

Preparing for Your Gynecologic Surgery

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Welcome

We know you may have many questions as you prepare for your surgery. This guide will help you know what to expect from the moment your surgery is scheduled through your recovery.

We recommend that you read all of this information as soon as you get it and keep it with you throughout your recovery.

The surgeon, surgical scheduler, nurse, nurse practitioner, physician assistant, and medical assistant are key members of your healthcare team and play an important role in helping plan your surgery and recovery. However, **you and your family** are the **most important** members of the team. We encourage you to ask questions and take an active role in your care. Please call your surgeon's office with any questions or concerns.

Our team uses the Enhanced Recovery after Surgery (ERAS) pathway. ERAS begins before surgery and actively involves you. This pathway helps you recover quicker and improves your surgery experience.

We look forward to caring for you.

This booklet is for information only. It does not replace the advice of your doctor. Always follow your doctor's advice.

My surgeon: _____

Office phone number: _____

DATE OF MY SURGERY: _____

Date of pre-admission testing (PAT): _____

Date of COVID-19 test: _____

First postoperative visit: _____

Surgery Checklist



This checklist is to help you keep track of all we need to do as a team to make your experience easy.

Beginning now

- Please fully read this guide **“Preparing for Your Gynecologic Surgery”** to help you know how to care for yourself before and after surgery
- Read any additional information** you may get from your surgeon or at your pre-admission testing (PAT) appointment

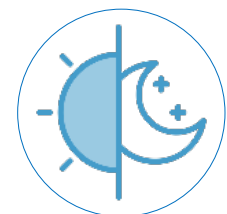


Days/weeks before surgery

- Complete any tests needed before surgery
- Complete your COVID-19 testing 2 days prior to surgery
- Complete your pre-admission testing (in-person or by telephone)
- Make a plan for who will drive you home and help with your care after surgery: _____
- Follow instructions about medications you should take
- Contact your surgeon's office if you have cold or flu symptoms, sore throat, fever, productive cough, drainage from the eye, or a skin rash near where your operation will be
- Eat a healthy diet and include protein (meat, dairy, nuts) with each meal to help with healing
- Drink plenty of water every day
- Stay active! Safely walk or exercise each day as directed by your Primary Care Provider

Day/evening before surgery

- You will get a phone call on the day before surgery to confirm your arrival time and location of surgery. If no one calls, call your surgeon's office the day before surgery between 2:30-4:30 PM.
- Shower with CHG soap (**see page 9**)
- We recommend eating a regular meal the night before surgery**
- Clear liquids are permitted until 2 hours before your scheduled hospital arrival time. These should not contain alcohol.
- Drink 1 bottle of the special drink (**see page 9**)





Day of surgery

- Shower again with CHG soap
- Do not eat anything 8 hours before your scheduled arrival to the hospital (see page 8)**
- You can have clear liquids and the special drink up to 2 hours before your scheduled hospital arrival time.**
- Finish the 2nd bottle of the special drink 2 hours before your scheduled hospital arrival (**see page 9**)
- Follow instructions about medications you may or may not take
- Do not use body lotions
- Do not wear jewelry
- Do not wear contact lenses
- Do not wear makeup

After surgery

- Follow all instructions given after surgery
- Attend your follow-up visit(s) with your surgeon/ surgical team



Before Your Surgery: Medications

For your safety, ask your doctor about taking your usual medications. You may be given special instructions about changes to your medications before surgery. **Please do not make any changes to your medications on your own.**

There is a table below you may use to help talk about the medicines you take. When talking with your doctor include:

- All prescription medications
- Non-prescription medications
- Vitamins, herbs, supplements
- Drug-containing implants (such as IUD birth control)

It is **especially important** to talk about any of the following medications you may take:

- **Blood thinners** - Some blood thinners might need to be stopped before surgery. Examples of blood thinners are **Coumadin, Plavix, Xarelto, and aspirin**. If you take a blood thinner, please talk with your surgeon or the preadmission nurse about any changes. **Please do not make changes on your own.** If you are asked to stop a blood thinner, including aspirin, we might ask the doctor who prescribed it to make the change.
- **Blood pressure medications** – Some blood pressure medications must be stopped before surgery, but some may not.
- **Diabetes medications** – We will make sure you know how to take these medicines **the night before and the day of surgery** and what to do **if your blood sugar is low** during this time. If you do not know what you are supposed to do, please ask your surgeon.
- Pain medications (prescription and over-the-counter)
- Medications to manage addiction

If your surgery is delayed and you have been asked to change your regular medications to prepare for surgery, please **call** your surgeon's office to discuss your medications.



My Medications

Medication Name:	Dose:	When you take it:	Why you take it:	How long you have taken it:	Who prescribed it:

Pre-Admission Testing (PAT)

For some patients, another important member of your care team will be a nurse from the Pre-Admission Testing (PAT) Center in the Department of Anesthesia. You will talk with them on either the phone or in-person before your surgery. We will schedule this meeting for you. This meeting is to help make the best plan of care with you. **If any of the information shared with you at the PAT visit is different from what your surgeon told you, please call your surgeon's office.**

Preparing for your PAT appointment

Whether your appointment is in-person or on the phone, you can expect to talk about the following things:

- Do you have a health condition, such as diabetes, heart disease, high blood pressure, or a bleeding or clotting disorder?
- Are you taking any medications? This includes over-the-counter products, such as aspirin, ibuprofen, vitamins and herbal products. Please use the chart on **page 5** to help before this appointment.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Have you had other surgeries or illnesses?
- Have you ever had a reaction to anesthesia?
- Could you be pregnant?
- How is your general health?
- Do you have a fever, cold or rash?
- Do you have an Advance Directive?



If your PAT appointment is by telephone

The conversation takes about **15 minutes** and will happen on a weekday between 8 AM-4 PM. If you do not speak English, an interpreter will be available by phone to help with the discussion. If your surgery date is approaching and you have not heard from the PAT office, please call the PAT office at **617-667-6040**

If your PAT appointment is in person

If you are scheduled for an in-person PAT appointment, you may receive a phone call from a PAT nurse to discuss your medical history ahead of time. This will include the questions on **page 5**.

The day of your preoperative PAT appointment

Your appointment should take about **1.5 hours**. Please make sure to do the following:

- Take your regular medications and eat your meals as usual
- Do not wear pantyhose, body lotion, or powder
- Bring eyeglasses or hearing aids if you have them



- If you have a completed a Massachusetts Health Care Proxy form, please bring a copy for our records.

During your visit, you will discuss your medical history in detail with a physician or nurse practitioner. Very rarely, you may also need to have additional tests performed, such as blood tests, a urine test, an ECG (electrocardiogram), or imaging tests.

PRE-ADMISSION TESTING - BOSTON

**330 Brookline Avenue
Boston, MA 02215**

**East Campus, Stoneman Building,
Room 122**

(617) 667-6040

Enter through the Feldberg Lobby at the main East Campus entrance

Parking is available in the Feldberg garage at the main East Campus entrance.

PRE-ADMISSION TESTING - MILTON

**199 Reedsdale Road
Milton, MA 02186**

1st Floor, Outpatient Lab

(617) 696-4600

PRE-ADMISSION TESTING - WINCHESTER

**41 Highland Street
Winchester, MA 01890**

(781) 729-9000

Before Your Surgery: Eating and Drinking

Please follow these instructions about eating and drinking before your surgery. If you do not follow these instructions, your surgery might be delayed or rescheduled for your safety.

In the weeks and days before your surgery, eat a healthy diet. Don't forget to include protein with each meal and drink plenty of water.

Eating

Eat a regular meal the night before surgery. **Do not eat anything 8 hours before your scheduled arrival to the hospital.**

Drinking

We recommend you drink **clear liquids** in moderate amounts (no more than 16 ounces per hour - similar to a medium coffee) until **two hours before your scheduled arrival time** for surgery (see "Drinking liquids before surgery" for examples), unless your surgeon gives different instructions.

Drinking liquids before surgery

Please do not drink more than 16 ounces (similar to a medium coffee) in an hour (**unless you are given other instructions** by your surgeon or pre-admission testing nurse). **Stop drinking 2 hours prior to your arrival. Do not drink red-colored liquids.** You can drink:

- Water (non-carbonated)
- Clear juices without pulps (apple juice or white grape juice – no cranberry juice)
- Black coffee or plain tea (**no** milk, cream or powdered cream – sugar is okay)
- Clear electrolyte-replenishing (sports) drinks (Pedialyte, Kool-Aid, Gatorade, Propel or PowerAde)
- Ensure Clear or Boost Breeze (**not** the milkshake varieties)
- Water-based popsicles/ice pop (**no** frozen fruit bars, **no** ice cream bars)
- Jell-O (without fruits)
- Hard candy and gum (**do not** swallow)

Special drink

You should also drink a beverage rich in electrolytes your surgery. Electrolytes are minerals that help balance the amount of water in your body. **You may drink ClearFast PreOp® or Gatorade® (not Gatorade Zero or G2).** We will give you 2 bottles of ClearFast PreOp® if you have an in-person visit. You can also get the drinks yourself. ClearFast PreOp® is sold at www.amazon.com or at www.shop.drinkclearfast.com, and Gatorade may be found at most grocery stores and pharmacies. Please let us know if there are reasons you do not think you can get one of these drinks and we will help.

Note: If you are buying the drinks on your own, please avoid red and dark pink drinks. Clear, yellow, orange, and blue are all okay.

Instructions

1. Drink **one full bottle** of ClearFast PreOp® (or **10 ounces** of Gatorade) the **evening before** surgery **after 5 PM.**
2. Drink a second **full bottle** of ClearFast PreOp® (or **10 ounces** of Gatorade) the **morning** of your surgery. Finish drinking it **two hours before your scheduled arrival time to the hospital.**

Benefits of added hydration

- You will feel less hungry and thirsty before your surgery.
- You are less likely to feel sick from not eating or drinking before surgery.
- Helps you to be able to go to the bathroom normally sooner after your surgery



Before Your Surgery: Showering

To help avoid infection after your surgery you should shower with a special soap, called **chlorhexidine gluconate (CHG) soap**. This lessens the number of germs on your skin. We will give you this soap before your surgery. If you do not get the soap, you may buy it at a pharmacy as “chlorhexidine gluconate (CHG) antiseptic soap” or “Hibiclens”. You may use either the 2% or the 4% strength. Please let us know if there are reasons you do not think you can get the soap and we will help.

Do not use the CHG soap/Hibiclens:

- Above your chin or inside your genital area
- On any broken skin or any open wounds
- If you **have an allergy** to chlorhexidine-containing products



Showering instructions

You will shower twice: once the night before your surgery and again the morning of your surgery.

- In the shower, **wash and rinse your hair first using your normal shampoo**. Make sure you **completely rinse the shampoo** from your hair and body.
- **Do not shave** in the area of your body where your surgery will be performed.
- Wet your **entire** body. Then **turn the water off or move away from the water spray**.
- **Apply the CHG soap** to your body, starting **under** your chin. Do **NOT** use it near your eyes, ears, nose, or mouth. **If you get CHG in your eyes, rinse well with warm water.**
- Gently wash your entire body from the chin down, staying out of the water spray as you washes. **Gently wash the area(s) where your surgery will be for about three minutes**. If possible, have someone help you wash areas you cannot reach, such as your back.
- **Do not** scrub your genital area vigorously with the wash, or place the wash inside the vagina or rectum. You **may** let it run over the outside genital area with water when you rinse.



- **Rinse the CHG soap off your body completely. Do not** wash with regular soap after you have used the antiseptic CHG soap.
- **Pat yourself dry** with a clean, freshly washed towel if you can. **Do not apply any powder, lotion, or perfume**. Dress with **clean, freshly washed clothes** or pajamas if you can. If you are able to, use **sheets on your bed are freshly cleaned** before you get into bed the night before surgery.
- If you have difficulty completing the wash because you cannot reach certain areas, or for any other reason, please tell your nurse when you get to the hospital.

Before Your Surgery: Activity

Staying physically active in the days, weeks or months before your surgery can help improve your recover after surgery. It is important to walk and exercise regularly in a safe way. Be sure to follow any instruction your Primary Care Provider may give you about activity.



The Day of Surgery

Your belongings

- Please leave any valuables at home. The hospital cannot be responsible for valuables, such as cell phones, insurance cards, credit cards, and driver's license.
- If you will be going home right after surgery, **we will keep your things with us** until you are ready to get dressed and go home.
- If you are **staying at the hospital** after recovery, we will ask that your family/friend take your things with them. If your things cannot be taken by your family, we will place them in temporary storage until you are in your hospital room.



Planning your ride to and from the hospital

- Whether you are scheduled to go home on the day of surgery or a subsequent day, **please arrange for a responsible adult to take you home after hospital discharge**. You may **not** go home in a taxi or via the RIDE or a hired car unless a responsible adult is with you (in addition to the driver). If you are going home the day of surgery, your ride home can expect to take you home **two hours after** the end of your surgery unless told differently.

Where to park

BIDMC Boston

East Campus – Feldberg Building (330 Brookline Avenue, 3rd Floor, Boston, MA 02215)

If you are being **admitted after surgery** (and your surgery is in the Feldberg Building on the East Campus), please drive to the main Feldberg entrance and follow signs regarding parking. Enter the Feldberg lobby and check in for surgery at the main desk. Your inpatient room will be on one of the east campus nursing units. We will not know the exact room number until your surgery is complete.



If you are **going home after surgery** (and your surgery is in Feldberg on the East Campus), please park in the Shapiro Clinical Center garage since you will be discharged from this location. The Shapiro Clinical Center is on the corner of Brookline and Longwood Avenues. The entrance to the parking garage is at the rear of the building on Binney Street (off Longwood Avenue). From the Shapiro Clinical Center lobby, take the elevators to the 2nd floor and follow the blue corridor to the Feldberg Building (a long walk). If you need a wheelchair, please ask the information desk concierge to help you. You will go over an enclosed bridge/walkway into the Feldberg building. Go down one floor to the Feldberg lobby and check in at the information desk.

East Campus – Shapiro Building

The Shapiro Operating Room Suite is on the **3rd floor** of the Shapiro Clinical Center, on the **corner of Longwood and Brookline Avenues**. The garage entrance is at the rear of the building on **Binney Street**, off Longwood Avenue.

Take the garage elevators to the lobby and take the Clinical Center elevators to the 3rd floor. Follow the signs to surgery check-in.

BID Milton

199 Reedsdale Road, 1st Floor Surgical Services, Milton, MA 02186

The **parking deck**, located on the north side of the campus close to the Emergency & Outpatient Services Entrance, offers convenient access to check-in for your surgery. When entering the building through the Emergency &

Outpatient Services Entrance, you will be on the **ground floor**.

The **Highland Lot**, located in between the main hospital's Highland Entrance and the Lintz Medical Office Building. When entering the building through the Highland Entrance, you will be on the **first floor**.

BILH Winchester

41 Highland Avenue, Winchester, MA 01890

Winchester Hospital provides free on-site self-parking for all patients and visitors. A **parking garage** is located at the **West Entrance**, adjacent to the Emergency Department, on **Fairmont Street**. Please check in at the registration desk



Checking in for surgery

- **Please go to the campus and surgical check-in area.** We will give you this information before your surgery in your surgical scheduling letter, and again the day before as rarely the location can change. Sometimes the location may change (if at BIDMC Boston). If this happens, the hospital will let you know. Due to unexpected reasons (such as emergencies), your surgery time may be delayed. We will make every effort to let you know about any delays.
- Usually your family member or friend may come with you, but you should check with us during the COVID-19 pandemic, as this could change.
- When you arrive, we will take you to a place to get ready for surgery. There **you will meet with your surgeon, a nurse, the anesthesiologist, and any other members of your surgical team** who will be caring for you. We encourage you to ask any more questions you may have here.
- You may be asked the same questions by different people you meet. **This is for your safety.** Please answer all questions completely, even if you think we already have the information.
- Once you have gone into surgery, your family member or friend may wait in the designated waiting area. **Please check with the hospital about how many visitors you may have. This may change during the time of COVID-19.** If they plan to leave the hospital, a **phone number** where they can be reached should be given to the nurse in the pre-operative area so the surgeon can call when your surgery is done. We can also give your family member or friend a beeper.

Recovery in the post-anesthesia care unit (the PACU)



- After your surgery, we will bring you to the post-anesthesia care unit (PACU). The nurse and other members of the anesthesia team will care for you until the effects of anesthesia wear off.
- The surgeon and nurse will make every effort to keep your family/friends updated as you recover in the PACU.
- If you are scheduled to go home on the day of surgery, the PACU nurse will notify your designated family/friend of the expected pick-up time (usually about two hours) after your surgery.
- If you are staying at the hospital, you will be taken to your room when you are more awake, and your designated family/friend will be told your room number.

Prescriptions for after your surgery

Your surgeon's team may order prescription medications for you after your surgery. These medications should be picked up on the day of surgery, either at the hospital pharmacy or at a pharmacy closer to home with evening hours. Please make sure your care team has the correct pharmacy information on file.

The BIDMC Retail Pharmacy (BIDMC Boston only)

You or your family member can pick up your prescriptions right from the retail pharmacy in the Shapiro Lobby of our East Campus.

Note: If you anticipate going home from your surgery later in the day, outside of the BIDMC retail pharmacy's hours, you should provide your surgeon with the information of a local pharmacy that is open later.

If your pharmacy does not have your prescription, please call your surgeon's office right away for assistance.



Location:

364 Brookline Avenue
Boston, MA 02215

Shapiro Building
Lobby (1st Floor)

(617) 667-6200

Hours:

Monday-Friday:
7:00 AM-8:00 PM

Saturday-Sunday:
9:00 AM-5:00 PM

After Your Surgery: General Instructions

After you have had surgery, your body needs time to heal. As you recover, please **follow these instructions** and go to your **follow-up appointments** after your surgery. Your surgeon may provide additional information and instructions.

General recovery information and instructions

Pain

You can expect to have some pain from your surgery. This pain should get better over time. We will work with you on the best plan to take care your pain. While we usually can't take away the pain completely, we can help you deal with the pain and be more comfortable. Controlling your pain is important to help you move more easily, breathe deeply, and cough effectively. All of these things are important to help avoid problems after surgery like sickness, blood clots, and mental stress.

You may be given one or more medications to help control the pain related to your surgery. Most surgical pain can be controlled by alternating **ibuprofen (Motrin® or Advil®) and acetaminophen (Tylenol®) in the first 24- to 48 hours, then taking these medications only as needed as your pain improves.** Your



Call your surgeon if you have:

- Fever (temperature of 100.4 °F or higher)
- Worsening pain or pain not helped by medication
- Burning or pain with peeing
- Foul-smelling vaginal discharge
- Redness, drainage, or separation of your incision(s)
- Nausea or vomiting (inability to tolerate food or liquids)
- Inability to pee for more than eight hours
- Any other symptoms that worry you
- **Note: Please go to the nearest emergency room and tell your surgeon's team if you feel dizziness, lightheadedness, chest pain, difficulty breathing, or heavy vaginal bleeding (soaking though more than one pad per hour)**

surgeon will let you know if these medications are safe for you to take and how to take them.

Depending on the type of surgery you have, your surgeon might also prescribe a **prescription narcotic (opioid) medication**. These medications are to treat **moderate to severe pain** in addition if acetaminophen and ibuprofen are not enough to help your pain. Narcotic (opioid) pain medication can cause **constipation**. Please read the important information later in this packet about constipation. **Do not drive or drink alcohol if you are taking narcotic (opioid) pain medications.**

Please take **all prescribed medications as directed.**



Diet

Generally, there will be no new restrictions on your diet unless specified by your surgeon. Most people can return to eating a regular diet soon after surgery. You should **drink plenty of water** (6-8 glasses per day), and include **fiber** in your diet to help prevent constipation and **protein** to help healing.

Constipation

Constipation (being unable to poop) is a very a common symptom after surgery, even if you had no problems before surgery. Medications given during and after surgery, changes in your diet and drink, and less physical activity can all cause constipation. It can take up to 5 days before you have your first bowel movement after surgery.

Please follow these instructions unless your surgeon says differently. It is very important to control constipation because **straining to go to the bathroom can affect the success of your surgery**. Your goal should be to have **regular bowel movements that are easy to pass**.

Stool softeners, laxatives, and suppositories

If you have loose or watery stools or diarrhea, do not use stool softeners, laxatives, or suppositories.

Stool softeners: docusate sodium (Colace®)

Begin taking a stool softener twice a day as soon as you return home after surgery. We recommend **docusate sodium (also known as Colace®)**, which can be **bought over the counter at most pharmacies**. Docusate helps make going to the bathroom easier. Begin by taking **100 mg twice daily**, and increase to **no more than 200 mg** twice a day **if needed**.

Laxatives: polyethylene glycol (MiraLAX®), senokot (Senna®), or magnesium hydroxide (Phillips® Milk of Magnesia)

If stool softeners are not working for your constipation, you should add a laxative. Laxatives work by pulling water into bowels and helping them move.

Examples of laxatives:



General tips for healthy bowel function:

- Get moving as early as you can, even if just short walks.
- Eat sitting up
- Eat a **well-balanced diet** that includes plenty of fiber-rich foods (such as fruits, vegetables, beans, and whole grains)
- Drink plenty of **water**
- **Increase your activity as tolerated**, unless your surgeon tells you differently
- Take a stool softener once or twice daily as needed
- **Take a laxative if needed**
- Use a **fiber supplement** if stools are not well-formed
- Chew gum
- Drink coffee (if okay with surgeon)

Each person responds differently to laxatives. Start with a gentle laxative. Begin taking the laxative once a day. If you need more, follow the instructions on the package. If you are unsure of how to take the laxative, please call your surgeon's office. If your stools become watery, stop the laxative. As you return to your usual diet and stop taking narcotic (opioid) pain medications, you should begin going to the bathroom more normally. When this happens, you can slowly take less medication until you no longer need to.



If you do not have good results from a gentler laxative, you may need to replace it with a stronger laxative. **Magnesium hydroxide (Phillips® Milk of Magnesia)** can be effective, though it is a more powerful laxative that should be taken for a short time.

Suppositories: glycerin, bisacodyl (Dulcolax®)

If you are still constipated after trying stool softeners and laxatives, a suppository might be helpful. This can help relieve hard stool in your rectum that can act as a plug. To relieve the blockage, gently place a rectal suppository into your rectum. You may repeat the dose according to the package instructions. If you still do not have a bowel movement after a second suppository, please call your surgeon's office for advice. Sometimes, an enema may be advised by your surgical team.

Movement

Walking soon after surgery is an important part of your recovery. In order to **prevent blood clots**, prevent infections, promote healing and speed up your recovery it is important to continue walking at home **three or more times a day**. You may slowly increase the amount of walking each day as you regain your strength. If you have any questions about the amount of walking that is permitted, please discuss this with your surgeon.

Wound care

- Check your incisions **daily**.
- You may go home with a gauze dressing covering your incisions. This can be removed **24-48 hours after** surgery,
- Some moisture, itching, or bruising on or near your incisions is normal and should improve with time. Notify your surgeon if you experience redness, swelling, drainage, or pain at your incision sites.
- **Do not** apply any powders, lotions, alcohol or ointments to your incision sites.
- If you have **Steri-Strips™** (adhesive bandages) over your incisions, please **leave them in place**. They will fall off on their own, usually within **seven to ten days**. After ten days, you may slowly remove any Steri-strips that have not fallen off on their own. This is easiest to do when they are wet, such as in the shower.
- Your surgeon may use **Dermabond** instead of Steri-Strips™. Dermabond is a special type of skin glue that will hold your incisions together as they heal. This will loosen from your skin and fall off as your incisions heal.
- If **staples** were used on your skin, they will be removed before you go home or at your post-operative visit with your surgical team.
- Most **stitches** do not need to be removed. They **will dissolve** on their own by about six weeks.
- If sutures were used within the vagina, **you will experience vaginal discharge** beginning around two weeks after surgery. This discharge usually stops by six weeks after surgery after all of the sutures dissolve.
- You may use a **pad or panty-liner** to protect your clothing from blood or discharge.



Showering, bathing and swimming

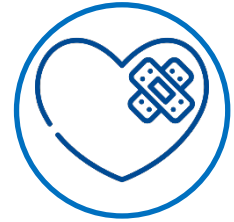
- You may shower after surgery once you feel comfortable doing so. We recommend showering daily and keeping

your incisions clean and dry. Allow warm, soapy water run over your incisions, including the outside of the vagina area, but **do not scrub** your incisions. **Gently pat the incisions dry.** If you had a laparoscopic procedure (with small incisions on your stomach), keep your belly button as dry as possible.

- **Do not** take a bath, soak in a tub, or swim for 6 weeks or until advised by your surgeon

Sexual activity/vaginal insertion

Do not have sexual intercourse, use tampons, douche, or place anything else inside the vagina for at least 8 weeks or until advised by your surgeon.



Hot flashes

If you have had one or both of your **ovaries removed**, you may experience hot flashes and sweating. Please notify your surgeon if you experience bothersome hot flashes.

Bladder catheter

Some people are sent home with a bladder catheter (a small tube to help you pee). We will teach you how to care for your catheter at home to prevent bladder infection. We will also schedule an appointment for you to return to the office to remove the catheter. Please let us know if you experience any burning near the catheter site, bladder pain, cloudy urine, or other concerns related to the catheter.

Vaginal Bleeding

If you experience heavy vaginal bleeding saturating more than one pad per hour, notify your surgeon immediately and proceed to the nearest emergency room.

Vaginal spotting or bleeding that is brown/red in color and vaginal discharge for **up to six weeks** is expected. This may be continuous or may stop and start and should decrease over time.

Procedure-specific recovery information and instructions

Your surgeon will make specific recommendations about how long you should take it easy and heal. Below is general information about the different types of surgery you might have with us. Your surgeon will explain in detail what type of surgery you are having when they ask you for your permission to have the surgery. You can check the box below that applies to you.

Hysteroscopic Surgery <input type="checkbox"/>	Laparoscopic/ Robotic Surgery <input type="checkbox"/>	Abdominal ("open")/ Vaginal Surgery <input type="checkbox"/>
<p>Pain You might experience some stomach cramping or low back pain, which may last several days.</p> <p>Driving and travel <u>Do not drive if you are taking narcotic (opioid) pain medication.</u></p> <p>Do not drive if you are too uncomfortable stepping on the</p>	<p>Pain You might experience some right shoulder discomfort for a few days. This can be a result of the gas that was used to fill your abdomen during surgery to help see more clearly. As your body absorbs this gas in the days after surgery, the discomfort should improve. Walking after surgery and using a heating pad can help ease this.</p>	<p>Pain You might experience some pain of the incision(s) and some deeper discomfort and bloating in the lower stomach.</p> <p>Driving and travel You should plan to avoid driving for 1-2 weeks.</p> <p><u>Do not drive if you are taking narcotic (opioid) pain medication.</u></p>

brake pedal effectively.

Activity

Rest throughout the day of your surgery and **return to your usual level of activity the next day**. You might feel tired for a few days after your surgery.

You might experience some pain of the incision(s) and some deeper discomfort and bloating in the lower stomach.

Driving and travel

You should plan to avoid driving for **1-2 weeks**.

Do not drive if you are taking narcotic (opioid) pain medication.

Do not drive if you are too uncomfortable stepping on the brake pedal effectively.

It is okay to travel out of town or by air **two weeks after** your surgery if ok with your surgeon.

Activity

Walk three times or more a day to help move your bowels, prevent blood clot, and help you breathe. Stairs are fine.

Do not lift, push, pull, or carry anything that weighs **more than ten pounds** (or a gallon of milk) for 6 weeks or until advised by your surgeon.

Do not drive if you are too uncomfortable stepping on the brake pedal effectively.

It is okay to travel out of town or by air **two weeks after** your surgery if ok with your surgeon.

Activity

Walk three times a day or more to help move your bowels, prevent blood clot, and help you breathe. Stairs are fine.

Do not lift, push, pull, or carry anything that weighs **more than ten pounds** (or a gallon of milk) for 6-8 weeks as told by your surgeon.

Gynecology Surgical Practices at BIDMC

General Gynecology

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-4600

BID HealthCare Chelsea

1000 Broadway
Chelsea, MA 02150
(617) 975-6100

BID HealthCare Chestnut Hill

200 Boylston Street
Chestnut Hill, MA 02467
(617) 278-8660

BIDH Milton

199 Reedsdale Road
Milton, MA 02186
(617) 754-0500

BILH Winchester

41 Highland Avenue
Winchester, MA 01890
(781) 756-2581

Bowdoin Street

230 Bowdoin Street
Dorchester, MA 02122
(617) 754-0100

Fenway Health

1340 Boylston Street
Boston, MA 02215
(617) 267-0900

General Gynecology (cont.)

South Cove

145 South Street
Boston, MA 02111
(617) 521-6750

88 Holmes Street
Quincy, MA 02171
(617) 318-3200

277 Commercial Street
Malden, MA 02148
(617) 457-6600

The Dimock Center

55 Dimock Street
Roxbury, MA 02119
(617) 442-8800 x1250

Advanced Gynecologic Surgery

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-4600

Center for Intimate Health & Wellness Clinic

One Brookline Place
Brookline, MA 02445
(617) 667-4070

Endometriosis & Complex Pelvic Pain Center

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-4600

Family Planning

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-8859

Female Pelvic Medicine & Reconstructive Surgery/ Urogynecology

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-4070

Gynecologic Oncology

330 Brookline Avenue
Shapiro 8
Boston, MA 02215
(617) 667-4040

Other Important Contacts

BIDMC Boston Main Number

330 Brookline Avenue
Boston, MA 02215
(617) 667-7000

Pre-Admission Testing – Boston

330 Brookline Avenue
Boston, MA 02215
Stoneman Building, Room 122
(617) 667-6040

BID Milton Main Number

199 Reedsdale Road
Milton, MA 02186
(617) 696-4600

Pre-Admission Testing – Milton

199 Reedsdale Road
Milton, MA 02186
(617) 696-4600

BILH Winchester Main Number

41 Highland Street
Winchester, MA 01890
(781) 729-9000

Pre-Admission Testing – Winchester

41 Highland Street
Winchester, MA 01890
(781) 729-9000

BIDMC Boston Retail Pharmacy

364 Brookline Avenue
Boston, MA 02215
Shapiro Lobby (1st Floor)
(617) 667-6200

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Department of Obstetrics and Gynecology

330 Brookline Avenue

Boston, MA 02215