Getting Ready for Your Enhanced Recovery after Surgery (ERAS) – GYN Surgery

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Enhanced Recovery After Surgery (ERAS) – GYN Surgery

Thank you for trusting us with your care. Please read this information to get ready for your surgery. The first step is talking with an HonorHealth pre-assessment nurse.



Expect a call from a pre-assessment nurse before your day of surgery. The two of you will review your medical history, the names and doses of your medications, and any allergies you may have. The nurse will also have personalized instructions for you about getting ready for your surgery.

If labs or tests, such as an EKG, are required before surgery, you can go to any HonorHealth hospital without an appointment. Simply take your surgeon's order to the Admitting Department.

The location for your surgery: _____

Date and time of your surgery: _____

Please arrive at the hospital at: _____

What do I need to bring?



- Your insurance card and photo I.D
- Only enough cash to cover co-payments, or a credit card.
- A complete list of all medications, vitamins, herbals, and supplements you take.
- If you use a rescue inhaler, please bring it with you.
- If you use an insulin pump, leave this on, running, and bring your pump supplies.
- If you use a CPAP/BiPAP machine, please bring it with you.
- A protective case for glasses or hearing aid
- Loose fitting clothes and flat shoes. If you are having breast surgery, please bring a sports bra. If you are having surgery on your shoulders, arms, chest, or head, wear a shirt that buttons down the front. During surgery you will wear a hospital patient gown.
- If you have a copy of your Living Will/Power of Attorney, please bring it if we do not already have a copy.

Please do not bring:

- Any electronics or jewelry, including wedding bands and body piercings.
- Your daily medications, other than those noted above. We provide your usual medications during your stay.
- Contact lenses.
- Please keep any valuables and unnecessary personal items such as jewelry, money, and electronics at home or leave them with a friend or family member. Any personal belongings kept by the patient, are the patient's responsibility and not the hospitals.

Medication Instructions

We may instruct you to take certain medications on the before your procedure. Take them with a sip of water.

If you take any of the medications below, please follow the instructions to **avoid delay or cancellation** of your surgery.

- **Blood pressure medications**. If you take blood pressure medication, you may need to stop taking it before your scheduled surgery. Please read the following page called *High Blood Pressure (Hypertension) Medication.*
- **Blood thinners**. If you take a blood thinner such as **Aspirin, Coumadin®, Heparin®, Xarelto®, Eliquis®, Pradaxa®**, or **Plavix®**, please ask your surgeon and the doctor who prescribes it if you should stop taking it before surgery.
- **Hormones.** If you take a hormone such as **Estrogen** or **Testosterone**, please ask your surgeon and the doctor who prescribes it if you should stop taking it before surgery.
- **Diabetes medications.** Please refer to our *Pre-procedure Instructions for Patients with Diabetes* in the following pages.
- **Vitamins, supplements,** or **herbal medications**. If you take vitamins, supplements, or herbal medications stop taking them starting **2 weeks** before surgery unless otherwise instructed by your surgeon.
- **Diet pills** or **weight loss pills,** such as Phentermine. If you take diet pills or weight-loss pills, stop taking them starting **1 week** before surgery. If you take any injectable GLP-1 medications (Semaglutide, Ozempic) for weight loss **only** (and not for Diabetes) stop taking them **1 week** prior to surgery. If this is taken for Diabetes, see above *Diabetes medications* instruction.
- **Over-the-counter pain medications.** If you take over-the-counter pain medication such as **Motrin®**, **Advil®** or **Aleve®,** or any medications that contain aspirin such as **Excedrin**, stop taking it **1 week** before surgery. **Exception**: Tylenol® (acetaminophen). It is OK to continue taking Tylenol® (acetaminophen).
- **Opioid dependence medications.** If you take Opioid (narcotic) dependence medications such as **Suboxone®** (Buprenorphine/naloxone) this needs to be tapered before surgery. Do not stop taking it abruptly. Call your prescribing physician for instructions on how to do this safely.

High Blood Pressure (Hypertension) Medications

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If **general anesthesia** is planned for your surgery, it can interact with some types of blood pressure medications and may make your blood pressure get dangerously low.

Please look at the list below. If the name of your medication is on the list, stop taking the medication **24 hours before surgery.** Note: This applies to the medications **only** as they are listed in the **combinations** below. If your medication is **not** on the list, **continue to take it as usual.**

Drug	Trade Name	Drug	Trade Name
Accupril	Quinapril	Fosinopril	Monopril
Accuretic	Quinapril with HCTZ	Fosinopril with HCTZ	Monopril HCT
Aceon	Perindopril	Irbesartan	Avapro
Amlodipine with benazepril	Lotrel	Irbesartan with HCTZ	Avalide
Amlodipine with HCTZ **and** Olmesartan	Tribenzor	Lisinopril	Prinivil or Zestril
Amlodipine with HCTZ **and** Valsartan	Exforge HCT	Lisinopril with HCTZ	Zestoretic or Prinizide
Aliskiren with Valsartan	Valturna	Losartan	Cozaar
Altace	Ramipril	Losartan with HCTZ	Hyzaar
Azilsartan	Edarbi	Moexipril	Univasc
Azilsartan with Chlorthalidone	Edarbyclor	Moexipril with HCTZ	Uniretic
Benazepril	Lotensin	Olmesartan	Benicar
Benazepril with HCTZ	Lotensin HCT	Olmesartan with Amlodipine	Azor
Candesartan	Atacand	Olmesartan with HCTZ	Benicar HCT
Candesartan with HCTZ	Atacand HCT	Sacubitril/Valsartan	Entresto
Capoten	Captopril	Telmisartan	Micardis
Captopril with HCTZ	Capozide	Telmisartan with Amlodipine	Twynsta
Cliazapril	Inhibace	Telmisartan with HCTZ	Micardis HCT
Enalapril	Vasotec	Trandolapril	Mavik
Enalapril with Felodipine	Lexxel	Trandolapril with HCTZ	Tarka
Enalapril with HCTZ	Vaseretic	Trandolapril with Verapamil	Tarka
Eprosartan	Teveten	Valsartan	Diovan
Eprosartan with HCTZ	Teveten HCT	Valsartan with Amlodipine	Exforge
		Valsartan with HCTZ	Diovan HCT

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People with blood glucose levels between 100 - 180 mg/dL before, during and after a procedure have better results, heal faster, and have fewer wound infections.

As soon as your procedure is scheduled, tell your doctor who treats your diabetes.

- If your blood glucose is often over 180 mg/dL, your diabetes medicine may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may be changed.
- If you use an insulin pump, ask for instructions about any changes needed with the team managing your insulin pump.

If you are taking a GLP-1 (non-insulin) weekly injection medication:

Stop taking **7 days** before your procedure.

Examples are:

- Exenatide ER (Bydureon Bcise™) -*injection*
- Dulaglutide (Trulcity™)-*injection*
- Lixisenatide (Adlyxin™) - *injection*
- Semaglutide (Ozempic™, Wegovy™) - *injection*
- Tirzepatide (Mounjaro™, Zepbound™) -*injection*

*Please note the above medication list is not all-inclusive.

If you are taking a SGLT2i or Biguanide or Sulfonylurea medication**:**

Stop taking **2 days** before your procedure, to protect your kidneys:

Examples are:

- Canagliflozin (Invokana™)
- Dapagliflozin (Farxiga™)
- Empagliflozin (Jardiance™)
- Ertugliflozin (Steglatro™)
- Bexagliflozin (Brenzavvy™)
- Metformin (Glucophage™)
- Glyburide (Glynase PresTab™)
- Glipizide (Glucotrol™)
- Glimepiride (Amaryl™)

*Please note the above medication list may not be all-inclusive. This drug may be in combination another medication under a different name.

The morning of your procedure:

- Do not take any **medications for Diabetes by mouth** (oral) the morning of your procedure.
  Examples are:
  - Sitagliptin (Januvia™, Zituvio™)
  - Saxagliptin (Onglyza™)
  - Linagliptin (Tradjenta™)
  - Alogliptin (Nesina™)
  - Pioglitazone (Actos™)
  - Semaglutide (Rybelsus™)

- Do not take **daily injectable GLP-1 (non-insulin) medication.**
  Examples are:

- Exenatide (Byetta™)
- Liraglutide (Victoza™)

- Do not take **combination daily injectable GLP-1 and insulin.**
  Examples are:
  - Soliqua (iGlarLixi™)
  - Xultophy (IDegLira™)

  *Please note the above medication list may not be all-inclusive.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do NOT take an insulin injection, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, change your insertion set(s) away from the procedure site. Continue usual bolus doses and basal rates unless your healthcare provider tells you otherwise. Pack extra supplies for your hospital stay. You may continue using your CGM, however fingerstick blood glucose checks will be done for safety as part of your care.
- If your blood glucose is under 70 mg/dL or 80 mg/dL and you have symptoms like fast heartbeat, headachy, sweaty, shaky, confused, or dizzy:
  - Take 4 glucose tabs or 6 Life Savers™ right away.
  - After 15 minutes recheck blood glucose. If still under 70, repeat glucose tabs or Life savers.
  - After 15 more minutes check blood glucose again and tell your admitting/Pre-Op nurse.

In the hospital after your procedure

- Your blood glucose will be checked often, and insulin doses will be given if needed.
- It is not safe to take diabetes pills, non-insulin injections or use your home insulin.
- Insulin pumps and CGM may be used as ordered following hospital policy.

After discharge

- Continue to check your blood glucose as directed and start your diabetes medicine.
- Check with your provider to restart:
  - Metformin (Glucophage™), especially if you received contrast dye during your procedure.
- SGLT2i (Invokana™, Farxiga™ or Jardiance™, Steglatro™, Brenzavvy™) may be restarted in 48 hours unless your healthcare provider tells you otherwise.

*If your blood glucose is under 70 mg/dL or over 250 mg/dL, two times in 24 hours, call your diabetes doctor for instructions.

What can I eat?

On the day of your surgery:

- Stop solid foods **9 HOURS** before surgery. You may drink up to **12 ounces total** of clear liquids until **3 HOURS** before surgery. Do not drink anything after that time. Examples of clear liquids include:

- Water
- Fruit juices **without** pulp, such as apple or white grape (**No orange juice**)
- Gelatin in lemon, lime, or orange flavors only
- Fat-free broth or bullion
- Sprite® or **clear** sports drinks like Gatorade® **(No Red Gatorade®)**
- Plain coffee or tea **without** creamer or milk

- If your surgeon instructed, please drink **a preoperative drink such as Ensure Pre-Surgery®.** (If you are not able to obtain a preoperative drink, you may drink **10-12 ounces of clear Gatorade®**). Finish the whole drink no later than **3 HOURS** before surgery. This drink takes the place of your other clear liquids; do not drink anything else.
- **Exception**: If you have **Diabetes, do not drink Gatorade® or Ensure Pre-Surgery®.**
- Do not drink alcohol.
- Do not smoke.

Pre-surgery bathing instructions



Before your surgery, you can lower the risk of infection by carefully washing with antibacterial soap.

Which soap should you use?

Your surgeon may tell you to use a special antibacterial soap called **Chlorhexidine Gluconate (CHG)** before surgery. Only use CHG if your surgeon tells you to, and if you're not allergic. Otherwise, please use an antibacterial soap such as Dial, Lever or Safeguard (bars or body wash).

Another brand name for CHG is **Hibiclens,** available at drugstores. Buy at least a 4-ounce bottle.

Pre-Surgery Bath on this date:

_____

Date of Surgery:

_____

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1. Shower with CHG/Hibiclens or antibacterial soap the **night before and the morning of your surgery.**



2. 
With each shower, wash your hair and face as usual with your normal shampoo/soap. Thoroughly rinse your hair and body to remove all soap.

3. **Don't shave** the surgery site area.



4. 
Turn off the water before using the CHG or antibacterial soap to avoid rinsing it off too soon.

5. Apply CHG or antibacterial soap from your jawline down. CHG is **not** meant to be used on your eyes, ears, nose, mouth or genital area.



6. 
Rub it in thoroughly for **five minutes,** giving special attention to the surgery site. You don't need to scrub very hard. CHG will not lather. Turn the water back on and rinse your body well.

7. **Do not** wash with regular soaps after using the antibacterial soap.



8. 
Pat yourself dry with a **clean, soft towel** after each shower. Then put on clean clothes or pajamas and sleep on freshly cleaned bed linens.

9. **Don't apply any lotions, perfumes, powders or deodorant** after using the antibacterial soap the day of surgery.



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Preparing for Surgery: What you need at home

Prior to surgery, it is important that you have the following items on hand in your home. Some items will be needed before surgery and the others will help aid you in your recovery.

Pre-surgery Shopping Cart

- Hibiclens™ or antibacterial soap for presurgical shower as recommended by your surgeon.
- Over the counter medications for common post-operative problems. Here are some suggestions.
    - Pain relief
        - Ibuprofen (Motrin or Advil™) or Naproxen (Aleve™)
        - Acetaminophen (Tylenol™)
    - Stool Softeners (to take if using narcotic pain relievers)
        - Miralax™
        - Colace™ 100mg
    - Gas relief
        - Simethicone
- Pantyliners or pads for post op bleeding
- Prescription medications if prescribed prior to surgery
- Your favorite healthy fluids and foods

After Surgery and Going Home

If you go home the day of surgery

- Your recovery room nurse will instruct you on how to care for your surgical wound.
- If you use a taxi or ride service to go home, hospital policy requires that a responsible adult other than the driver be with you in the vehicle. Exception: if your surgery required local anesthesia only. (Hospital policy #OR-1032).



- Arrange for an adult to stay with you the first 24 hours after surgery.
- Anesthesia used during surgery makes all patients at risk for falling. At home, please make sure all electrical cords and rugs are removed from your walking path. Make sure you have someone to help you when bathing.

Call your surgeon's office to schedule a follow-up appointment. This is usually 1-2 weeks after surgery.

If you spend the night at the hospital

- Anesthesia used during surgery makes all patients at risk for falling. If you are staying with us after your surgery, **please use the call light and wait** for staff help you get out of bed and walk in the hall.
- Arrange to have a responsible adult drive you home the day you are discharged.
- Call your surgeon's office to schedule a follow-up appointment. This is usually 1-2 weeks after surgery.
- If you spend the night in the hospital, we will call you later at home to answer any questions you may have. You can also call the **Help Line 1-833-HH-HELPS (833-444-3577)** with any questions. Nurses who can help with any issues or concerns are available on Help Line 24 hours a day.

Additional information

Disability Forms:

- If you have disability forms for the doctor to complete, please fill them out as much as possible and drop them off at your surgeon's office.

HonorHealth Smoke-free Campus:

- HonorHealth is a smoke free campus. Smoking and chewing tobacco are not allowed, this includes electronic cigarettes.

Common Questions:

- What is my surgery time?
  - Contact your surgeon's office. They will provide you with the most up to date information.
- What if I become sick before my surgery?
  - If you have any changes in your health before surgery such as fever, chills, body aches, sore throat, and cough. Notify your surgeon immediately.

Pre-admission Testing Contact Information

For more information on how to prepare for your surgery, contact your physician's office or HonorHealth's preadmission departments listed below.

Osborn/Greenbaum
P: 480-583-0280

Shea/Piper
P: 480-323-3210

Sonoran Crossing
P: 623-683-6100

Thompson Peak
P: 480-324-7064

John C. Lincoln North Mountain
P: 602-786-1249

Deer Valley
P: 623-683-2700

For office use only:

Surgeons, please fax all orders and documents to 480-882-7874.

References:

American Society of Anesthesiologists. Retrieved from https://www.asahq.org/

Anesthesia Patient Safety Foundation. Retrieved from https://www.apsf.org/news-updates/page/2/

ERAS patient info. (n.d.). Retrieved from http://erassociety.org/patients/

Post Procedure Pain Management

There are many different methods to control pain, some that involve medicines, some that don't; these are often used in combination. Medications used to treat your pain include narcotics (opioid), non-narcotic analgesics and anti-inflammatory medications.

Talk to your doctor and nurses prior to your surgery so you know what to expect and how to participate in your pain control.

Managing pain after surgery

You can play an active role in choosing options for treating your pain. After surgery, help your doctors and nurses measure your pain on a 0 to 10 scale. You can work with your nurses and doctors before and after surgery to prevent or relieve pain. They will help you understand why pain control is important for your comfort and recovery.

Why manage my pain after surgery?

Managing your pain after surgery will allow you to:

- Be more comfortable and heal faster with fewer complications.
- With less pain you can regain your strength and be active sooner. This will help to avoid potential problems, such as pneumonia and blood clots.
- Optimum pain management can help you get well faster with fewer side effects.

Medications for pain relief

Analgesics and anti-inflammatory medications:

These drugs are generally purchased without a prescription. They can be very helpful by themselves or alternating with narcotic prescription medications. Medications in this group include acetaminophen (Tylenol™), ibuprofen (Motrin™, Advil™), and naproxen (Aleve™). These medications help reduce swelling and soreness. Refer to your postoperative instructions regarding the use of these medications after your surgery.

Narcotics (opioids):

Codeine and other narcotics are most often used for acute pain after surgery. Acetaminophen plus oxycodone (Percocet™) and acetaminophen plus hydrocodone (Vicodin™ or Norco™) are commonly prescribed.

Many narcotic pain medications also contain acetaminophen (Tylenol™). If you're taking a prescription pain medication that contains acetaminophen, don't take additional over the counter acetaminophen (Tylenol™). **Note: The recommended maximum amount of acetaminophen allowed in a 24-hour period is usually 3000mg. Do not exceed this amount; it could result in a life-threatening overdose.**

Pain relief routes of delivery
Most pain medications are provided in a tablet or capsule form, some types are also available as a liquid. If you have trouble swallowing pills, discuss this with your healthcare provider. Don't open capsules or crush tablets, this can make you more sick and give you too much pain medication at one time.

Alternative pain relief method
Alternative pain relief methods can be effective for mild to moderate pain and help reduce the need for narcotic pain medications. These include:

- Patient education: Learning about your surgery and what to expect can reduce anxiety. With less anxiety there's less pain
- Relaxation: Simple techniques such as slow rhythmic breathing can help you deal with your pain
- Pace your activities, healing takes time. If a certain activity brings on pain, hold off on that activity for a few days
- Music: Provides relaxation and distraction
- Physical agents: Heat or cold therapy

Set yourself up for success

Before surgery
Ask your doctor what to expect.

- Will there be much pain after surgery?
- Where will it occur and for how long?

Discuss your pain control options
Talk with your doctors or anesthesia care provider about pain control options that have worked for you in the past.
It's also important to:

- Tell your doctor and nurses about any drug allergies.
- Tell your doctor if you have a personal or family history of addiction problems/addictive behaviors.
- Ask about side effects.

During your hospital stay
Patients receive some pain medication only upon request. Giving pain medication prior to waiting until the pain becomes severe provides more relief in the initial hours following surgery. Good communication is important for managing your pain effectively.

Help doctors and nurses measure your pain
You'll be asked to rate your pain on a scale of 0 to 10. Zero is equal to "no pain," and 10 is equal to "the most severe pain you can imagine."

Reporting your pain as a number in discussions with your doctors and nurses lets them know how well your pain treatment is working and guides them in recommending therapies. Tell your doctor or nurse about any pain that will not go away or continues to worsen.

Setting a reasonable pain control goal is important. It is reasonable to expect that you will have some pain after surgery. The goal is to keep your pain at an acceptable level while avoiding the side effects of medications as much as possible.

Common side effects of pain medication

Side effects of pain medication, especially those containing narcotics may include:

- Itching
- Nausea and/or vomiting
- Abdominal pain
- Constipation
- Dizziness
- Drowsiness
- Urinary retention (trouble passing urine)

Methods to avoid and manage constipation

Constipation is a common problem after surgery. It is a side effect of anesthesia, narcotic pain medications and decreased activity.

To prevent constipation, you should do the following daily:

- Drink plenty of fluids (water and fruit or pressed ”green” juices)
- Eat fresh fruits and vegetables
- Physical activity appropriate for your surgical recovery
- Some surgeons may recommend taking Colace™ with your narcotic pain medications

We also recommend the following steps to avoid and manage constipation:

- Day 1: Use 1 scoop of Miralax™ in the morning
- Day 2: If no BM, use 1 scoop of Miralax™ twice daily
- Day 3: If no BM, use 1 scoop of Miralax™ 3 times a day
- Day 4: If no BM, stop Miralax™, and use Milk of Magnesia 400 mg/5ml (60 ml or 2 oz) every 12 hours.
- Day 5: if still no BM, please contact your doctor’s office. Your doctor may suggest other over-the-counter remedies such as Bisacodyl (Dulcolax™), Sennosides (Senokot™), Magnesium Citrate, or a fleets enema

Remember:

- Avoid bulk formers such as Metamucil™—they can make constipation worse.
- If you develop diarrhea, decrease the dose or stop these bowel medications.

Allergic reactions

- Allergic reactions are rare.
- A rash is not an expected side effect and may be an indication that you're allergic to the medication you're taking. If you get a rash, consult your surgeon or medical doctor.

If you're having difficulty breathing, swallowing, or if you feel the sensation of your throat closing, call 911 or go to the nearest emergency room for treatment immediately.

Frequently asked questions

Could I become addicted to pain medication?
It's not common for patients undergoing Gynecologic surgery to become addicted to narcotic pain medication. Most patients who undergo routine surgery need this type of pain medication for only a short time. Long-term use (especially if more than three to five days) may increase the risk of dependence and addiction. Let your doctor and nurses know if you have a personal or family history of addiction/addictive behaviors.

How do I taper off pain medication after surgery?
You'll reach a point within days after your surgery when you notice that you aren't needing pain medications as frequently. You can try taking half the dose or increase the time interval between doses. At this point, if you're not in severe pain, it's not necessary to take narcotic containing medication.

How long will I be on pain medication?
Pain can be very different depending on the individual and the procedure that was done. Many patients don't require narcotics. Most patients who do have severe pain will require narcotics for only the first few days. Patients undergoing major complex surgeries may require narcotics for longer periods of time.

If you require specific information or support regarding your postoperative care, please contact your surgeon's office. Thank you for the opportunity to take care of you.

The contents of the packet such as text, graphics, images, and other material are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this packet.

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If you think you may have a medical emergency, call your doctor or 911 immediately. HonorHealth does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned in this handbook. Reliance on any information provided by HonorHealth is solely at your own risk.