not apply directly to your eyes or genital area.
4. Gently rinse your entire body.
5. Repeat this process a second time (Step 3), although before rinsing let the soap stand on your skin for 2 minutes.
6. After the 2 minute wait period, gently rinse your entire body. Do not use regular soap after washing and rinsing with Hibiclens®.
7. Dry off by patting your belly dry and drying off your entire body. Use a clean, freshly-laundered towel for each shower.
8. Dress with freshly-washed clothes after each shower.
9. Do **not** apply any lotions, deodorants, powders, or perfumes to your body.
10. Do **not** shave your bikini area or belly 7 days prior to surgery.

If you are unable to complete the 4% Hibiclens® washes prior to surgery, please notify your doctor and the surgical team when you arrive at the hospital. You will be instructed to use a different product (SAGE Wipes) on your entire body on the day of surgery.



Discontinue use of the following medications 2 week prior to surgery

- **Herbal medications (all kinds)**- ex: St. John's wort, Ginko Biloba, Gingseng, Ginger, Licorice, Garlic (supplements), Cranberry
 - **Herbal medication may also be found in vitamins, teas, juice drinks etc. please check any questionable products.
- Iron pills
- **Body building steroids/products**- ex: Meridia, Fastin, Pondimin, Redux, Ionamin, Phentermine, Ephedra, Metabolife, Fenfluramine, Diet pills, Centrum Performance

Discontinue use of the following medications 1 week prior to surgery

- NSAIDs including but not limited to Ibuprofen[®], Advil[®], Aleve[®], Motrin[®], Celebrex[®], Excedrin, Voltaren, Naprosyn, Daypro, Feldene, Clinoril, Relafen
- Aspirin products including but not limited to Excedrin[®]
- Anticoagulants including but not limited to Plavix[®], Coumadin[®], Vitamin E

****If you are not sure on a specific product, we advise you to call the anesthesia department at the hospital as soon as possible at **517.364.5552**.****

The night before your surgery

- Review the hospital information sheet provided to review what you can eat or drink prior to surgery.
- You may take your regular medications the morning of your procedure (with the exception of those which you have been instructed to discontinue).

Reporting to the hospital

You must arrive **2 hours** prior to your scheduled surgery time, unless told otherwise by our surgical coordinator.

Arrival and Parking

E.W. Sparrow Hospital

ALL PATIENTS REPORT TO THE INFORMATION DESK IN THE HOSPITAL LOBBY

- Parking is available in Ramp A. Take *Tower* elevators to the basement to get to the Pre-Op check-in area.



Sparrow Clinton Hospital

ALL PATIENTS REPORT TO THE LOUNGE BEHIND THE GIFT SHOP IN THE LOBBY.

- Convenient parking for hospital patients and visitors is provided in the front lot at the corner of Oakland and Sturgis Streets.

Hospital stay

Most of our patients have outpatient surgery or a brief one-day hospitalization. Returning home as soon as possible will help you sleep and eat better, which is very important to your recovery.

Bring with you to the hospital

- Driver's License (or Picture Identification) and Insurance Card(s)
- Copy of your Durable Power of Attorney for Health Care (DPOA) if you have one in writing
- A case for contacts or glasses – if needed
- Wear loose, comfortable clothing and flat-heeled shoes
- CPAP machine, if staying overnight and if using regularly at home - do not leave in car

Important

- Leave **all** valuables at home including **any** jewelry or body piercings. Sparrow is not responsible for lost items. Limit large personal items. Personal items (large suitcases) can be left in car and gathered later in day.
- Only two adult visitors may be at the bedside at any time. Space is limited in preoperative patient area. Children under the age of 18 are not allowed in the pre-op area for their safety and ours.
- If you are having outpatient surgery, plan for a responsible adult to come to the hospital, **remain** at the hospital until you are discharged, **and** be at home with you for 24 hours following the anesthesia or sedation. Patients should not drive, sign important documents, or consume alcohol for 24 hours following their surgery.



Items for home care

Have the following over-the-counter medications and items ready for use at home: NSAIDs (Ibuprofen, Advil, Motrin, Aleve), Extra Strength Tylenol, Stool Softener (Colace, Miralax etc.) Milk of Magnesia, Fleet disposable enema, Gauze/tape, Band-aids, Neosporin- for abdominal/pelvic, incisions Epsom salt/Sitz bath, Ice packs- for vaginal incisions.

Post-Operative instructions/things to expect

- Approximately 20% of patients experience temporary difficulty emptying their bladder after pelvic surgery. If you are unable to sufficiently empty your bladder upon discharge from the hospital, you may be sent home with a temporary indwelling catheter and antibiotics to prevent Urinary Tract Infection (UTI) may be sent to your pharmacy. The temporary catheter will be secured to a leg bag that collects urine. Be sure the catheter collection bag is below the level of your bladder for proper drainage. If you have any questions on the care of your catheter, feel free to call our office.
- Pain management: Every effort is made to minimize your discomfort; however, pain after surgery is normal and to be expected. Take Ibuprofen (600 mg every 6 hours) with food for relief of mild to moderate pain and swelling. And you may also take Extra Strength Tylenol (1,000 mg every 4-6 hours). These medications work differently and can be used safely together. If you have been prescribed narcotics for pain, use sparingly for severe post-operative pain only.
- Do not drive until you are free of discomfort from your surgery and are not taking pain medication. If you can walk up and down the stairs and get in and out of a chair without discomfort, you may drive.
- Bowel movements: It is normal to have difficulty having a bowel movement after surgery. Take Colace, Miralax, or a generic equivalent, to soften the stool as instructed on the packaging for as long as necessary after your surgery. In addition to stool softener, it may be helpful to begin a gentle bowel stimulant or laxative (e.g. Milk of Magnesia) as instructed on the bottle. You should be passing gas regularly. **If you are not passing gas and/or still unable to have a bowel movement after the third post-operative day, please call our office**
- Vaginal bleeding: You may notice vaginal bleeding or spotting for several weeks post operatively- this is normal, especially once you increase your activity. Please call our office immediately if the bleeding becomes heavier than a normal menstrual period and/or you are soaking a pad every hour or less.



- If you had general anesthesia, you may feel very tired for the first two weeks. Keep moving and you will recover quicker. If you feel feverish or have chills, take your temperature. It is normal to run a low-grade fever after surgery. If your temperature is greater than 100.5 degrees, please call the office.
- Resume any medications unless instructed otherwise.
- Place nothing in your vagina for six weeks or until you are “cleared”. No tampons, douching, intercourse, vaginal creams, etc.
- You may take stairs slowly as tolerated. Please take care especially if you are taking pain medication.
- For the first 2 weeks, do not lift anything heavier than a gallon of milk (approx. 8 lbs.). For about two months, avoid heavy lifting (20-30 lbs.).
- No baths, hot tubs/spas, or natural bodies or water for 4 weeks. You may cool off in private swimming pools after your physician examines you in approximately 2 weeks (NO diving). You may shower as soon as you feel up to it after getting home.
- Do not drive until you are free of discomfort from your surgery and are not taking pain medication. If you can walk up and down the stairs and get in and out of a chair without discomfort, you may drive.

Incision/bandage care

- If you have had laparoscopic surgery: You may have 3-4 small incisions- two on the bikini line and one umbilical incision. Remove any outer bandages that you went home with in about 2-3 days after surgery. You may let mild soap and water run over the incisions in the shower. Apply Neosporin as needed and only apply light gauze dressing if incision is draining.
- If you have a vaginal incision: If you are able to safely get in and out of the tub, a sitz bath (two cups of Epsom salt in six inches of warm tub water) for 20 minutes each day for 2 weeks will make you more comfortable. A commode sitz bath may also be used (two tablespoons of Epsom salt to warm water in commode sitz bath). You may apply ice packs to the perineum (outside the vagina) for up to 20 minutes as often as needed. If you notice a rough, sticky area in the groin or buttock area, do not attempt to remove it. This is surgical glue (used instead of stitches), and it will loosen and fall off on its own. If you notice stitches in the groin or buttock area, do not attempt to remove these. They are dissolvable sutures and will disintegrate on their own. You may notice a yellow vaginal discharge, which may have a mild odor, for up to six weeks while the vaginal sutures dissolve.



Post-Operative visits

You may be scheduled for a post-operative appointment for 2 weeks from your date of surgery. Our doctors will recommend subsequent post-op visits as necessary, usually 4-6 weeks post-operative. **If you have a post-op concern that requires you to visit the emergency room, please go to Sparrow Hospital, if you are unable to get there then go to your nearest hospital. Our surgeons only have privileges at Sparrow Hospital System facilities and do not go to the other hospitals in our area.**

How to reach us and office hours:

If you still have questions or concerns after reading this packet, please contact our office. If you have concerns regarding medications, complications, etc., please choose the option for the “Nurse Triage Line” when given the prompts.

SMG OB/GYN Lake Lansing

1651 W. Lake Lansing Rd., Ste 300, East Lansing, MI 48823

Phone: 517.253.3910

Fax: 517.253.3912

Monday-Friday | 8 a.m. to 5 p.m.

SMG OB/GYN St. Johns

901 S. Oakland St., St. Johns, MI 48879

Phone: 989.227.3435

Fax: 989.227.3436

EMERGENCIES After hours and on weekends you can call the office and leave a message with the answering service for a physician to return your call. The answering service will page the physician on-call for your emergency.