



Your Guide to Gynecology Oncology Surgery

Preparing for and Recovering from Surgery



WELCOME

Welcome to Hollings Cancer Center Department of Gynecology Oncology Surgery.

Preparing for surgery can be overwhelming. Our surgeons are pleased to include you in our Enhanced Recovery After Surgery (ERAS) program. Our enhanced recovery program combines several interventions aimed at minimizing the stress of surgery on your body. The program specifically addresses factors that delay recovery after surgery such as a slow return of bowel function, immobility and pain. Our unique program has been specially designed for you by our team of expert surgeons, anesthesiologists, pharmacists and nurses. Studies show that patients given the opportunity to participate in ERAS programs experience faster functional recovery and shorter length of stay after surgery. They are also less likely to suffer from complications that often require readmission to the hospital. The material included in this educational book will provide you with an overview of the exceptional surgical experience we offer at Hollings Cancer Center through our ERAS Program.

It is important to remember that every patient is different. Your care team will tailor your recovery program to your needs.

This booklet includes details about:

- Getting ready for your surgery
- What to expect on the day of surgery and while you are recovering in the hospital
- Planning for recovery and going home after surgery.
- What to expect once you are home

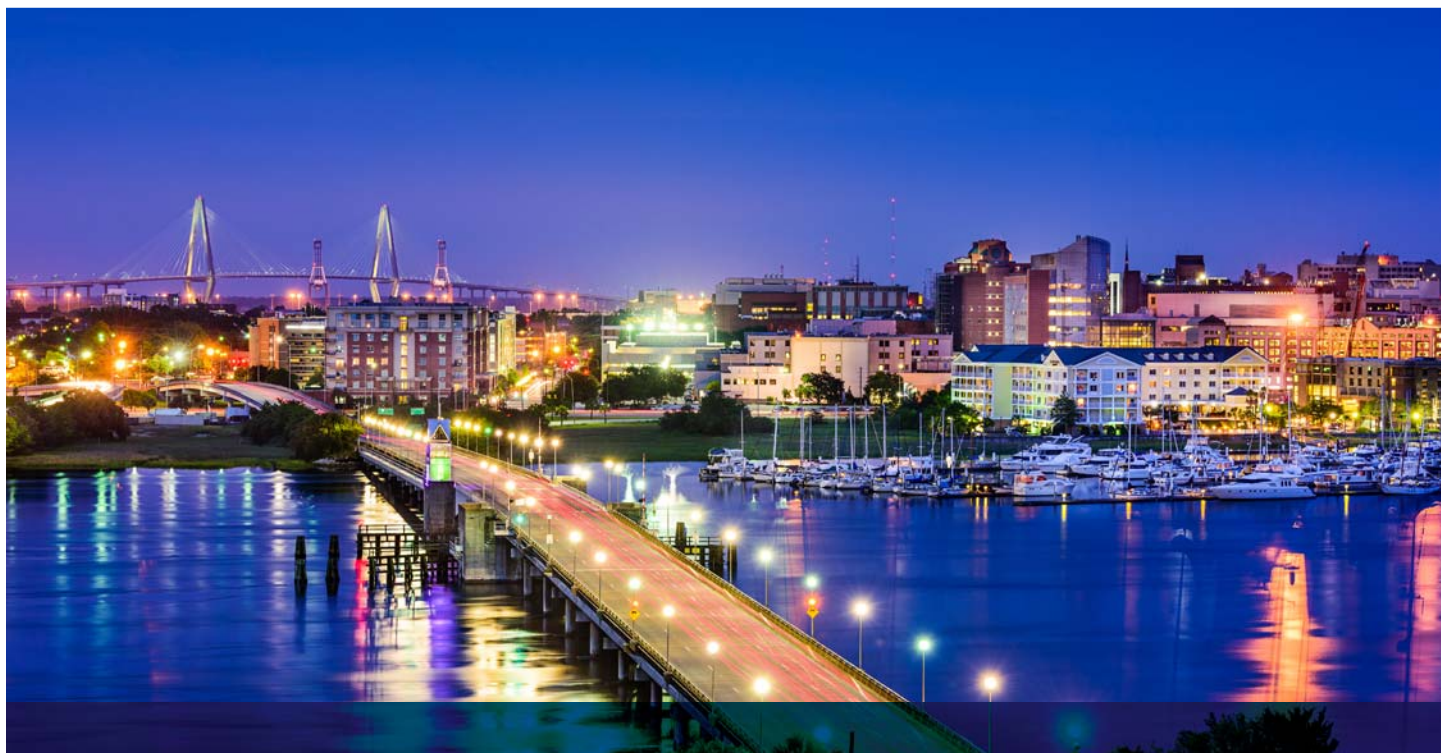
You will be receiving a lot of information. Know that the Hollings Cancer Center gynecologic surgery team is here to help you from beginning to end. Please try to read this booklet as soon as you are able and bring it with you to all of your appointments and hospitalizations. Keep track of your questions to ask your surgical team when you see them, or call our office at **843-792-9300**. It is important for you, your family and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

Best wishes for your surgery!

The Hollings Cancer Center Surgery Team

PATIENT NAME: _____

YOUR SURGEON: _____



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YOUR CHECKLIST

Use this summary checklist as a guide to prepare for your surgery and recovery.

AS EARLY AS POSSIBLE BEFORE SURGERY

	Gather any outside medical records to bring with you to your Pre-Anesthesia Evaluation appointment.
	Meet with anesthesia, internal medicine, and gynecology oncology providers to discuss surgery during your Pre-Operative appointment. You will review your medical history and will be told if you need to stop or change any medication before surgery. You will sign surgical consent forms. This appointment will be lengthy but will provide comprehensive range of pre-surgical prep.
	Complete blood work/EKG/radiology if needed (Rutledge Towers)

A DAY OR TWO BEFORE SURGERY

	You will receive a phone call from our office to remind you what time to arrive for your surgery, review medications to take the day of surgery, and answer last minute questions.
	Ensure you have all supplies needed for your bowel preparation (if directed)
	Ensure you have your medicated wash for your skin preparation.

ONE DAY BEFORE SURGERY

	If your surgeon prescribed a bowel preparation, start the preparation one day before surgery, in the morning. Follow the instructions starting on page 12 of this booklet. Use the checklist to help with each step.
	The night before your surgery shower and wash the area that is to be operated on for 2 minutes with surgical wash. Rinse and dry off with a clean towel, put on clean clothes, and sleep in clean sheets.

MORNING OF SURGERY

	Take medications as instructed
	Use the second half of the surgical wash and wash the area that is to be operated on for 2 minutes. Rinse and dry off with a clean towel and put on clean clothes.
	Drink a 20-ounce Gatorade or Ensure presurgery or on your way to the hospital. This should be 2 hours before your surgery time.

AFTER SURGERY

	OXYGEN	Wear the oxygen mask that is placed over your nose and mouth for 2 hours in the recovery room
	MOBILITY	Get out of bed and to a chair two hours after your surgery.
	DIET	You will receive juice or water and can drink clear liquids as you feel up to it.
	PAIN MANAGEMENT	Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know and they can help you control your pain and remain comfortable.

FIRST DAY AFTER SURGERY

	MOBILITY	Spend at least 6 hours out of bed. Walk at least twice in hallway.
	DIET	<p>Drink clear liquids as you feel up to it. You may be offered soft or solid food if you feel well.</p> <p>You will be disconnected from the intravenous fluids. Ask if it is not addressed by your care team.</p>
	PAIN MANAGEMENT	Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know and they can help you control your pain and remain comfortable.
	URINARY CATHETER	Your urinary catheter may be removed. Ask if it is not addressed by your care team.
	IF OSTOMY	Participate in your ostomy care. Describe your plan for care after discharge.

SECOND DAY AFTER SURGERY

	MOBILITY	Spend at least six hours out of bed. Walk at least three times in hallway.
	DIET	You will be placed on a soft diet and will advance to more solid food as you feel up to it.
	PAIN MANAGEMENT	Take all medications that have been prescribed to you to control your pain. If you are still experiencing pain, let the nurses know and they can help you control your pain and remain comfortable.
	URINARY CATHETER	Your urinary catheter will be removed if not already done. As if it has not been addressed by your care team.
	IF OSTOMY	<ul style="list-style-type: none"> ■ Ask your nurse to demonstrate how to empty ostomy. ■ Ask your nurse how to record ostomy liquid. ■ Identify measures you can take to prevent dehydration from your ostomy.

THIRD DAY AFTER SURGERY

	MOBILITY	Spend much of the day out of bed and walking.
	DIET	Start to eat solid food.
	PAIN MANAGEMENT	Your pain should be well controlled on pain medication. Discuss your pain management plan for discharge with your care team.
	DISCHARGE PLANNING	You are ready to be discharged if you are drinking and eating well (no nausea), passing gas, and your pain is well controlled.
	DISCHARGE INSTRUCTIONS	Verbalize understanding of signs and symptoms of infection and what to do if you think you have an infection.
	IF OSTOMY	<ul style="list-style-type: none"> ■ Demonstrate to your nurse how to keep track of your ostomy output. ■ Verbalize to your nurse what medications you can use to make your ostomy output thicker and prevent dehydration. ■ Demonstrate how to apply a new ostomy bag. ■ Check that you have ostomy supplies for use at home.

BEFORE YOU LEAVE THE HOSPITAL, YOU SHOULD HAVE

- Hospital discharge instructions
- An outpatient appointment with your surgeon within one to two weeks of discharge
- Prescription for pain medication and any other medications you need
- A hospital bag containing all ostomy supplies, if needed

GETTING READY FOR SURGERY

MY PRE-SURGERY PLANNER INSTRUCTIONS:

Mark the date of your surgery in the last row of the calendar on the appropriate day of the week. Use this calendar to mark and track each of your appointments leading up to surgery (for example, anesthesia clinic, primary care provider, etc.) AND any reminders for the activities you will need to do in the days leading up to your surgery.

SUN	MON	TUES	WED	THURS	FRI	SAT

Enter surgery date in last row, Enter reminders and appointments prior to surgery

SCHEDULING YOUR SURGERY

How and when will your surgery be scheduled?

You will meet with a surgical coordinator during your clinic visit to schedule the date and time of your procedure and any additional appointments needed.

Make sure that we have up-to-date contact information for you, including a phone number where you can be reached the day before surgery.

ONE MONTH PRIOR TO SURGERY

Within one month of your surgery, you will have an appointment with the anesthesia providers. This visit will include:

- Review of your medical history
- Electrocardiogram, if needed
- Chest X-ray, if needed
- Review of your anesthesia plan and pain relief for your surgery
- Review of your plan, including

YOUR PRE-ANESTHESIA EVALUATION VISIT

Where will your pre-anesthesia visit take place?

You will meet with your anesthesia providers in the Pre-Anesthesia clinic located at Rutledge Towers, 4th floor.

What do you need to bring to your appointment?

Please bring this booklet, your insurance card, complete list of medications (or bag your medications and bring them), contact information for your primary care doctor and all medical information.

INSURANCE AUTHORIZATION

Our pre-certification team will be contacting your insurance company to secure authorization for your surgery and admission. Please notify your surgical coordinator immediately if there have been any changes regarding your insurance since your last visit. The pre-

certification office will contact you for any deductible or copayment. **You are expected to pay any deductible or copayment prior to or on the day of surgery.**

Pay the deposit or copay at the preop visit.

If your policy is an HMO, you may need a referral from your primary care physician for services. Please contact the customer services number on the back of your insurance card for clarification. If you are to be admitted to the hospital and have questions regarding your insurance, please call the financial department **843-792-9786**.

ADVANCED DIRECTIVES

An advance directive can be used to name a health care agent: this is someone you trust to make health care decisions for you. It can be used to say what your preferences are related to treatments that may be used to sustain your life. Advance directives are optional. If you have an advance directive, bring a copy to the hospital if you want it to apply to the upcoming visit/hospital admission. An advance directive can be removed or revised at any time. Additional information about advance directives can be found by calling **803-253-6283** or visiting www.scag.gov

TWO WEEKS BEFORE SURGERY

If you are not having outpatient surgery, you should plan to be in the hospital for three to five days after surgery, unless your surgeon told you to expect otherwise. It is likely that you will need assistance from friends or family immediately after leaving the hospital. If home assistance is limited, some patients require a brief stay in an intermediate care or rehabilitation facility. These facilities give you assistance while you regain your strength for a short period of time. This decision will be made by you, along with the medical, nursing and therapy team responsible for your care. Try to pick one friend or family member who can be part of the team to help make decisions and coordinate your care before, during and after surgery.

If you do not have assistance, here is a list of a few simple things you can do before coming into the hospital that may make things easier for you when you get home:

In the kitchen, put the things you use often between waist and shoulder height to avoid having to bend down or stretch to reach them.

Bring the things you are going to use during the day downstairs. Please realize that you WILL be able to climb stairs after surgery.

Buy a stock of food and other things that you will need frequently, as shopping may be difficult when you first go home from the hospital.

Eat a healthy diet during the period leading up to your surgery as this helps you recover more quickly. Get plenty of exercise so that you are in good shape for surgery.

If you smoke, you will need to stop smoking because of the risks related to anesthesia and the healing process. Ask about the Hollings Cancer Center's Smoking Cessation program for help.

ONE DAY BEFORE YOUR SURGERY

You will receive a call the day before your surgery to review your regular list of medications and to confirm the time you need to come to the hospital. If anything is confusing, ask questions!

BOWEL PREPARATION BEFORE SURGERY (if indicated)

Your doctor may prescribe a bowel preparation with antibiotics to prevent infections after your surgery.

You will need to purchase the following items for your bowel prep, if you didn't receive them from the Hollings Cancer Center team:

1. One bottle of MiraLax powder (238 grams), laxative (over-the-counter medication)
2. Bisacodyl, 5-milligram tablets (four tablets), laxative

3. Neomycin sulfate, 500-milligram tablets (six tablets), antibiotic (prescription)
4. Flagyl (metronidazole), 500-milligram tablets (3 tablets), antibiotic (prescription)
5. Anti-nausea medication (Zofran, Phenergan, Compazine), (prescription)

Note: Please call our office if you have allergies to Sulfa or any of the above medications

CLEAR LIQUID DIET FOR ONE DAY PRIOR TO SURGERY DATE

Clear liquid is any liquid you can see through. These clear liquid items **are allowed**:

- | | |
|---------------------------------|---|
| ■ Water | ■ Gelatin (without fruit) |
| ■ Clear broth: beef or chicken | ■ Popsicles (without fruit or cream) |
| ■ Gatorade | ■ Italian ices |
| ■ Lemonade or Kool-Aid | ■ Juices without pulp: apple, white grape |
| ■ Sodas, tea, coffee (no cream) | ■ You may use salt, pepper and sugar |

These clear liquid items are **not allowed**:

- | | |
|--------------------|--|
| ■ Milk or cream | ■ Cream soups or any soup other than broth |
| ■ Milkshakes | ■ Oatmeal |
| ■ Tomato juice | ■ Grits |
| ■ Orange juice | ■ Cream of wheat |
| ■ Grapefruit juice | |

**Note: It is important to stay well hydrated during your bowel prep, so please drink many of the allowed clear liquids.*

SKIN PREPARATION BEFORE SURGERY

Usually, your doctor will prescribe a skin preparation with medicated liquid soap to prevent infections after your surgery. You received medicated liquid soap to use prior to your surgery.

Medicated Soap and General Information:

Do not shave for two days prior to surgery

Do not allow the medicated liquid soap to come in contact with your eyes, ears, mouth or nose. Do not use internally/drink.

Shampoo hair prior to using the medicated liquid soap.

Make sure your entire body is wet and turn off shower. Use the soap on a clean washcloth to wipe each area of your body, paying particular attention to your surgical area.

Wipe each area in a back-and-forth motion. If you feel itchy or if your skin turns red, rinse your skin with water and stop using the product.

You may need to ask for help to reach all areas.

When complete, turn the shower back on and gently rinse off.

Pat yourself dry with a fresh towel

Do not apply any lotions, makeup, powders, deodorants or creams to the surgical area as they may reduce the effects of the soap.

Dress in clean pajamas or clothes. Use clean sheets on your bed. Refrain from being intimate with your partner.

ONE DAY PRIOR TO SURGERY (Check off as you go along)

BREAKFAST

Begin clear liquid diet (see list on previous page).

NOON

Prepare the MiraLax mix by pouring an entire bottle of powder (238 grams) into a 32-ounce bottle of clear liquid drink. Shake the bottle of liquid and powder well; this will form a slushy. Place in refrigerator and chill for one hour.

1:00 P.M.

Take your first dose of antibiotics. Take two neomycin 500 milligram tablets and one Flagyl 500 milligram tablet by mouth and follow with one glass of water.

2:00 P.M.

Take second dose of antibiotics. Take two neomycin 500 milligram tablets and one Flagyl 500 milligram tablet by mouth and follow with one glass of water.

2:00 – 5:00 P.M.

Drink an 8-ounce glass of the MiraLax mix every hour, on the hour, until finished.

7:00 – 11:00 P.M.	
	Drink 8 ounces of clear liquid on the hour
8:00 P.M	
	Take third dose of antibiotics. Take two neomycin 500 milligram tablets and one Flagyl 500 milligram tablet by mouth and follow with one glass of water
BEFORE GOING TO BED ***Start here if no bowel prep is recommended***	
	Take a shower or bath then use medicated liquid soap pack and follow directions (previous page)
MIDNIGHT	
	Do not eat mints, candy, or chew gum after midnight the night before your surgery.
MORNING OF SURGERY	
	Use the second half of the surgical wash and wash the area that is to be operated on for 2 minutes. Rinse and dry off with a clean towel and put on clean clothes.
	Take your medications with a sip of water before leaving to come to the hospital.
	You may continue to drink CLEAR LIQUIDS ONLY up until the time you leave to come to the hospital, at which time you will drink the prescribed Gatorade. DO NOT eat any solid food or drink, any thicker liquids like milk or pulped juices, or add cream to any clear liquid drink.
	Drink a pre surgery Ensure or 20-ounce bottle of Gatorade (any flavor with sugar) on the way to the hospital.

THE DAY OF SURGERY

YOUR MEDICATIONS BEFORE SURGERY

Make sure you know what medications you should take the morning of surgery.

WHAT TO BRING

Leave all valuables at home or give to the person accompanying you. We encourage you to only bring essential items the morning of surgery, including:

- Insurance cards
- Personal identification card (driver's license)
- Copy of your advance directive (optional)
- A list of all your medications, including dosage and how often you take them
- Payment for any deductible or copayment
- This Booklet!

Please be aware that there may be some downtime/ wait time prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. Therefore, bring a book or something to do while you wait.

BELONGINGS FOR YOUR RECOVERY

Computers, tablets and cellphones are allowed in the hospital. Internet access is available. Towels and gowns will be provided, but many people like to bring their own bathrobe and toiletries. We will give you all of your medicines needed for your recovery. Leave your medications at home. It is best to have your family or friends bring these personal belongings to you after surgery. Don't pack nonessential or valuable items.

WHAT TO WEAR TO SURGERY

Wear loose, comfortable clothing. Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. All jewelry must be removed prior to surgery.

DRINK YOUR GATORADE OR ENSURE

Don't forget to drink your 20-ounce bottle of Gatorade 2 hours prior to your surgery **as you are coming to the hospital**. You cannot have anything more to drink after you check in.

PARKING AND CHECK-IN

To ensure a smooth registration process, please arrive two to three hours before your scheduled surgery. It is important to allow ample time for parking and walking to the check-in desk. You will report to the **Admitting Area**. On the first floor of the Main Hospital located at 171 Ashley Ave. They will register you and send you on the correct elevator to the OR waiting room.

Park in the Ashley-Rutledge Parking garage and have your family member keep the parking ticket when entering the Main Hospital. This ticket can be validated by the Admitting Area staff for a reduced rate when exiting the parking garage.

YOUR HOSPITALIZATION

Once your team is ready, you and one member of your family, if desired, will be brought to the pre-surgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery. A catheter will be placed in your vein (IV), and your weight will be measured. You will also be given several medications to help manage your pain and nausea during and after surgery, (gabapentin, acetaminophen, celecoxib and scopolamine skin patch). If it is appropriate for your procedure, the anesthesia provider will perform an epidural anesthetic by using a small needle to inject medications directly into the

epidural pain fibers in your back. This is important, because we would like to minimize the amount of narcotics- such as oxycodone, or dilaudid- which cause constipation and nausea after gynecologic surgery. The use of these narcotics can significantly delay your recovery after surgery. You will then be taken to surgery, and your family will be taken back out to the patient/family lounge.

OPERATING ROOM

Many patients do not recall being in the operating room, because the medications you are given during surgery cause amnesia. You will be connected to monitors. After this, you will be given a blood thinner shot to prevent you from getting blood clots and antibiotics to prevent a wound infection. The anesthesiologist will put you to sleep with a general anesthetic.

Once you are asleep, your surgeon will begin your surgery. A resident surgeon will assist your surgeon during the operation. During surgery, the OR nurse will call your family every two hours to update them. In general, most operations last between two to four hours, but do not be alarmed if the procedure takes longer than this.

RECOVERY ROOM

After surgery, you will be taken to the recovery room, where you will wake up from anesthesia. Once awake and stable, you will be given water or juice to drink. The surgeon will talk with your family immediately following surgery and let them know about the operation. Most patients remain in the recovery room for about two hours. If you are in the recovery room for more than two hours, you will sit in a chair in the recovery room, as it is very important to get you moving as soon as possible after surgery. This will speed up your recovery and also prevents you from getting blood clots and pneumonia.

SURGICAL UNIT

From the recovery room, you will be sent to one of the surgical units, which for most patients is on the seventh (7th) floor, west side of the clinical sciences building. You will be reunited with your family once you are on the unit. This is a good time for your family to bring our belongings that you have packed. The receptionist in the family lounge will tell your family your room number. A family member or companion can stay with you in the room. Visiting hours are 24/7 and reclining chairs are available for a visitor to sleep on.

In most cases, you will have a small tube in your bladder called a Foley catheter. This is so that we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have a drip in your arm (IV) giving you fluid into your vein. You will be allowed to drink immediately. You will be placed on your regular medications, except for some diabetes, blood pressure and blood thinner medications. You will receive a low dose of a blood thinner medication (injection) several times a day to help prevent blood clots.

The nursing staff will help you out of bed. The staff will check your temperature, pulse and blood pressure regularly when you first come up to the unit. Only close friends or family are advised to visit on this day as you will still be quite drowsy.

IN-HOSPITAL RECOVERY PLAN

Team Caring for You after Surgery

In addition to nursing staff on the unit, the gynecological surgery team will care for you. This team is led by your surgeon and includes a resident in his/her last year of training, as well as other residents, and medical students. There will be a physician in the hospital 24 hours a day to tend to your needs. The residents and students report directly to your surgeon, who is the one overseeing all of your care.

Pain Relief After Surgery

Your pain will be assessed regularly on a scale from 0 to 10. Pain assessment is necessary to guide your pain relief. It is essential that you can take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain. Therefore, we have devised a specialized regimen to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process. If you have an epidural catheter, you will receive a constant infusion of pain medication through your epidural. If you need additional pain relief, you will be able to push a button to increase the medication in your epidural. You will also be given acetaminophen and an ibuprofen-like medication to keep your pain under control. You can always ask for additional pain pills if you are not comfortable.

One Day After Surgery

Focus on drinking and walking. You will start drinking clear liquids or regular diet after surgery. The intravenous fluids will be stopped, and the catheter may be removed from your bladder. We expect you to get out of bed, with the nurses or assistants help, sit in a chair for six hours and start to move about in the hallways. You will also meet with a case manager to assess your discharge needs, including home nursing. Your physician may order home care to assist with your transition home. Home nursing visits, which are intermittent, help you get readjusted to

home by teaching treatments, monitoring medications, performing clinical assessment, and reporting back to your physician. Other services may include therapy and medical equipment; private duty services are also available. A Home Care Coordinator can visit with you while in the hospital to discuss your options. If you need a rehabilitation facility, a case manager will assist you with this while you are in the hospital.

You may be started on blood thinners after surgery (lovenox, heparin) to prevent blood clots. If you are started on this medication, you will be discharged with a prescription and continue this medication for 28 days.

Two Days After Surgery

You will start eating a soft diet and change to a more solid diet as you feel up to it. The catheter will be removed from your bladder, if not already done so. If there is a dressing on your wound, it will be examined and changed if necessary. You may have a PICO dressing. This is a wound protector with a slight amount of suction to assist with the healing process. **You will take this PICO dressing off seven (7) days after your surgery.** Throw the dressing and the battery away as it is not re-usable. The tubing will be disconnected from your IV. If you have a new ostomy, one of the ostomy nurses will work with you to learn to care for your ostomy. We expect you to be out of bed for the majority of the day and walking at least three times in the hallway, with assistance as needed.

Three Days After Surgery

You will continue to eat your low residue diet. You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well controlled, you are not belching or nauseated, you are passing gas and you are able to get around on your own. However, we will not discharge you from the hospital until we are sure you are ready

DISCHARGE

Discharge time is at 10:00am You will need to make arrangements for someone to accompany you home. You will not be released without someone present.

Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.

COMPLICATIONS THAT MAY DELAY DISCHARGE

Nausea and vomiting: It is very common to feel sick after your surgery. We give you medication to reduce this. However, if you do feel sick, you should reduce the amount you are taking by mouth. Small, frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the nausea will likely pass.

Ileus: Following surgery, the bowel can be sluggish, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it usually only lasts two to three days. However, it may require a small tube down the nose to decompress the stomach.

The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery, and stimulate the bowel early after surgery with small amounts of food and liquids.

Anastomotic leak: This is a rare but serious complication. Anastomotic leak develops usually five to seven days after the surgery, and it is the cause of the two ends of the bowel that we join failing to heal, thus leaving a hole. Patients usually have severe abdominal pain, fever and vomiting. This often requires another operation.

Wound infection: If a wound infection develops, this usually happens three to ten days after surgery.

Urinary retention: This is if you are unable to urinate after the catheter is removed from your bladder. The catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.

When you are preparing to go home you will receive:

Detailed discharge instructions with information about your operation and medications.

All prescriptions for medications you need at home; prescriptions can be filled while you are in the hospital if you would like.

Ostomy supplies, if necessary.

You will be prescribed Lovenox. Lovenox is used to reduce the risk of developing a blood clot after surgery.

An appointment to see your surgeon or provider two weeks after you leave the hospital for follow up.

CONCERNS AFTER DISCHARGE

ONCE YOU ARE DISCHARGED

Call us at any time if you are worried about your recovery or if you should have any questions

During regular business hours: **843-792-9300**

After hours: **843-792-2300** and ask for the Gyn. Onc. Resident on call

Call us immediately if:

- You have a fever higher than 100.4 degrees
- Your wound is red, more painful or has drainage
- You are nauseated, vomiting or can't keep liquids down
- Your pain is worse and not able to be controlled with the regimen you were sent home with
- If you are bleeding heavily (>1 pad/hour) or have a lot of fluid coming from your vagina. Spotting or bleeding similar to light menses is normal.
- If you are on narcotics, the goal is to wean you off them. If you are running low on supply and need more, call the nurse a few days before you will run out **843-792-9300 ask for Nurse to be paged**

It is generally easier to reach someone between 8:30 am – 4:30 pm so call early if you think something is not right. A nurse or resident is available every day to answer your questions. After hours and on the weekends, the calls go to the resident doctors in the hospital. It may take longer for your phone call to be returned during this time.

If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other acute issues, call 911 and go to the local emergency room. Have them contact our team once you are stable.

CONCERNS AFTER DISCHARGE:

Bowel Function Following Your Surgery

Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose, or you may be constipated. For the vast number of patients, this will get back to normal with time. Make sure you eat nutritious meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal Pain

It is not unusual to suffer gripping pains (colic) during the first week following the removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than one to two hours or have a fever and feel generally unwell, you should contact us at the telephone contact numbers listed at the end of this booklet.

Hysterectomy

You should have pelvic rest for six (6) weeks or as specified by your doctor after surgery. You should have nothing in the vagina (no tampons, douching, intercourse, etc.) during this time.

If you have some vaginal spotting, this is normal. If you have heavy bleeding or a lot of fluid from your vagina, this is NOT normal, and you should contact us.

Pain Control

Depending on the extent of surgery, you will be prescribed a short course of an opiate pain medication and/or anti-inflammatory medication. Take as directed. Call the office if you have any questions.

Diarrhea: Fiber and Imodium (Loperamide)

The first step to improving your frequent or loose stools is to bulk up the stool with fiber. Metamucil is the most common type of fiber that is available at any drug store. Start with 1 teaspoon mixed into food, like grits, yogurt or oatmeal, in the morning and evening. Try not to drink any fluid for one hour after you take the fiber. This will allow the fiber to act like a sponge in your intestines, soaking up all the excess water. Continue this for three to five days.

You may increase by 1 teaspoon every three to five days until the desired affect you are at 1 tablespoon (3 teaspoons) twice a day. If this doesn't work you may try over the counter Loperamide, which is an antidiarrheal medication. You may take one tablet in the morning and evening or 30 minutes before you typically have diarrhea. You may take up to eight of these tablets daily. It is best to discuss this with us prior to using this medication. If you have continuous diarrhea and abdominal cramping, call us at **843-792-9300**.

Urinary Function

After bowel surgery, you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if there is any concern, call **843-792-9300**.

Foley Catheter

Your surgeon may recommend you be discharged home with a Foley catheter (bladder catheter) for 1-2 weeks. Typically, this recommendation will be made for patients undergoing a radical hysterectomy or removal of part of the lower urinary tract. Before you leave the hospital, your nurse should outfit you with a clip on the inner thigh to secure the catheter to prevent pulling as well as a small bag that can be easily worn on the upper leg under loose fitting pants and skirts. Your nurse will teach you how to exchange the large bag that typically comes with the catheter for the small bag. You may find it convenient to attach the small bag when active during the day and then the large bag when sleeping at night.

Additionally, at the time of hospital discharge, you will receive a prescription for one antibiotic pill called ciprofloxacin or Bactrim/macrodantin for patients with allergies. This pill should be taken in the morning of your outpatient clinic visit to have the catheter removed. If you fail to take the antibiotic pill the morning of your catheter removal in clinic, your surgeon may not remove the catheter. If there is ever a point when you notice the catheter is not draining urine and you begin to develop pain behind/above the pubic bone, you should report to the clinic or emergency room immediately as the catheter may be kinked or clogged. Kinking or clogging of the catheter prevents urine from draining from your bladder. Urine will quickly build up in the bladder and can cause severe pain as well as seriously disrupt healing if you have undergone surgery on the lower urinary tract. Additionally, pulling on the catheter can displace the balloon at the end of the catheter from inside the bladder to outside. This also results in severe pain and can cause bleeding. For this reason, secure the catheter to the clip on your inner thigh at all times as the clip prevents against pulling.

Wound Care

For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let soapy water wash over your incision. **Avoid soaking in the tube for one month following surgery or until the wound is well healed.** It will take the wound several months to "soften". It is common to have bumpy areas in the wound near the belly button and at the ends of the incision.

If you have staples, these should be removed when you are seen by your surgeon at the follow-up appointment. You may have a fluid material on your incision. Do not pick at this. It will come off over time. It is the surgical glue used in surgery to close your incision. You also have sutures inside of you that will dissolve over time.

POST-SURGICAL DIET

Attention to good nutrition after surgery is important to your recovery. If you have no dietary restrictions prior to the surgery, you will have no special dietary restrictions after the surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Some patients find their appetite is less than normal after surgery. In this case, frequent small meals throughout the day may help.

It is not uncommon to lose 10-15 pounds after surgery. By the fourth to fifth week, your weight loss should stabilize.

It is normal that certain foods taste different and certain smells may make you nauseous.

Over time, the amount you can comfortably consume will gradually increase.

You should try to eat a balanced diet, which includes:

- Foods that are soft, moist, and easy to chew and swallow.
- Canned or soft-cooked fruits and vegetables.
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be better tolerated initially).
- High protein foods and beverages, such as meats, eggs, milk, cottage cheese or a supplemental nutrition drink like Boost or Ensure.
- Drink plenty of fluids—at least 8-10 glasses a day. This includes water, fruit juice, Gatorade, tea, coffee and milk. Drinking plenty is especially important if you have loose stools/diarrhea.
- Avoid drinking a lot of caffeine, as this may dehydrate you.
- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid carbonated beverages in the first couple of weeks.
- Avoid raw fruits and vegetables.

HOBBIES/ACTIVITIES

Walking is encouraged after your surgery. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. You may climb stairs. Don't do any heavy lifting greater than 10 pounds or contact sports for the first month after your surgery.

Generally, you can return to hobbies and activities soon after your surgery. This will help you recover.

It can take up to two to three months to fully recover. It is not unusual to be fatigued and require an afternoon nap for up to six to eight weeks following surgery. Your body is using this energy to heal your wounds. Set small goals for yourself and try to do a little more each day.

WORK

It is normal to return to work four to six weeks following your operation. If your job involves heavy manual work, then you should wait six weeks. However, you should check with your employer regarding rules, which may be relevant to your return to work. If you need a return to work form for your employer or disability papers, bring them to your follow up appointment or fax them to our office at **843-792-1084** fax.

DRIVING

You may drive when you are off narcotic medications and pain free enough to react quickly with your braking foot. For most patients, this occurs at three to four weeks following surgery.

IMPORTANT PHONE NUMBERS



Scheduling & Sick calls - Hollings Cancer Center **843-792-9300**
 - Radiation Oncology 843-792-3271
 - Surgery 843-792-1634

After Hours (Nights & Weekends): 843-792-2123 Ask for Gyn Onc Oncologist “on call” for emergencies.

MY TREATMENT TEAM			
	Name	Phone Number	Possible Reasons for Calling
Scheduling		843-792-9300	<ul style="list-style-type: none"> ▪ Change date or time of appointments ▪ Call if running late ▪ Need clarification on directions
Nurse Navigator	Stuart Foss, BSN RN	843-792-9877	Complications with treatment plan <ul style="list-style-type: none"> ▪ Questions regarding the plan ▪ Unable to get other services
	Mel Tozier, MSN, RN	(843) 792-9734	
Hollings Clinic Nurse	Hannah Creed ,RN Nancy Grooms, CMA Brittany V	843-792-9300 M-F 8-5pm 843-792-2123 after hours	<ul style="list-style-type: none"> ▪ Side Effects, Rx refills ▪ New symptoms ▪ If you don’t know who else to call...
Radiation Oncology	Dr. Lewis Cooper	843-792-3271 (East Cooper) 843-876-8411	<ul style="list-style-type: none"> ▪ Radiation treatment questions ▪ Radiation side effects
Surgery/Chemo	Dr. William Creasman Dr. Matthew Kohler Dr. Whitney Graybill Dr. Jerlinda Ross Dr. Brian Orr	843-792-9300 843-792-1634 scheduling Fax 843-792-7799	<ul style="list-style-type: none"> ▪ Questions about upcoming surgery ▪ Pre-Op and Post-Op concerns ▪ Surgery complications

Physical Therapy Lymphedema Clinic	Renee Garrison, PT	843-792-3481	<ul style="list-style-type: none"> ▪ Leg swelling issues
Clinical Trials Coordinator	Linda Washington	843-792-7573	<ul style="list-style-type: none"> ▪ Questions about clinical trials ▪ Health changes during clinical trial
Genetics Counselor		843-792-0745	<ul style="list-style-type: none"> ▪ Genetics appts and results
Imaging Records		843-792-7439	<ul style="list-style-type: none"> ▪ Request CD of imaging
Guest Services Hotel Services		843-792-3353 843-876-8456 option 2	<ul style="list-style-type: none"> ▪ Hotel Reservations (discounts available through MUSC) ▪ Leave voicemail, with name and phone # and staff will return your call
Medical Records		843-792-3881	<ul style="list-style-type: none"> ▪ To send or receive medical records
Social Worker	Alison Bonesteal	843-792-3346	<ul style="list-style-type: none"> ▪ Transportation issues ▪ Housing issues
Chaplin/Religious Services		843-792-9300	<ul style="list-style-type: none"> ▪ Questioning Faith ▪ Needing prayers
Financial Counselor	Janine DeBenedicts	843-792-9876	<ul style="list-style-type: none"> ▪ Deposit required ▪ Funding questions
Pharmacy	Hollings Cancer Center Rutledge Tower	843-792-6440 843-876-0199	<ul style="list-style-type: none"> ▪ Needing prescriptions ▪ Refills
Mammogram	Hollings Cancer Center	843-792-1110	<ul style="list-style-type: none"> ▪ To request mammogram on CD

Time Line

- Surgery scheduler 843-792-1634
 - Pre Op (labs, ekg, chest imaging, sign consent, review instructions for surgery)
 - **Begin 7 day quarantine before surgery (stay home)**
 - Covid test (24-72 hours before surgery)
 - Surgery
 - Post op 2 weeks evaluation of surgery recovery & treatment discussion if needed
 - Post op 4 weeks begin treatments *if needed*
 - Post op 6 weeks with pelvic exam

- HCC Scheduling 843-792-9300
 - Scheduling other appointments

- Questions about diagnosis, education about treatments, setting up local appointments outside of Charleston
 - Nurse Navigator, Mel Tozier, (843) 792-9734
 - Nurse Navigator, Stuart Foss, (843) 792-9877

ART
Ashley
River
Towers

President
St

Doughty Street

MUSC
Jonathan
Lucas

Parking
Garage

\$6 per
day for
patients

Courtenay Drive

Jonathan Lucas Street

MUSC Hospital
171 Ashley Ave.
Charleston SC 29425
843-792-2300

Surgery

Lobby
Admitting desk
1st floor check in



↑
Ashley Avenue

MUSC
Ashley-
Rutledge

Parking
Garage

\$6 per
day for
patients

Rutledge Avenue
↓

Rutledge Towers
135 Rutledge Ave
Charleston SC 29403
843-792-2399
1st floor chest imaging
4th floor pre op clinic
2 hour appt

Pre-Op

Sabin Street

Hollings Cancer Center
86 Jonathan Lucas St.
Charleston SC 29425
843-792-9300

Clinic

Calhoun Street



Please purchase 2 bottles of Pre-Surgery Ensure

- **Drink one bottle the night before surgery**
- **Drink one bottle the morning of surgery**

***If you cannot find this Gatorade (any flavor with
Sugar is fine, 20 ounces)***

Web Sites for additional information

Nci.nih.gov	National Cancer Institute*
Wcn.org	Women's Cancer Network Offers general information, free survivor's courses and Webinars
Cancer.mission-health.org	Mission Health's website-go to Cancer Services/Mission Health-Take Charge-Resource Guide
Cancer.org	American Cancer Society* Good for survivorship information
Lymphnet.org	National Lymphedema Network
Ovarian.org	National Ovarian Cancer Coalition
Mayoclinic.org	Mayo Institute (go to Health Information on site)
Cancer.gov	National Cancer Institute*
Chemocare.com	Chemocare*
Nccn.org/patients	National Comprehensive Cancer Network
mskcc/org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products	
Uptodate.com	Up To Date

*In Espanol also

NOTES

IMPORTANT CONTACT NUMBERS

GYNECOLOGY ONCOLOGY SURGERY OFFICE (General questions and concerns)

Monday-Friday | 8:30 a.m. – 4:30 p.m.
96 Jonathan Lucas Street, Charleston SC 29425
843-792-4500

OUTPATIENT CLINIC HOLLINGS CANCER CENTER (Where you will be seen before and after surgery)

Hollings Cancer Center
Monday- Friday | 8:30 a.m. – 4:30 p.m.
86 Jonathan Lucas Street, Charleston SC 29425
843-792-9300

PRE-ANESTHESIA EVALUATION CENTER

Monday- Friday | 8:30 a.m. – 4:30 p.m.
135 Ashley Avenue, Rutledge Towers, 4th Floor
843-876-0116

7 WEST NURSES STATION (for questions during your hospitalization)

843-792-0510

HOTEL SERVICES

Please leave a voicemail and a staff member will call you back

843-876-8456



Changing What's Possible