

Gynecologic Robotic Surgery
ENHANCED RECOVERY PROGRAM

East Alabama Health ::

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Physicians

General Overview

You will be called the day before your surgery between 2 p.m. and 6 p.m. and given a scheduled time to arrive at Canopy 6, The Surgery Center entrance. This is at the back end of East Alabama Medical Center, located at 2000 Pepperell Parkway in Opelika. If your surgery is on a Monday, you will receive a call Friday afternoon. If you have not received a call by 5 p.m. the day before your surgery, please call 334-528-2468. If you are calling after 5 p.m., please call 334-749-3411 and ask for the house supervisor.

Patients must be accompanied by a designated driver.

Appointments		
Date:	Time:	
Location:		
Date:	Time:	
Date:	Time:	
Location:		
Date:	Time:	
Surgical Plan		

East Alabama Medical Center

2000 Pepperell Parkway Opelika, AL 36801

What is Enhanced Recovery Program (ERP)?

Enhanced recovery is an advanced surgical approach that concentrates on every aspect of your upcoming surgery to improve your recovery afterward. This approach involves your entire care team, including your surgeon, anesthesiologist, nurses, pharmacists, nutritionists and other medical professionals.

The goals of ERP include:

- · Maximizing your overall surgical experience
- · Preparing you for surgery
- Setting realistic expectations for your surgery and recovery
- · Avoiding dehydration and maintaining optimal nourishment
- · Decreasing your risk for infection following surgery
- · Reducing your risk of problems related to any underlying medical issues
- · Minimizing pain and helping you manage it
- · Developing a plan for the time after surgery when your activity may be limited

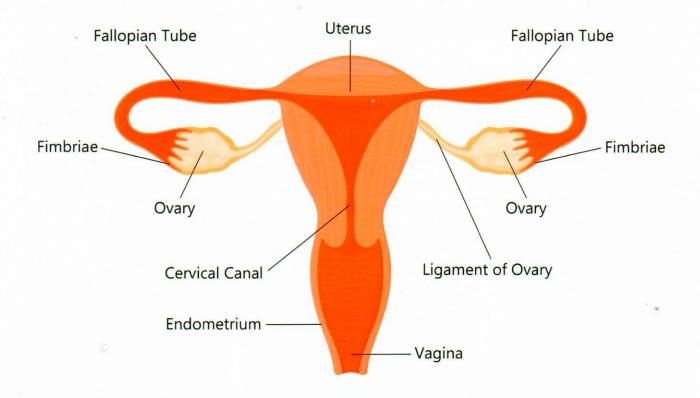
This booklet has been developed to help you prepare for your entire surgical experience and promote optimal postoperative recovery. The following topics will be discussed:

- Preparing for your surgery and recovery
- The day of surgery and your possible postoperative hospital stay
- · Hospital discharge and returning home
- Follow-up care plan

This information is designed to address the most common issues related to robotic or minimally invasive gynecologic surgery, including laparoscopy and robotic-assisted surgeries, such as a hysterectomy. It is important to remember that your surgery and circumstances are unique and may be slightly different than described. ERP pathways are personalized to maximize your recovery.

Please read through this booklet as soon as you are able. It is important that you discuss any questions or concerns with your care team. See more about the ERP pathway in Appendix 2: Enhanced Recovery Program.

Female Reproductive System



What does my pelvis look like?

The human female pelvis contains organs unique to women, including the uterus, cervix, ovaries, fallopian tubes, and vagina.

Women who have had a hysterectomy may not have a uterus and cervix, but the ovaries and fallopian tubes may remain. The pelvis also contains the bladder, colon, small intestine, various blood vessels, nerves and the ureters (which carry urine from the kidneys to the bladder).

Gynecologic Conditions

The gynecology specialty covers conditions of the internal female reproductive system, which includes the uterus (womb), ovaries, fallopian tubes, cervix, and vagina. When your reproductive system develops a problem, it can affect many aspects of your health and quality of life.

Gynecologic conditions, such as severe pelvic pain, endometriosis, fibroids, abnormal bleeding, pelvic organ prolapse, and cancer, are common and may require medical care. When lifestyle changes, medicine, and other options do not ease your symptoms, your doctor may suggest surgery.

What is a da Vinci Surgical System?

Da Vinci surgical systems are comprised of three components:

- Surgeon console
- · Patient-side cart
- · Vision cart













Your surgeon is with you in the operating room, seated at the da Vinci system console. The console gives your surgeon control of the instruments he or she uses to perform your surgery.

The da Vinci vision system delivers 3D high-definition views, giving your surgeon a crystal clear view of the surgical area, which is magnified 10 times to what the human eye sees.

Your surgeon uses tiny instruments that move like a human hand, but with a far greater range of motion. The system's built-in tremorfiltration technology helps your surgeon move each instrument with smooth precision.



About Your Care Team

You will have a care team working with you and your caregiver throughout the ERP pathway. Some are titles you may already know, such as surgeon and nurse. Others may have titles you do not know.

Here are some of the main people on your care team:

- Surgeon the doctor who will perform your surgery
- Registered Nurse (RN) will care for you throughout your experience at EAH. You will have different RN caregivers in the clinic, preoperative clinic, preoperative area, operating room, recovery unit, and your hospital room if admission is necessary.
- · Anesthesiologist the doctor responsible for putting you to sleep prior to the surgery
- Certified Registered Nurse Anesthetist (CRNA) a certified registered nurse anesthetist works with the anesthesiologist to care for you in the operating room
- Patient care technician (PCT) assists the RNs with your care

These are just a few members of your care team. If you or your caregiver has questions at any time, please let a member of your care team know.

Preparing Your Body for Surgery

Diet

- Eat a good diet leading up to surgery. A good diet makes your body stronger and helps the body heal after surgery. Detailed tips about nutrition and eating are in Appendix 1: Improving Nutrition Before and After Surgery.
- Purchase 20-ounce bottles of clear/yellow Gatorade or Powerade. These drinks are great sources of carbohydrates for the morning of surgery, when you are only allowed to drink clear liquids.

Physical Activity

 We encourage you to perform 30 minutes of exercise, including walking, exercise bikes, and elliptical machines daily.

Day Before Surgery

DO

- · Eat breakfast, lunch and dinner
- · Maintain your routine
- Pack for your hospital stay if one is planned for you (see list below)
- Shower the night before surgery using soap provided
- Sleep 7-8 hours at night

DO NOT

- Use non-prescribed drugs or substances
- Drink beer, wine, or liquor
- · Eat solid food after midnight
- Smoke or use smokeless tobacco

Things to bring to the hospital for after your surgery if you need to stay overnight:

- Loose, comfortable clothes (t-shirts, sweatpants, pajamas, etc.)
- Toothbrush, toothpaste, soap/shampoo, shaving supplies, glasses, dentures, hearing aide
- Books, magazines, tablets/iPads, computer, cell phone and chargers
- Favorite pillow and/or blanket, if desired
- Phone numbers of loved ones
- Contact information for your local primary care physician
- Care Partner It is very important that the person who will help take care of you after leaving the hospital is present at the hospital as much as possible, so they can learn more about caring for you during your recovery.

Day of Surgery

- Take a bath the morning of surgery
- Do not shave or apply lotions
- · You may brush your teeth the morning of surgery
- · Take your medications as directed by the Pre-surgery Clinic or your Surgeon

Diet

- · Do not eat any solid foods after midnight on the night before your surgery
- Drink ONLY clear liquids after midnight, the day of your surgery, and up until 2 hours before your arrival to the hospital
- Drink 20 ounces of clear/yellow Gatorade or Powerade 2 hours prior to your arrival to the hospital.

Clear Liquids

ALLOWED

- Gatorade or Powerade (clear/yellow color)
- Jell-O (clear/yellow color)
- · Apple, cranberry, and grape juice
- · Italian ice
- · Popsicles (clear/yellow color)
- · Ginger Ale, Sprite, Sierra Mist, or 7UP
- Black coffee
- · Plain broth
- Tea

NOT ALLOWED

- Milk or dairy products (including in coffee or tea)
- Citrus juices (orange, pineapple, grapefruit, etc.)
- Prune juices
- Juices with pulp

Important Note

To reduce the impact of surgical stress on your recovery, it is recommended that you "carbohydrate load." Carbohydrate loading involves drinking high-carbohydrate clear liquids, such as Gatorade, Powerade, or apple and grape juices.

If you have diabetes, carbohydrate loading is <u>NOT</u> recommended as it can cause high blood sugars before surgery. Refer to the list on the next page for suggested items to drink in limited quantities the day before your surgery.

Clear Liquids for Patients with Diabetes

ALLOWED

- Gatorade G2 or Powerade Zero (low sugar, clear/yellow color)
- · Apple and grape juice
- Sugar-free Jell-O (clear/yellow color)
- Sugar-free fruit-flavored popsicles (clear/yellow color)
- Diet Ginger Ale, Diet Sprite, Diet Sierra Mist, or Diet 7UP
- Plain broth
- · Black coffee
- Tea

NOT ALLOWED

- Milk or dairy products (including in coffee or tea)
- Citrus juices (orange, pineapple, grapefruit, etc.)
- Prune juices
- Juices with pulp
- Any food or beverage not listed in the "allowed" column

After Surgery

Be sure to look over Appendix 3: Day of Surgery Breakdown for your stay, which will give you and your caregiver a detailed breakdown of your hospital stay.

Pain Control

Your care team focuses on your well-being and pain management. Your surgeon will work with your anesthesiologist to create a pain control plan just for you. Although our goal is to keep you as comfortable as possible, there will be some discomfort for several day after your surgery.

Your pain control plan may include some or all of the following:

- Medication taken the morning of surgery before you go to the operating room
- · Local numbing medicines around your incisions
- Medication taken in the Recovery unit and in your hospital room to keep you as comfortable as possible

Medications

Narcotic pain medication is available, but the care team minimizes their use by giving you other types of pain medications. Limiting narcotic use will help decrease the negative effects on your recovery.

Side Effects

Narcotic medications have several potential negative side effects, including nausea, vomiting, drowsiness, itching and constipation. The care team's goal is to decrease pain and avoid complications.

Movement

Controlling your pain helps you move and walk as soon as possible after surgery. Moving is essential to your recovery because it helps prevent blood clots, reduces the chances of infection, and helps your bowel function return. You will get out of bed shortly after surgery. Getting out of bed may seem like a lot to ask after an operation, but walking will speed your recovery. Your caregivers will need to provide plenty of encouragement and support.

The care team expects you to get out of bed prior to discharge. Nursing staff will help get you out of bed until you can move to the chair on your own. After the first evening, your goal is to be up in a chair 8 hours and walk 5 laps around your home each day.

Diet and Bowel Function

- Restarting a regular diet early is part of the ERP pathway and dramatically helps with the
 healing process. You can gradually return to your regular diet as soon as you feel able after
 your surgery. You will start with a clear liquid diet the day of surgery, then you will be
 transitioned back to a regular diet. If you have diabetes, a carbohydrate-controlled/diabetic
 diet is highly encouraged, as tolerated, the day after surgery. Adequate protein and fluid
 intake after surgery are necessary for optimal healing, recovery, and transition to home care.
 We encourage protein shakes as an important supplement during your recovery.
- We also encourage chewing sugar-free gum after surgery because it can stimulate recovery of bowel function.

After Discharge from the Hospital

Be sure to attend your follow-up appointment. Reach out to your surgeon's office for any issues.

Clinic Follow-up

Your follow-up clinic appointment with your surgeon will be scheduled before you leave the hospital.

Activity and Diet

Daily activity promotes healing and helps prevent blood clots.

- Walk a minimum of 3 separate times throughout the day for at least 30 minutes.
- You may use the stairs at home.
- Do NOT lift anything more than 10 pounds or heavier than a gallon of milk for one month after surgery. This will reduce the risk of developing a hernia in your incision.
- Do NOT drive while taking narcotic medications or when you are still having significant pain.
- Do not have sexual intercourse until after your post-op visit.

Nutrition is important to promote healing and recovery.

- It can take a few days or weeks before your appetite returns to normal.
- We encourage you to drink nutritional supplements (such as Boost, Ensure, or Glucerna if you have diabetes) 3 times a day for at least 2 weeks after surgery or until your appetite returns.

- Many people experience constipation after surgery. Remember that constipation is related to the pain medicines and anesthesia.
- You will be prescribed Colace, which is a stool softener. Colace may not be enough, so some
 patients may need to take a laxative by mouth or a suppository. MiraLAX or Dulcolax are
 commonly used.
- Drink at least 6-8 glasses (48-64 ounces) of fluids daily. Your urine should be odor-free and clear.
- Be sure to read Appendix 1: Improving Nutrition Before and After Surgery.
- Alcohol consumption in moderation is acceptable. Do not drink alcohol while taking narcotic pain medications.

Incision Care

- You may shower, but DO NOT take tub baths. Avoid putting the incision under water (hot tubs, swimming pools, etc.) until your follow-up appointment.
- Do not cover the incisions while at home. There may be a small amount of drainage from the incision, which is normal. If the drainage is milky or has an odor, please contact your surgeon's office.
- It is normal to see clear drainage or spotting from the vagina in the initial postoperative period.

Return to Work

- Most patients who sit or do office work may begin returning to work gradually, approximately 2 weeks after surgery. If you do work that requires heavy lifting, you should wait 4-6 weeks after surgery to return.
- You may drive a car if you are not taking any narcotic pain medications. You must also feel
 that you could drive safely (including being able to quickly turn a steering wheel or hit the
 brakes).
- You may not feel like yourself for up to 2 months after surgery. Use caution returning to presurgical activity.
- Activities that seemed easy prior to surgery will make you tired more quickly. You may need to rest some during the day.

After Surgery Issues

- Wound drainage: Some patients experience drainage from the wounds after they go home.
 The drainage can be either clear or a bloody fluid which is normal. Signs of infection around the wound include increasing pain to touch, redness, white or milky discharge, and fever over 101F.
- Blood clots: During the first 4-6 weeks after surgery, one major complication that may occur is a clot in the vein deep in your leg (deep veinous thrombosis a.k.a DVT). The clot can cause pain and/or swelling in your calf or leg. If you develop any of these symptoms, call your surgeon's office right away. These clots may break loose and travel to the lung, producing a life-threatening condition known as pulmonary embolus (PE). A PE is a medical emergency and you should call 911 if you develop chest pain, shortness of breath, sudden onset of weakness or fainting, or coughing up blood.

Pain: Abdominal pain is common after surgery. The care team encourages patients to start
with Tylenol and ibuprofen (if you do not have stomach trouble with ulcers or kidney disease).
If you take medication for heartburn or reflux (Prevacid, Protonix, Nexium), restart it after
surgery. You may take the narcotic prescribed to you as directed if the ibuprofen and/or
Tylenol do not relieve your pain.

Reasons to Contact Your Care Team

- · Incision becomes red, swollen, opens up, or has pus draining from it
- · Nausea with vomiting or diarrhea that is constant
- · Pain that is not relieved by your pain medication
- Signs and symptoms of severe infection (temperature greater than 101, extreme pain, shivering/chills, confusion, etc.)

Care Team Contact Information:	*
Physician's Office:	
After hours/weekends:	

Improving Nutrition Before and After Surgery

Good nutrition will help your body prepare for and heal from major surgery. In particular, protein is important in the healing process. Consider the suggestions below to ensure quality nutrition before and after surgery.

Suggestions to Ensure Good Nutrition:

- Increasing the number of times per day you eat a small, frequent meal is helpful.
- Try to eat 6-8 ounces of protein daily (1 oz. = 1 egg, 1 slice cheese, or 2 tbsp. peanut butter). Good sources of protein include chicken, turkey, fish, beef, pork, lunchmeats, eggs, dairy products, cheese, tofu, and peanut butter.
- Avoid drinking liquids with meals. Limit your intake of non-nutritious beverages such as coffee/tea, which add few nutrients, but fill you up/reduce your appetite.
- Use prepared foods and side dishes sold at grocery stores to minimize your cooking time and save energy. When you are feeling well, you may want to prepare meals you can freeze for days when you do not feel like cooking. Stock your refrigerator and pantry with prepared or easy-to-prepare foods.

To Add More Protein to your Diet:

- Use whey protein powder as an option for adding protein to foods and beverages. The amount of protein may vary by brand.
- Add evaporated milk to cream soups, sauces, or macaroni and cheese (2 tbsp. = 2 grams protein).
- Add milk or half-and-half instead of water to cereals, instant cocoa, puddings, casseroles
- Add grated cheese or chunks of cheese to sauces, vegetables, soups, salads, omelets, and casseroles
- Hard-boil a few extra eggs for between meal eating, egg salad sandwiches, or in addition to vegetable, pasta, or potato salad.
- Add diced or ground meat to soups and casseroles
- Use peanut butter on crackers, celery, waffles, pancakes, muffins, bread, biscuits, or fruit.
- Add chopped nuts to cereal, cakes, cookies, bread recipes, or on ice cream or pudding, or mix with yogurt or cottage cheese.
- Eat Greek yogurt or cottage cheese (add fruit if you like) as part of a meal or as a snack.

HELPFUL REMINDERS/TIPS:

- Do not drink alcohol 24 hours before your surgery. Alcohol can interact with certain medications.
- Do not smoke or use smokeless tobacco 24 hours before your surgery.
- If you have been following a doctor-prescribed diabetic diet, be sure to discuss with the doctor
 whether adding additional calories to your diet before and after your surgery is okay.
- Oral nutritional supplements may be used to help improve your nutritional status and are available for purchase at retail stores. Before using, discuss with your doctor or dietitian.

Enhanced Recovery Program

Enhanced Recovery Program (ERP) is a clinically proven pathway that helps you recover faster after major surgery. ERP uses proven medical and surgical practices to reduce post-surgery pain, increase early physical activity, and stimulate bowel function. The ERP pathway has been shown to significantly reduce overall complications and length of hospital stay in many institutions across Europe and the USA for many different surgeries. ERP is effective, safe, and helpful for patients such as yourself who will be undergoing major surgery.

From the Surgeon's Office

Your surgeon will discuss the pre-surgery preparations, surgical techniques, and post-surgery expectations that are involved in ERP with you. These may include nutrition supplements, early walking after surgery, and limiting the amount of time you are without food.

Pre-Surgery Clinic appointment

A nurse practitioner will talk to you about special medications and procedures that are part of the ERP pathway. Our goal is to provide the best anesthesia care possible by reducing the risk of complications such as pain and nausea, and encouraging movement during your hospital stay. Please be sure to mention if you are taking any blood thinning medication (examples include but are not limited to Aspirin, Plavix, Heparin, Lovenox, Warfarin, Xarelto and Brilinta) during your presurgery visit.

ERP Pathway and Perioperative Pain Treatment

On the day of surgery, your nurse likely will give you several types of oral pain medications before surgery. The goal is to adequately control your pain while reducing the side effects often caused by narcotic pain medications. If you have difficulty swallowing pills, please let your anesthesiologist know on the day of surgery.

After Your Surgery

After your surgery, you will be monitored in the Post-Anesthesia Care Unit (PACU). A PACU RN will be assigned to you. The nurse's job is to care for you and give you medicine for pain or nausea as needed. You may be monitored in a regular hospital room overnight and will remain as part of the ERP pathway until after your discharge from the hospital.

Our goal is to provide you with the most effective care possible, from your initial clinic visit until after discharge.

Day of Surgery Breakdown

- Remember: No solid foods after midnight the day before surgery. You may have clear liquids up
 to 2 hours prior to your scheduled arrival at EAH. If you do not follow these rules, your surgery
 can be significantly delayed or cancelled.
- Arrive at East Alabama Medical Center's Canopy 6 (The Surgery Center) at the time instructed.
- Check in at the registration desk and give the receptionist your name, date of birth, and surgeon's name.
- You will be escorted down the hall to the preoperative waiting area. Your caregivers will wait in
 the waiting area until you are ready for surgery. Under normal operating procedures, they will
 be allowed to visit you before you are taken to surgery. They will wait in the waiting area until
 the surgeon finds them to update them after your surgery is complete.
- You will be taken back to a holding area where you will meet with the nurses and members of
 the anesthesia and surgical team. This is where you will be prepped for your surgery and receive
 medications to help with the pain.
- From holding area, you will be taken back to the operating room. Anesthetic medications will be administered, and you likely will not remember anything else from that point until you awaken in PACU.
- During your surgery, we will periodically call and update your family member.
- After surgery is finished, you will be taken to PACU and monitored closely until you are ready to go home or to your hospital room. You will be allowed to have clear liquids and asked to get out of bed.
- If you stay overnight, your surgeon will see you the morning after surgery.

Notes		
Please use this page for any notes or questi	ons you may have during your journey	with East
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Pre-Surgery Planner

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Directions to The Surgery Center

The Surgery Center is attached to East Alabama Medical Center. The entrance and patient drop off point for The Surgery Center is located in the back of the hospital. See below for directions and a map.



Directions to The Surgery Center from Pepperell Pkwy:

Turn onto E Thomason Circle

Turn right at the 3-way stop

Take the first right into the parking lot and continue straight to The Surgery Center

Drive around the loop and drop the patient off at the sliding glass doors

Directions to The Surgery Center from U.S. Hwy 280:

Turn onto Dunlop Drive

Take slight right onto Linch Avenue

Take the third right into the parking lot and continue straight to The Surgery Center

Drive around the loop and drop the patient off at the sliding glass doors

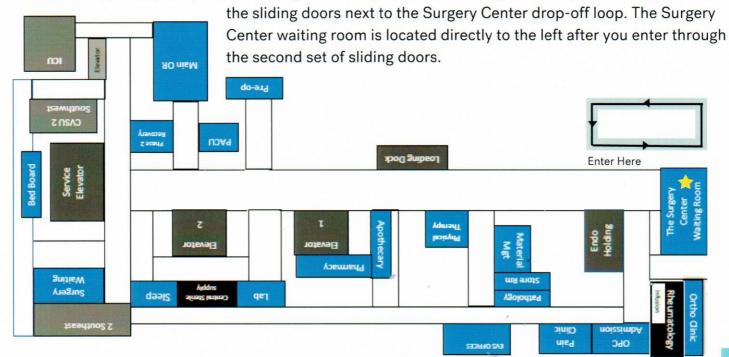


Parking:

After the patient is dropped off, their support person may park adjacent to The Surgery Center where areas are reserved for "Guest and Patient Parking."

The Surgery Center

After your support person parks in a designated Surgery Center parking spot, they can enter in through



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