

# **Pre-Operative Instructions**

## ***ONE MONTH PRIOR TO SURGERY***

### Clearance for surgery

Depending on your medical condition, you may be required to obtain clearance for surgery. Please arrange for your primary care provider (PCP) to perform any testing deemed necessary to clear you for surgery. The testing should be performed two to four weeks prior to surgery.

**\*\*Your PCP should fax the results to Shelby OB/GYN at (586) 254-3136**

### Pre-admission Testing

The hospital will contact you if pre-admission testing is to be completed at their facility. You can expect to receive this call approximately two weeks to two days prior to surgery.

## **Anesthesia**

One part of pre-admission testing is a review of your medical history by an anesthesiologist. The anesthesiologist determines the type of anesthesia recommended for your surgery. Possible types of anesthesia include:

- IV Sedation - The anesthesiologist will administer medication through an intravenous line to make you sleep. You will breathe on your own as you sleep.
- Epidural/Spinal – The anesthesiologist will place a thin catheter or perform an injection into the middle of your lower back. This will numb the lower half of your body. You will breathe on your own as you sleep.
- General – General anesthesia causes a patient to be unconscious during surgery. A breathing tube will be inserted into your “windpipe” to maintain proper breathing during surgery. You may experience a sore throat after surgery.

## **Leg Stretches**

Some patients experience discomfort in their legs and/or buttocks from positioning during surgery. To help minimize discomfort, we encourage you to stretch your legs each time you get in or out of bed for one month before surgery. While lying in bed, one leg at a time, simply bend your knee at a 90-degree angle, then pull your knee toward your ear and hold this position for a few seconds.

**Visit our website at [www.pelvic-medicine.com](http://www.pelvic-medicine.com)**

## ***SEVEN DAYS PRIOR TO SURGERY***

### **Medications**

Discontinue use of the following medications that have anticoagulant (blood thinning) properties seven days prior to surgery:

- NSAIDs including but not limited to ibuprofen, Advil, Aleve, Motrin, Celebrex
- Aspirin products including but not limited to Excedrin
- Anticoagulants including but not limited to Plavix, Coumadin, vitamin E
- Herbal medications (all kinds)

*Please check with you primary care physician and/or the anesthesiologist regarding use of other medications you are presently taking (blood pressure, diabetes, cholesterol lowering, etc.)*

## ***THE NIGHT BEFORE SURGERY***

- Do not eat any solid food after 7 p.m. the evening before your surgery. (You may have clear liquids until midnight.)
- Do not eat or drink anything after midnight. Your surgery may be cancelled if you do. You may brush your teeth, but do not swallow.
- You may have a sip of water to take your regular medications (not those which you have been instructed to discontinue).

## ***RECTAL/BOWEL PREPARATIONS***

- A rectal preparation is required for your surgery.  
*Rectal Preparation: One Day Prior to Surgery*  
\*\* See separate handout for details

- A bowel preparation is required for your surgery.  
*Bowel Preparation: One Day Prior to Surgery*  
\*\*See separate handout for details

## ***HOSPITAL STAY***

Most of our patients have outpatient surgery, or a brief one- or two-day hospitalization. We encourage you to return to your home environment as soon as possible. It is there that you will sleep and eat better, which is very important to your recovery.

*The hospitals are teaching centers and, therefore, resident physicians will be involved in your hospital care, always under you doctor's direct supervision. We ask that you be receptive to their participation in your care.*