Prior to surgery

Please complete the following one to two weeks before your scheduled surgery:

• Register with Texas Children’s Pavilion for Women Department of Admissions.
  – In person: the Department of Admissions is located on the 3rd floor (across from the Information Desk by the garage elevators)
  – Online: women.texaschildrens.org, then fax to 832-825-9404
  – Phone: 832-826-3300

• Complete all pre-operative medical visits as instructed by your physician. Some patients require pre-operative medical clearance examinations from a primary care provider or specialist.

• Bring copies of testing results to the pre-op anesthesia appointment.

• Make an appointment for pre-anesthesia testing. Some pre-existing health conditions may affect anesthesia plans. A member of the Anesthesia staff will review your history, order appropriate tests as indicated, and explain the planned type of anesthesia.
  – To make an appointment, call 832-826-3631. Appointments are scheduled Monday through Thursday 8 a.m. – 5 p.m. and Friday 8 a.m. – 1 p.m.
  – The Pre-Anesthesia Testing Center is on the 5th floor of Texas Children’s Pavilion for Women.
Prior to surgery (continued)

- Schedule a post-operative follow up appointment with your surgeon at the time specified by your physician.
- Review your current medications with your physician. This includes prescription as well as nonprescription medication, and herbal or botanical products. If you are taking aspirin or blood thinners, check with your physician to determine when you need to stop these medications. Certain medications should be continued even on the day of surgery. If you are taking these medications, your physician or the anesthesiologist will instruct you to take these with a sip of water on the morning of your surgery.
- Review personal preferences with respect to blood and blood product transfusion with your physician and Anesthesia personnel prior to surgery. Blood transfusion during gynecologic surgery is rare.
- Arrange for reliable transportation to and from the hospital. You will not, under any circumstances, be allowed to drive yourself home. Recovery room personnel can communicate your anticipated time of discharge in the event that the person responsible for your transportation is not waiting in the hospital.

Pre-operative fasting

To prevent the risk of aspiration of gastric contents, do not eat after midnight. Water, apple juice, white grape juice, tea, black coffee (with no milk or creamer) and clear Jell-O® may be offered up until four hours prior to your procedure.

On the day of your surgery

Please report to the Women’s Surgery Department on the 5th floor of Texas Children’s Pavilion for Women for your scheduled procedure. Two adult visitors may accompany you to the pre-operative area before your surgery. Valet parking and self-parking in Texas Medical Center Garage #21 are available.

Please be prepared for your surgery by bringing:

- **Medical**
  - A list of all your medication allergies
  - A list of your current medications which should include prescription and over the counter medications and herbal or botanical products
- **Financial**
  - The admission deposit
- **Personal**
  - Personal supplies for an unanticipated overnight stay including toiletries and a change of clothes
– A pillow, blanket and towel to make your car ride home more comfortable
– Do NOT bring any valuables (jewelry, money, credit cards, laptop computers or expensive clothing)
– List of personal contacts and phone numbers
– Copy of your Durable Power of Attorney and Living Will if applicable

• **What to wear**
  – Comfortable, loose clothing to minimize discomfort after surgery
  – You may wear dentures, however you will be asked to remove dental appliances prior to transport to the operating room (OR)

• **What NOT to wear**
  – Contact lenses (please remove and wear your glasses)
  – Makeup (especially eye makeup)
  – False eyelashes
  – Nail polish
  – Jewelry and body piercings

**Once at the hospital**

• **Pre-operative preparation**
  – Your pre-operative nursing specialist will help you get ready for the procedure. He or she will make sure that you are comfortable, assist you with personal belongings, and review your history and the planned procedure.
  – A member of the Anesthesia team, either a certified registered nurse anesthetist (CRNA) or an anesthesiologist will visit with you to review your history, lab values and planned procedure. They will also review the anesthesia consent form.
  – Your surgeon will also see you in the pre-operative area prior to the surgery.
  – The Anesthesiology team, pre-op and OR nurse will have a mini conference in your room prior to transport to the OR. The purpose is to review all critical aspects of your care, and is designed to maintain patient safety.
  – Texas Children’s Pavilion for Women proudly maintains an academic relationship with Baylor College of Medicine and is one of the hospitals hosting physician and nursing learners. If a resident, medical student or nursing student is assigned to follow you during surgery, he or she must meet you prior to the procedure. Your surgeon may perform the procedure with resident assistants.
  – The nurse and the Anesthesia team member assigned to take care of you in the OR will transport you to the room.

**Anesthesia: Our commitment to you**

Our medical and nursing staff is committed to keeping you safe and making you as comfortable as possible during your hospital stay. Whether you come to the hospital for labor or for surgery, we are here to provide you with exceptional care. Our staff will provide you with the medication or comfort measures you need to feel better.

**Anesthesia FAQ**

• **What are the different types of anesthesia?**
  – There are four main types of anesthesia: local, regional, general and IV sedation.
    • **Local anesthesia:** The anesthetic drug is usually injected into the tissue to numb just the specific location of your body requiring minor surgery.
    • **Regional anesthesia:** Your anesthesiologist makes an injection near a cluster of nerves to numb the area of your body that requires surgery.
    • **General anesthesia:** You are unconscious and have no awareness. There are several kinds of general anesthetic drugs including gases or vapors inhaled through a breathing mask or medications introduced through a vein. While under anesthesia, you are carefully monitored and treated by your anesthesiologist.
    • **IV sedation:** Intravenous sedation is a moderate type of sedation. Medicines are given to help you relax during the procedure, however, you may be awake and aware.

• **How safe is anesthesia?**
  – Very safe. Due to advances in patient safety, the risks of anesthesia are very low. Certain types of illnesses, such as heart disease, high blood pressure and obesity, can increase your anesthesia risks.

• **How will my anesthesiologist know how much anesthesia to give me?**
  – Every anesthetic must be tailored to the individual and to the operation or procedure. The amount of anesthesia needed can differ according to age, weight, gender, medications being taken and specific illnesses or conditions.
In the operating room

• It may seem like there are many people in the OR with you. Each person plays an important role in your care and will introduce him or herself. Individuals in the OR typically include the scrub nurse, circulating nurse, CRNA, anesthesiologist and surgeon, and may include a resident physician, medical or nursing student.

After your surgery

• Immediate recovery
You will spend approximately two hours in the recovery room. One adult visitor may stay with you for a limited time once you have completed the initial recovery phase. Please ask your visitors to inform the receptionist in the waiting room if they need to leave the area. Once discharged, a responsible adult must stay with you for the first 24 hours after surgery. You may be sleepy and unsteady from the medication you receive.

• Transportation
Please plan to be picked up as soon as possible after your discharge. It is not safe for you to drive; you will not be permitted to drive or take public transportation alone. Arrange in advance for an adult to drive you home upon discharge. You may also take a cab if an adult in addition to the cab driver accompanies you in the cab.

• Post-operative pain management
Pain is to be expected after surgery. Our goal is to reduce and control your pain to a reasonable level. The staff will monitor and assess your pain level using a numeric rating scale of 0-10, where 0 is no pain and 10 is the worst pain imaginable. If your pain relief is not adequate, please tell the nursing staff. There may be other treatment options available to manage your pain.
  – It is important to establish an acceptable level of discomfort. Be prepared to provide us with a number from the numeric rating scale of 0-10 that you think is reasonable at which you would not need a pain intervention.
  – Getting up and moving after surgery helps prevent complications. We want to control your pain so you can help yourself heal.
  – People experience discomfort and pain differently. Only you can describe how much pain you are in and what works to reduce your pain.
  – Our team has a plan for managing your pain after surgery. It will be based on the type of surgery and your medical history. There will be a number of choices for keeping your pain under control.
  – After surgery, do not wait for pain to be severe before taking your medication. Generally, the worst pain from a procedure is the first 24-48 hours. For the first few days, it is safe to take your pain medication even if you feel your pain level is low. It is better to “keep up” than to try and “catch up” with early surgical pain.
  – Some side effects from pain medicine include nausea and constipation. These symptoms can be treated, so please be sure to let your health care provider know if you experience these reactions.
  – If you are breastfeeding, there are several pain medications that are safe for you and your baby.
  – Please let your nurse know if your pain is not controlled while taking your medications. The pain may need to be investigated or there may be a different pain-reducing therapy that will work better.
  – Take your pain medicine as prescribed by your physician. Do not take aspirin or aspirin-containing products (eg: BC powders), which can increase the risk of bleeding. Call your physician if you have continued significant pain while taking the prescribed pain medicine as directed, or if significant pain persists after the prescription runs out. Unless otherwise instructed, it is not necessary to take pain medication if you do not feel pain.
• **Diet**
You may eat whatever appeals to you; however, some post-operative patients are more comfortable if they begin with a clear liquid or bland diet and slowly add solid foods. Clear liquids include apple juice, Sprite®, Gatorade®, tea, broth, popsicles or Jell-O®. Do not drink alcohol while taking pain medications.

• **Activities**
Some patients feel the need to rest during the first 24 hours after surgery. Resume normal activities as instructed by your physician, as every surgery is different. Your physician will tell you when you can return to work or resume exercising. Some general guidelines for resumption of activity are:
– You may begin light activity as soon as you feel able
– You may drive when you are no longer taking narcotic pain medication, and when you are physically able to turn and twist without much pain

• **Medication(s)**
Your physician may prescribe or recommend medication for post-operative pain, or medication to treat nausea. Other medications may be prescribed as well. Do not take these medications more frequently or at higher doses than prescribed. You should resume previous daily medications after discharge unless instructed otherwise.

• **Incision**
Keep the wound clean and dry. A little swelling is common following surgery and will go away. A small amount of straw-colored discharge from the incision is normal. If you have any redness, heat, increased swelling, oozing, steady bleeding or drainage at the surgical site, call your physician. A small amount of bleeding or a small spot of blood on the bandage which does not increase in size should not raise concern. If present, Steri-Strips™ should be peeled off in seven days.

• **Bathing**
If you do not have an incision, you may shower the same day after surgery. Patients with an incision may shower the day after surgery. Pat the incision dry with a soft towel or cloth.

• **Call your physician**
– If you have a fever of 100.4° F or greater
– If you have increased pain or pain which does not get better when the prescribed pain medicine is taken as instructed
– If you have any increased redness, swelling, bleeding or drainage from the surgical site(s)
– If you have vaginal bleeding which soaks a pad an hour for two to three hours
– If you have nausea that does not get better with the prescribed nausea medicine
– If you experience vomiting
– If you are unable to urinate by six hours after the time of discharge

• **If you have an emergency**
Return to Texas Children’s Pavilion for Women, Women’s Assessment Center located on the 11th floor. The telephone number of the Women’s Assessment Center is 832-826-3150. Call your physician if you have any other questions or concerns.

For directions and parking information, visit women.texaschildrens.org.