

Female Pelvic Medicine & Reconstructive Surgery Frequently Asked Questions (FAQs)

Before Surgery Instructions

HOW DO I SCHEDULE MY SURGERY?

After you and your doctor determine that surgery is your best option, you will be introduced to the surgery scheduler who will contact your insurance company for prior-authorization and schedule the date of your surgery.

WHERE WILL I HAVE SURGERY?

Your doctor will tell you where the surgery will occur. Most surgeries are performed at the LLUH Surgical Hospital. Attached is a map and directions.

HOW LONG WILL IT TAKE TO RECOVER?

If you are having outpatient surgery, you may require up to 2 weeks off from work. Most patients having surgery that requires inpatient hospitalization should plan to be off work for approximately 6 weeks. If you have documents for the doctor to complete for a leave of absence, you may fax them to our office at **(909) 558-2775**. Please allow at least one week for the documents to be completed and returned to you.

WHAT SHOULD I DO TO PREPARE FOR SURGERY?

8 weeks prior to surgery. If you smoke, you must stop smoking 8 weeks prior to surgery. Failure to do so will increase your risk of post-operative complications, such as slow or abnormal healing, blood clots in your lungs, or even death.

4 weeks prior to surgery. If you take birth control or hormone therapy your doctor will advise you whether to continue.

Any tests (laboratory, EKG, radiology) that your doctor orders must be completed within 30 days of the date of your scheduled surgery. You must also have a pre-operative history and physical performed by your primary care physician. If this cannot occur, please call the anesthesia pre-admission testing center (PACE) at **(909) 558-3611** and advise them.

It is your responsibility to complete all tests and a history and physical within 30 days of your scheduled surgery. All results must be faxed to the surgeon's office at **(909) 558-2775** for surgery to occur.



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5-7 DAYS PRIOR TO SURGERY

Medications. If you are taking any of the following blood thinners, pain medications, or herbal supplements you must stop them 5-7 days prior to surgery.

Blood thinners (See list)

Pain medications (See list)

Herbal supplements (See list)

Other: If you are taking any other medications (including Diabetes medication), you can continue them until the day before surgery. P-blocker medications (i.e. Atenolol or Metoprolol) can be taken the morning of surgery with a sip of water.

THE DAY PRIOR TO SURGERY

Bowel prep. You will not need a “bowel prep” if you are having outpatient surgery. You will need a “bowel prep” if you are having inpatient surgery. Your doctor will advise you which of the following is required.

Liquid diet. If you are placed on a liquid diet by your physician, you may only consume liquids the day before surgery. These include: water, juices, Jell-O, and broth. Drink at least 8 cups of liquids to keep your body hydrated. You must stop all liquids by midnight the night before surgery.

Fleet® Saline Enema. This is available for purchase over-the-counter and should be used around 6 p.m. the night before surgery.

Magnesium Citrate. This is available for purchase over-the-counter. Drink it with ice beginning at noon the day before surgery.

Food and water. You must stop eating and/or drinking by midnight the night before surgery. If you are diabetic, please let your doctor know, so your medications can be adjusted.

Shaving. You should not shave yourself the night before surgery. This practice increases your chance of skin infection. You will be shaved the morning of surgery, as needed. Showering with anti-bacterial soap is helpful.

THE DAY OF SURGERY

Hospital arrival. You need to arrive at the hospital approximately 2 hours before your scheduled surgery.

Personal items. Bring any personal grooming items you wish to have such as toothbrush, toothpaste, deodorant, etc. You will be wearing a hospital gown during your hospital stay.

After surgery. Immediately after surgery you will be in the post-anesthesia recovery room for approximately 2 hours. When you wake up you will have an IV for hydration and pain management, a bladder catheter in place, and possibly vaginal packing for any bleeding that may occur.

Family or friends may come visit after you leave the post anesthesia recovery area.

Discharge instructions. Before you go home, a nurse or doctor will go over any instructions on diet, medication, and overall recovery process.

Travel home. Make arrangements for someone to take you home after discharge from the hospital. Plan to have someone with you when you get home from the hospital to provide help as needed.

