



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 1 HOUR 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, and 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, please 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 may need to cancel your surgery due to illness; however, at our surgeon's discretion, we can reschedule your surgery as soon as possible.



Patient Pre-Surgery Check List:

Surgery date: _____

Arrival time for your surgery will be communicated to you the night before by an automated phone call between the hours of 4-7 p.m. It is important that you listen to the entire call or message for correct arrival time.

Step #1: Call Sparrow today to register.

Call 517.253.6300 prompt #3 or 1.877.773.7341 between 8 a.m. and 5 p.m., Monday through Friday, to pre-register. (Some offices may do this for you. Please check with the office prior to calling).

Step #2: Pre-Operative phone interview with nurse

Once surgery is scheduled you will be called by a Sparrow nurse to do your history, record your medications, and to order pre-op lab work. Below are things we will need from you during the call.

- **Allergies** (including drugs, latex, dyes, foods, tape, and environment)
- **Current Medications** (including prescriptions, inhalers, eye drops, over the counter vitamins, and herbals) Please have the name, dose, and frequency ready.
- **Past Surgeries and Hospitalizations**
- _____

Step #3: Complete labs and diagnostic studies (as needed) as instructed by Sparrow nurse.

Instructions will be provided by your Sparrow nurse during your pre-operative phone interview.



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

- Refer to 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 the *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 the car and gathered later in day.
- Only two adult visitors may be at the bedside at any time. Space is limited in the 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 and 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.

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 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 had 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 a Sparrow Hospital location. If you are unable to get there, then go to your nearest hospital. Our surgeons only have privileges at Sparrow Health 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.



The Enhanced Recovery Approach

What is Enhanced Recovery?

Enhanced recovery is the name for a special approach your surgical team takes to help improve your recovery after you have surgery. Your surgical team includes surgeons, anesthesiologists, nurses, pharmacists, and many others. Please share this education with your support person that will be with you the day of your surgery. This is important so they understand the benefits of enhanced recovery.

The goals of enhanced recovery are to:

- Keep you well-hydrated and well-nourished.
- Help you prepare mentally and emotionally for surgery and recovery.
- Reduce your risk of surgical site infection.
- Reduce the risk of medicine-related problems.
- Help you manage your other health conditions.
- Help you manage pain.
- Help you plan for the time after surgery while your activity is restricted.

This resource is an important part of enhanced recovery. The resource contains information about:

- Getting ready for your surgery and recovery.
- What typically happens the day of surgery and while you are in the hospital.
- Planning for your return home.
- Follow-up care.

Keep in mind that each person's situation is unique. What typically happens and works well for one person may happen differently and have different results for another. Your enhanced recovery plan is individualized to meet your special needs.

Please try to read this entire resource as soon as you are able. Write down questions and concerns on the notes page at the back. Be sure to talk about your questions and concerns with your surgical team when you see them before and after surgery. It is important that you and your support person understand what to expect so you can fully take part in your care and recovery.



Preparing for Your Hospital Stay

Understanding what happens after surgery can help you plan ahead and prepare for your surgery and recovery.

Use this checklist to help you get ready:

- Ask your surgical team about the side effects and risks of your surgery.
- Arrange to have a responsible adult support person stay with you the day of surgery, drive you home, and help with transportation to and from follow-up appointments.
- Bring all insurance cards for medical and prescription plans and show them to the admissions desk when you arrive.
- Arrange for help after surgery. Because of some of the physical challenges you face after surgery, you need to identify caregivers who can help you during recovery. Caregivers may be a spouse, a parent, a sibling, a neighbor, a friend, or someone you hire. You may need to think about having more than one caregiver so the tasks are shared. Think about who is trustworthy and dependable. Once you have identified your caregiver(s), explain to them what your surgery involves and what help you will need. For example, your caregiver(s) may need to help with the following:
 - Personal care such as bathing and incision care
 - Driving and accompanying you to and from follow-up appointments
 - Housework such as cooking, vacuuming, shopping and doing laundry
 - Caring for others who you normally care for such as children and pets

Talk to your surgical team if you are having trouble finding a support system for after surgery. Having a good support system is key to your recovery and your surgical team can help you put one in place.

- Ask a member of your surgical team about the limits you will have on how much weight you can lift after surgery, called a lifting restriction.
- Ask a member of your surgical team whether you will need home health care or nursing home care after surgery. If you do, the nurses and social workers can help you make arrangements for this before surgery.
- Decide where you would like to have your prescriptions filled after surgery. Some medicines may not be completely covered by insurance. Plan for how you will pay for prescriptions and who will pick them up.

Preparing for Surgery

General information

- Carefully follow the preparation instructions from your surgical team.
- If you use tobacco products or drink alcohol, talk with your surgical team about their use. You may be asked to stop drinking alcohol or using tobacco products for a period of time before and after surgery.

Eating and drinking

- Before surgery, eat and drink well. This is important because during surgery, hormone changes can affect your blood glucose and your ability to get good nutrition. The day before surgery follow instructions from your health care team, this could include a clear liquid diet.
- Follow the instructions from your health care team about when to stop eating and drinking before surgery.

Taking medicines

- Talk with your surgeon about the medicines you take including all prescription, over-the-counter medicines, vitamins, and nutritional and herbal supplements.
 - Ask your surgeon which medicines to temporarily stop taking before surgery and for how long to stop taking them.
 - Ask your surgeons which medicines to keep taking.
 - Do not start new medicines without talking with a member of your surgical team.

Reducing risk of infection

Infection is a risk with any surgery.

- Carefully follow the instructions from your health care team about avoiding infections.
 - Before your surgery, tell a member of your surgical team if you have scrapes, infected hair follicles, rash, or reddened areas on your skin or abdomen.
 - Use 4% Hibiclens[®] soap to shower the night before and the day of surgery. 4% Hibiclens[®] soap can be purchased at a local pharmacy. Please read the instructions and precautions on the bottle before using. Using this soap helps reduce the level of bacteria on your skin.

While in the Hospital

During Surgery and Recovery

Before surgery

- Your surgeon talks with you about the kind of surgery you are going to have and reviews the side effects and risks of surgery.
- You will be asked to drink a special drink that is rich in carbohydrates. This drink helps your body use insulin more effectively.
- You might need to have an enema. Nurses can help with this or you can give it yourself. An enema removes stool from your colon.

After surgery *Nutrition*

- Your surgical team will let you know when you can begin eating and drinking after surgery. Typically, it is within four hours.
- Your surgical team will recommend that you drink supplement beverages such as Ensure™, Boost™ or Enlive™ while you are still in the hospital. Some people like them chilled or over ice. Sip them slowly to see how well you tolerate them before trying more.
- You may eat whatever food you wish, but begin by eating only small amounts. You may find that eating small amounts more often helps you tolerate food easier the first few days after surgery.
- It is common to have some nausea while you are in the hospital. Be sure to tell a member of your surgical team if you are nauseated. They may give you medicine and take other steps to help you feel better. It is important to manage nausea so you may continue to eat and drink.
- You may wake up with a tube (NGT) in your nose. This tube goes in your nose to your stomach to drain stomach fluids. Your surgical team determines how long the tube stays in.

Pain management

Most people have some pain or discomfort after surgery. You will be asked to rate your pain according to a number scale.

You may have been given some pain medicine before surgery in an effort to manage pain ahead of time. Several medicines are available to relieve pain. You will be sore and there will be some discomfort, but your surgical team tries to make you as comfortable as possible so that you can participate in your recovery.



Several methods are used for giving pain medicine. As soon as you are able to drink fluids, you will be given pain medicine in tablet form. Rarely, some people need to receive pain medicine intravenously (through a vein or by “IV”). Your surgical team will decide what is best for you.

Other methods that don’t use medicine can help manage pain too. These methods include guided imagery, music therapy, and breathing and relaxation exercises. Talk to your nurse if you would like more information about these methods.

Preventing complications

To help reduce the risk of blood clots forming:

- During surgery:
 - You have devices on your legs that gently squeeze your legs to keep the blood moving well throughout your body.
 - You may be given injections of medicine called blood thinners.

- After surgery:
 - The leg-squeezing devices may be used for short periods of time when you are in bed.
 - You may be given more injections of blood-thinning medicine, depending on your needs and your unique medical condition.
 - You will be asked to get up and walk early and frequently.

Activity

Activity is important for these reasons:

- Every day that you lie in bed leads to a loss of about 2 percent of muscle mass.
- Regular activity helps shorten your recovery time by:
 - Keeping muscles active.
 - Improving the return of bowel function.
 - Preventing complications such as the formation of blood clots and pneumonia.
- Your surgical team will encourage you to get out of bed as much as possible.

Follow these guidelines:



After You Leave the Hospital

Follow the guidelines carefully that you were given in your discharge instructions.

Nutrition

After leaving the hospital you will not have diet restrictions related to your surgery. You may continue drinking the supplement beverages you received in the hospital if you wish. The supplements are available over the counter from most grocery stores and pharmacies and are available in many flavors.

Pain management

Follow the instructions you have been given about managing pain. Managing pain is important in your recovery. Do not feel like you have to “tough it out.” If you are in pain, you will not be able to do the activities you need to for getting well. Continue using non-medicine methods as needed.

Activity

Follow the activity guidelines you have been given and the goals you have set up.

If you have questions about enhanced recovery or about the information in this resource, talk with a member of your surgical team.

Using a Recovery Journal

Keeping a journal is an important part of your recovery. Using one helps you set up day-to-day goals and track steps you make each day.

As you think of goals, think about two important aspects of your recovery: activity and nutrition. Examples of daily goals:

- “To be out of bed more than 4 hours today while I’m awake.”
- “To take at least four 20-minute walks”
- “To drink at least six 8-ounce glasses of water.”

Check off goals in the journal as you complete them and write down questions or concerns you have.



Recovery Journal

Day and date *My goals*

Notes and questions for my surgical team

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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