



University of South Florida
Female Pelvic Medicine & Reconstructive Surgery
(813) 447-1618

Your Surgery is scheduled for: _____ / _____ / _____
(Date)

You will be told at your Hospital Pre-op appointment the time to arrive, on the day of your surgery.

Your surgery is scheduled at either Tampa General Hospital or University Community Hospital. Please follow the instructions below for your surgery hospital.

[] TAMPA GENERAL HOSPITAL (TGH):

About one week before your surgery you will be asked to meet with TGH for pre-op testing. You will have pre-op labs drawn that were ordered by your physician. You will also meet with anesthesia, and speak to the nurses about what will happen the morning of surgery (what time to be there, where to go, etc.). There is complimentary valet parking at the main entrance for surgical patients. **On your arrival please report to the admitting department.**

Your pre-op is scheduled for: _____ / _____ / _____ @ _____
(Date) (Time)

[] UNIVERSITY COMMUNITY HOSPITAL (UCH):

About one week before your surgery you will be asked to meet with UCH for pre-op testing. You will have pre-op labs drawn that were ordered by your physician. You will also meet with anesthesia, and speak to the nurses about what will happen the morning of surgery (what time to be there, where to go, etc.). Your surgery will be done at the Women’s Center. (See the attached sheet for the layout of UCH). **On your arrival please report to the admitting department at the Women’s Center.**

Your pre-op is scheduled for: _____ / _____ / _____ @ _____
(Date) (Time)

Your Doctor may require that you be seen at our office for a Pre-op appointment with them prior to your surgery as well. At this appointment you will be discussing details about your bowel prep, signing consents, and having your last minute questions and concerns about your surgery addressed. If you are required to come in for a pre-op appointment with your Doctor the time and date will be listed below.

Your pre-op appointment with Dr _____ is on _____ / _____ / _____

@ _____ at our North / South office by TGH / USF

If you are taking any of the following medications, please stop them 7 days prior to your surgery.

Medications NOT to take ONE week prior to surgery

Ansaid (Flurbiprofen)	Aspirin
Clinoril	Coumadin (Warfarin)- <i>consult your doctor</i>
Daypro	Diclofenac (Volaren, Cataflam)
Dolobid	Feldene
Ibuprofen (Motrin, Advil, Nuprin, Rufen)	Indomethacin (Indocin)
Ketoprofen (Orudis, Actron)	Ketorolac (Toradol)
Lodine	Lovenox/Heparin- <i>consult your doctor</i>
Nalfon (Fenoprofen)	Naproxen (Naprosyn, Anaprox, Napralen)
Relafen	Salsalate (Salflex, Disalcid)
Tolectin	Trilisate
Vitamin E	Vitamin E supplement
Herbal medications	Elmiron

IMPORTANT INFORMATION REGARDING YOUR SURGERY

(Please read carefully)

You may be required to schedule up to 3 post-op visits with us depending on your type of surgery. Our clinic fills up very quickly, so it is very important to make your post-op appointments as soon in advance as possible. This will ensure that you will be able to get an appointment at the right time. Your first visit will be two weeks after your surgery and is made for you. Please make your next appointments with our front desk upon leaving us at your 1st post-op visit, you may also call 259-8500, or email us at:

usfurogyn@health.usf.edu

**Your 2 week post-op visit is scheduled for: _____/_____/_____ with Dr. _____
at our North / South campus by TGH / USF.
(Directions are enclosed)**

If you need to reschedule any appointments, please call (813) 259-8500, or email usfurogyn@health.usf.edu

We expect that your post-surgical recovery will go smoothly. However, many patients find it helpful to know what to expect after their surgery. The information on the following may be helpful in preparing you for your postoperative recovery. Please be sure to read each page, and call our office if you have any questions or do not understand any of the information given

Bowel Prep

(This section applies to you only if your doctor requested a bowel prep)

*You are being asked to do a bowel preparation (bowel prep) for your upcoming surgery. This will help ensure that your surgery is performed safely. It is very important to follow the directions listed below to help prevent serious complications.

Your doctor may require either a one day or a two day bowel pep. Please follow the instructions for the checked boxes below.

One day Bowel Prep

ONE DAY PRIOR TO SURGERY:

* You may have a regular breakfast. After that, consume clear liquids only (liquids that you can see through). This includes water, Kool-Aid, broth, juice, etc. Do not drink any fluids that are red or purple.

*Your doctor is requesting that you do one of the following bowel preps. It is important to drink lots of fluids during this time to keep well hydrated.

- If you are asked to do an over the counter bowel prep (you can purchase at any pharmacy) you may choose from the following two below:

*Drink one bottle of Magnesium Citrate at 3-4 p.m. over a 20-minute period. Repeat another bottle of Magnesium Citrate 2 hours after the first.

Or

*Fleets Phosphosoda oral saline laxative. Mix 1 TBS. in glass of cold, clear liquid and drink over a 20-minute period. Drink one full glass of clear liquid following first glass (as tolerated).

- If you are given a prescription bowel prep. This must either be picked up with a written prescription or called into your pharmacy. Directions are as follows:

*Drink a gallon of Golytely at 3-4 p.m. Drink until your stools are clear *or* the gallon is complete.

Two day Bowel Prep

TWO DAYS PRIOR TO SURGERY:

*Consume a full liquid diet only. This can be soups, juice, coffee, tea, milkshakes, etc. If you need to eat, please try to limit it to soft foods (grits, eggs, oatmeal, and cream soups) and nothing spicy.

ONE DAY PRIOR TO SURGERY:

*Consume clear liquids only (liquids that you can see through). This includes water, Kool-Aid, broth, juice, etc. Do not drink any fluids that are red or purple.

*Your doctor is requesting that you do one of the following bowel preps. It is important to drink lots of fluids during this time to keep well hydrated.

- If you are asked to do an over the counter bowel prep (you can purchase at any pharmacy) you may choose from the following two below:

*Drink one bottle of Magnesium Citrate at 3-4 p.m. over a 20-minute period. Repeat another bottle of Magnesium Citrate 2 hours after the first.

Or

*Fleets Phosphosoda oral saline laxative. Mix 1 TBS. in glass of cold, clear liquid and drink over a 20-minute period. Drink one full glass of clear liquid following first glass (as tolerated).

OR

You may be asked to do prescription bowel prep. This must either be picked up with a written prescription or called into your pharmacy. Directions are as follows:

*Drink a gallon of Golytely at 3-4 p.m. Drink until your stools are clear *or* the gallon is complete.

*****Do NOT eat or drink anything after midnight on the day before surgery*****

IMPORTANT INFORMATION:

*Your recovery time can vary from 1-6 weeks depending on the type of your surgery. Please check with your physician as to your expected recovery time.

*If you need FMLA or Disability forms completed, please bring them to our office. It can take 1-2 weeks for these to be completed. There is a \$25.00 USFPG fee for this service that must be paid prior to forms being completed. Once paid, if these forms need to be revised for any reason, there will be no additional charge to you.

*Please call our office with any questions or concerns.

Medical Clearances

You are being asked to receive medical clearance prior to your surgery. Medical clearance is sometimes requested by your surgeon to ensure that your surgery can proceed safely. We ask that you see the requested medical provider, and have any requested clearances delivered to us no later than one week prior to your scheduled surgery. Your surgeon will not be able to perform your surgery if the requested clearances are not turned in by that time. Your surgeon is requesting clearances from the following providers:

1.) _____

2.) _____

Bowel Function

Gas pains are common after surgery. These can feel like sudden sharp pains in the abdomen or pelvis. If they become uncomfortable, try to hold your tummy and rub slightly. This may help to release any trapped gas. Drinking warm fluids and walking is the best way to get your bowels stimulated and promote gas release. You may find that you need to strain or push to start a bowel movement. Don't be afraid to do this.

You will be asked to take your stool softener (Colace, also known as Docusate Sodium) twice daily, after your surgery for at least 12 weeks. The stool softener can be bought at your local pharmacy. The generic, over the counter version is usually cheaper than the prescription version. Start by taking one capsule twice a day and either increase to three times a day or decrease to once a day, depending on your stool consistency. Your stools should be soft, and easy to pass.

If you haven't had a bowel movement for 2 days after your surgery, stop the Colace and purchase some Pericolace at your pharmacy. This has a mild laxative to help get things moving. Start with taking 2 the first day, then 1-2 daily after to keep your stools soft.

Bladder function and Catheters

You may need to go home with a catheter in your bladder after surgery. This is most common with women who are having surgeries for incontinence. One week after you leave the hospital, you will be asked to come into the office to see the nurse to remove the catheter. We must make sure that you are able to

empty your bladder well, before we send you home, so please plan to be at the office for a few hours. If you are still not emptying well, or unable to empty, the catheter will be replaced and we will have you come back 1-2 weeks to try again. It can sometimes take your bladder a little longer to recover from your surgery

If you do go home with a catheter, you will also have a clip to secure it to your leg to avoid pulling from the urethra. You will be given a choice of a leg bag, or a device that you can open every 2 hours to empty yourself. This device is small enough that you can tuck it into your panties and no one will even know you have a catheter.

***Please call and notify the physician on call if you have the urge to go, and your catheter is not draining much urine, or you notice blood in your urine. Sometimes the catheters can become clogged, needing to be flushed. This can be done by the nurse in the office.

Activities after surgery

Many patients ask what kinds of activities they can do in the post-surgical period. You may find the following information helpful:

(For Botox/Physical therapy patients, only the "" activities apply.)*

Showering: You may begin showering the day after your surgery. For the first couple of days let the water hit your back and try not to directly immerse your incision in the water. If you have had an INTERSTIM™ placed, wrap wires and incision in saran wrap to keep dry.

Bathing: If you have an abdominal incision, you may begin bathing one week after your surgery, as long as the scar is closed. If you are worried that the incision is not closed, please call us before taking a tub bath.

If you do not have an abdominal incision, you may bath as soon as you are strong enough to get in and out of the bathtub. Interstim patients shower only until after final surgery.

Lifting: Anything that increases the pressure in the abdomen may also increase the pressure in the pelvic area and may cause your surgery to fail. To avoid this happening, we recommend that you do not lift more than 5 pounds for 6 weeks. This includes children, groceries, pushing/pulling carts, vacuuming, etc.

Running/high impact exercise: For the reasons listed above it is recommended to avoid this type of activity for 6 weeks.

Walking: Walking is good after surgery. You should be up walking at least three times a day to help stimulate bowels and prevent blood clots.

Stairs: You may climb stairs as soon as you feel strong enough to do so.

*** Swimming:** You may begin swimming 6 weeks after your surgery (2 weeks if you had only Botox and Physical Therapy)

Sit-ups: You may begin sit-ups 6 weeks after your surgery.

*** Driving:** As long as you are on narcotics (prescription pain meds) you should not drive. When you are off of the prescription pain meds and you can push on the brake with no abdominal pain, and you can twist/turn without pain, then you are usually ok to drive. Take short drives first to make sure can tolerate it. You can ride as a passenger anytime throughout your healing process. It is always important to make sure you wear your seatbelt.

Travel: We recommend that you do not take long trips for at least 2 weeks. Postoperative complications are more prevalent during this period and it is important to be close to your physician. After 2 weeks, if you are healing well, you should be able to travel or fly. Remember you will not be able to carry your own luggage.

*** Sexual intercourse:** You should not have anything in your vagina for 6 weeks (3 weeks for Botox patients). This includes sexual penetration, tampons, douching, etc.

Pain medication

You will be given an adequate amount of narcotic pain medication after your surgery. Please use them to control your post-op pain. Do not avoid taking these if they are needed. If you are having severe pain, this will help make it more tolerable for you. Once you start feeling better, try to take your over the counter medications (e.g., Motrin or Tylenol). If the over the counter medications are not adequate, please use them together with your narcotic pain meds. Bear in mind that Percoset and Vicodin have Tylenol in them, and should not be used together with extra Tylenol. You should not need narcotic pain medications after two weeks after surgery. If severe pain persists after the 2 week period, we will ask you to come in for an office evaluation to rule out serious complications.

Incisions

If you have an incision, you may have steristrips (pieces of tape) covering it. Keep these in place until they fall off, or you may remove one week after your surgery. Standing in the shower to remove is helpful sometimes.

For vaginal incisions, you might have some spotting after surgery for a few weeks. Due to the location, it takes a little longer to heal. Remember it takes up to 6 weeks to heal. If the bleeding seems to be increasing, notify your doctor. You might also notice an increased discharge throughout this period. As tissues heal, this is common. If there is a foul odor or severe pain related to this, you will need to notify your doctor.

When to call your doctor

We want to know if you have any of the following problems in the postsurgical period. Please do not hesitate to call us if you have any of the following:

- * Fever over 101.5 degrees F. If you think you have a fever, make sure you take your temperature by mouth, with a thermometer, before calling your doctor.
- * Severe pain that is not relieved with your pain medication.
- * Nausea and/or Vomiting.
- * Fluid drainage or increasing redness around your incision.
- * Increased amount of bleeding (1 soaked pad per hour or more) or foul smelling discharge from your vagina.
- * If you are unable to urinate once your catheter is removed. If it is greater than 6 hours from the catheter removal, or you feel you need to urinate and you are not able to do so, then you need to go to the nearest emergency room so that your bladder can be drained.
- * If you are unable to pass gas or have a bowel movement after 5 days postoperatively. You may try Magnesium Citrate or Stool softeners (listed above) by mouth. Do NOT use enemas without speaking to the physician.
- * If you need a prescription refilled, make sure you have your pharmacy number available first. You may list it here for your convenience. - .
If you need more pain medication after surgery, we will ask you to come in to be evaluated if your surgery happened more than 2 weeks ago
- * Anytime you feel something is “just not right”, or are unsure about the healing process.

How to contact your doctor

*During regular scheduled business hours (Monday-Friday 8-5) call our cell phone **(813) 447-1618**. (All calls are returned promptly during business hours).

(After business hours, you may leave non-urgent messages, these will be returned on the next business day)

*After 5 p.m. you can reach our physician on-call by calling our office at **(813) 259-8500, and ask for the Urogynecology doctor on call**. If you do not get a response within 20 minutes of calling, call the answering service back. (To be used for urgent matters only after business hours)

Fax: (813) 259-8582

Your Surgeon is:

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