



10503 W THUNDERBIRD BLVD, SUITE 372
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PREPARING FOR YOUR MAJOR SURGERY

The success of your surgery depends not only on what happens during your operation and hospitalization but also on what happens between now and the operation. Here are a few tips to help you prepare for your surgery.

- Start a structured program of **exercise** today. Any form of exercise (treadmills, jogging even walking) will help you achieve the best results from your surgery. Start slowly and do a little more every day.
- If you **smoke**, stop immediately.
- Perform deep breathing exercise 10 times every hour when awake. Simply expand your chest and take a deep breath in. You will be required to continue with these exercises during your hospitalization.

WHAT IF YOU TAKE ANY MEDICINES

- Make sure that your surgeon knows what medications you are taking. Please call our office and inform the nurse about all your medications if you have not done so already.
- If you take **Aspirin, Motrin, Aleve or Plavix** they should be stopped 7 days before the surgery and should not be taken until 7 days after surgery.
- If you take blood thinners such as **Coumadin**, it should be stopped about 5 days prior to surgery. Ask your surgeon when you should stop this medicine.
- Do not take **Diabetic** medicines one the morning of surgery.
- Generally all other medicines (especially **medicines for high blood pressure and heart conditions**) should be taken up to the time of your surgery. This means that even when you are NPO (not allowed to take orally) you must still take these medicines with a sip of water.
- Do not eat or drink anything after midnight.

BOWEL PREPERATION ON THE DAY BEFORE YOUR SURGERY

- Drink plenty of water.
- Be on a Clear Liquid Diet.
- Follow the bowel prep as instructed....Gatorade/Miralax Prep.
- Do not eat or drink anything after midnight.

ON THE DAY OF YOUR SURGERY

- Do not eat or drink anything.
- However if you take blood pressure or heart medicines you must take them with a small sip of water at least 3 hours prior to your surgery.
- On the day of surgery you should arrive at the hospital 2 hours ahead of time. There may be some paperwork and preparations to be done before your procedure and a delay in arrival may cause cancellation of the procedure.

Remember that pre-operative preparation is vital for the successful outcome of your surgery. Let us work together to achieve and have an outstanding outcome. If you have any questions, please call 623-875-7330 during office hours.



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WHAT TO EXPECT AFTER YOUR SURGERY

Day of Surgery, (Post-op Day #0)

- You may be somewhat sedated after the surgery. In the evening you may be helped into a chair.
- You will have a couple of IV's through which you will be receiving fluids and medicines.
- You may feel nausea and some pain. But let your nurse know so that we can make you comfortable.
- You will have a catheter draining urine from your bladder. This is placed purely for your comfort. You will be wearing leg stockings to prevent clots.
- If your pain is not controlled inform your nurse. Some degree of pain is expected after surgery but you must not suffer with pain. Excessive pain after surgery may cause many complications and must be avoided.
- When in bed perform deep breathing exercises and move your limbs and joints to keep yourself occupied.

Post-op Day #1

- You will be assisted by the hospital staff to ambulate. They will sit you in a chair and walk you around the unit. The idea is to keep you as active as possible.
- When in bed keep moving your limbs and perform breathing exercises.
- You may have some sips of water as long as it does not make you nauseous.
- Your dressing will be removed and incision may be left exposed.

Post-op Day #2

- One again you will be encouraged to walk and sit in a chair. The less time you spend in the bed, the better. When in bed, elevate the head end of the bed at 45 degrees and exercise your limbs as much as possible. You will be asked to be more active from now on.
- You will be given sips of liquids if you do not have nausea or vomiting. Only consume small amounts.
- Your urine catheter may be removed during the night.
- If you have a bag or colostomy, you and your family will be educated on how to take care of it.
- The Discharge planner will see you today and evaluate your home situation to see if you need any kind of assistance at home. This will also determine if you need a front wheel walker or a bedside commode at home.

Post-op Day #3

- Many people experience difficulty with sleeping in the hospital because of unfamiliar environment. You may ask for a sleeping pill if you are having problems with sleeping.
- You won't have much of an appetite.
- We will advance your diet if you have passed flatus or have had a bowel movement.

Post-op Day #4, #5 or #6

- If you have a drain (a small plastic tube that is placed in the belly during surgery) it will be removed today.
- Again, you will be re-assessed to see if you have passed any flatus or have had a bowel movement. We will advance your diet accordingly.
- The Physical therapist and the Discharge planner will continue to see you every day. If you have any questions or concerns bring it to their attention.
- The nurse will give you the “Discharge Instruction Sheet”. This will explain what to expect after discharge.
- You may also get the discharge prescriptions today. Have a relative go to the pharmacy and pick up your prescription today so that it is available when you go home.
- If all goes well and you are tolerating your diet and your blood work and vital signs are stable and your pain is controlled with pain meds you will be discharged home. We usually discharge patients between 12:00pm to 5:00pm.
- You will be advised to gradually increase activity when you go home. Continue breathing exercises when you get home. Also keep wearing your stockings for the next 2 weeks when you go home.
- When you go home you may feel tired, weak and under the weather. You may have some pain, nausea, constipation, bloating or diarrhea. This is part and parcel of recovery and it takes almost 2 weeks before you feel better. Call us if you have severe pain, fever more than 101 or severe diarrhea or constipation.

The above is a general description of the expected course of your stay in the hospital. However, every patient is different and we may have to tailor the postoperative care according to your individual needs. If there are any postoperative problems you may require a much longer hospital stay.



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DISCHARGE INSTRUCTIONS FOR MAJOR ABDOMINAL SURGERY

FOLLOW-UP APPOINTMENT

Return to the office for follow-up appointment as instructed by the doctor..

You must call us earlier if you develop a fever over 101, shaking chills, persistent vomiting, and excessive pain unresponsive to painkillers. Also call us earlier if you have excessive drainage from the incision or develop redness around it.

Some people may feel weak and exhausted after discharge. This is normal. You may not have much of an appetite for the next few weeks. It will return naturally.

ACTIVITY

- You may gradually increase the level of your activity. Your activities may include:
- Walk around inside your house or outside if the weather permits.
- Light housework after 2 weeks.
- Avoid heavy exertion and heavy lifting for 8 weeks after surgery.
- Deep breathing exercises that you were taught during your hospitalization.

INCISION

- At the time of discharge you may or may not have staples in your incision. These will be removed at the time of your first office visit. Otherwise you may have paper “butterfly” strips holding the wound together. You do not need to remove these; they will fall off by themselves.
- You may take a bath or shower and allow water to flow over your incision. You may wash the incision gently with soap and water and then dab it dry. It is common to feel pulling, itching or sharp sticking sensations in the area of incision as the wound is healing. This is normal.
- You may also notice some drainage from the incision. If the drainage is excessive or the wound becomes red and painful please call us.

DIET

- Take small portions of low fiber and low fat diet for the next two weeks. You may also want to avoid dairy foods during this time. After this period there will be no restriction for food. Drink plenty of water. Using a nutritional supplement such as Ensure or Boost is also a good idea. If you have diabetes, use Glucerna. Over the counter Multi Vitamin pills are also a good idea.
- You may notice some constipation or diarrhea. This is normal. Do not be alarmed unless you do not have a bowel movement for 3 days or start vomiting.

PAIN MEDICATIONS

You will be prescribed pain pills at the time of discharge. One or two pain pills may be taken every 4 to 6 hours as needed for pain. These pills have a tendency to cause dizziness, drowsiness, nausea or constipation. Do not take these pills before driving and do not drink alcoholic beverages with these pills.

OTHER MEDICATIONS

Medications that you were taking at home for problems unrelated to your surgery should be resumed once again. If you are unsure about these, please call your family doctor or whoever prescribes them for you. If you have any questions, please call our office at 623-875-7330.