



240 Medical Park Blvd, Suite 2700
Bristol, TN 37620
(423) 990-2450

Pre-Operative Instructions for Urogynecology

1 week before surgery

Discontinue medications with Aspirin, weight loss medications, herbal supplements, vitamin E, Fish oil or NSAID's (Ibuprofen, Aleve, Advil, Motrin, Naproxen, Toradol, Ultram, Mobic, Lodine, etc.). We will give you other instructions if you take blood thinners (advise us if you use these medications).

Stop Smoking 1-2 weeks prior to surgery but if not possible, STOP at least 24 hours prior to surgery. Cigarettes impair circulation, decrease healing and promote scarring.

Pre-operative Visit

- You will have a visit at HMG Urogynecology to Consent to your surgery and talk with Dr. McQueary who will answer your questions.
- We will go over your surgery, medications and medical history once more.
- Most patients will have a visit with Anesthesia and get the appropriate labs, X-ray and urine tests. Other tests could be ordered as needed.

Stretching at Home

- Begin stretching exercises **at least** 3 times per day. Hold each stretch for at least **10 seconds**.

Stretch 1:

While lying with you back on your bed or a mat:

- Bring your **right knee** to your chest with the left leg straight on the bed or floor and **Hold for 10 seconds**.
- Repeat with the **left knee** to the chest
- Repeat with **both knees** to your chest

Stretch 2:

While standing:

- Bend forward at waist with arms hanging forward toward your toes and **Hold for 10 seconds**.



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Please Note

The final surgery schedule is determined the day before. The Pre-Op Nurse will call the afternoon before surgery with the time you will need to arrive at the hospital or surgery center.

Your surgery will be on: _____

Your surgery will be at: _____ Bristol Regional Medical Center, Bristol
_____ Indian Path Medical Center, Kingsport
_____ Sapling Grove Surgery Center, Bristol
_____ Renaissance Surgery Center, Bristol

Your Surgery will last for approximately _____ minutes/hours.

You will be discharged as an outpatient or in the hospital most likely just overnight.

Treatments/Medications - pick up at the Pharmacy before Surgery

Without prescription:

- Colace Stool softener
- Dulcolax Suppositories
- MiraLax (if needed)
- Fleet Enemas (2)
- Pyridium (Phenazopyridine hydrochloride) known as AZO Urinary Pain Relief, AZO Standard, Urinary Pain Relief, UriSTAT, or Uricalm.
- Chlorhexidine 4-ounce bottle

One day before your surgery: Take in clear liquids ONLY all day.

Clear Liquid Diet List

Beverages:

- Soft Drinks (orange soda, ginger ale, cola, Sprite, Gatorade, or Kool-Aid)
- Strained Fruit Juices without pulp (apple, white grape, orange, lemonade, etc.)
- Water, Tea or Coffee without creamer

Soups:

- Low sodium Chicken or Beef broth

Desserts:

- Hard Candies
- Jell-O (Lemon, Lime or Orange only, no fruit or toppings)
- Popsicles

Continue to Drink Clear Liquids up until midnight or when you go to bed. Make sure you are well hydrated! If your surgery is later in the day you may drink Clear Liquids until 6 hours prior to surgery.

*******Nothing to Eat or Drink after Midnight*******



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Skin and Bowel Preparation

Night before

- Shower using ½ of a 4-ounce bottle of **Chlorhexidine** from your neck down to your toes. **You do not need to use anything to clean in the vaginal area or get the wash in your hair or eyes.**
- **Do not shave your skin in the vaginal area, stomach or upper thighs for several days before surgery.** You may trim if desired.
- Use 1-2 **Fleet enemas** about 8 pm the **night before surgery** until the colon is clear. (Vaginal surgery only)

Morning of Surgery

- **Do Not Eat or Drink**
- Repeat cleansing with the second ½ of the bottle of Chlorhexidine before coming to the hospital.
- **Take 2 Pyridium** tablets to turn your urine orange. (Not needed with the Interstim procedure)
- **Bring any medications you take on a regular basis with you to the Hospital.**
- Wear comfortable clothes and shoes.
- Bring an overnight bag if staying overnight.
- Leave all valuables at home, including jewelry, cell phones, wallets, etc.
- Remove all body piercings.
- If you wear contacts, bring your case and solution to store them in during surgery.
- If you wear dentures, they will need to be removed during surgery.
- Take any medications with a sip of water that you were instructed to take.

Diabetics

- **If you take insulin then talk with doctor about the dose of insulin to take the morning of surgery**
- **Oral diabetes medications should not be taken** the day of or the night before surgery. We will resume these medications after surgery.

At the Hospital/Surgery Center the Day of Surgery

- Bring your insurance information, identification and Co-pay/deductible.
- You will arrive and the facility and register and then after an appropriate wait will be escorted to the Pre-operative area.
- You will have a history taken and an IV placed by a Pre-operative Nurse.
- You will be visited by an Anesthesiologist and appropriate medications given.
- Dr. McQueary will see you in the Pre-Op holding area prior to surgery to answer any questions.
- **You will be taken to the OR for your surgery when your room is ready.**

Immediately After the Surgery

- Following your surgery you will be in the recovery room 1-3 hours.
- No visitors will be allowed in the recovery room.
- As an Outpatient, you will be taken to the Short-Stay area.
- **You may not drive yourself home.**
- If an Over-night stay is indicated you will be taken to a Room. One Family member may stay with you over night.
- Most patients wake up with a catheter in their bladder, possibly a pack in the vagina and compression devices on their legs. **Do not be alarmed!**

The First Day after Surgery

- At 5 am your packing (if needed) and catheter (if needed) will be removed.
- We will let your bladder fill and have you urinate at your first sensation to void. Drink as much as possible to help the process.
- We encourage you to relax and sit patiently on the toilet to let your bladder empty. You can lean forward a bit to help with voiding. **Do Not Bear Down!** You should void in a Toilet Hat that will catch your urine.
- A Nurse will come in to measure the amount voided and will scan your bladder to see how much urine is retained.
- If you have less than 150 mL or able to void half your bladder volume, you will be discharged without a catheter.
- If you fail to void appropriately, do not be discouraged, **about 1/3 of patients will go home for a few days with a catheter.**
- You may have incisions that will be closed with stitches and DERMABOND (glue). Try not getting the incisions too wet but a shower is acceptable 24 hours after surgery.
- If you are doing well with pain and having minimal bleeding, you will be discharged with appropriate instructions typically the first morning after surgery. Dr. McQueary will see you and make that decision.

Urinary Catheter Care

- Wash your hands before and after handling the catheter.
- Wash with soap and water around the catheter at the urethra twice a day.
- You will empty the bag attached to the catheter when it becomes full.
- You may feel the urge to urinate due to the presence of the catheter in the bladder and it can cause bladder spasms that are normal.
- You should use the leg bag when you are up and the larger bag at night while sleeping.
- Call HMG Urogynecology at 423-990-2450 if you notice foul smelling, cloudy or bloody urine especially if accompanied by pain or burning.