Endometriosis Treatment Center
OF AMERICA

# GENERAL PRE-OPERATIVE INFORMATION

**Thank you for being our patient!**
**Our Mission is to improve your quality of life! We will try to do our best to make this experience as easy as possible!**

Please READ this document CAREFULLY! It will help you prepare for your surgery. It was constructed to answer almost all the questions we have received over many years. If the answer to your question is in this IMPORTANT documentation, our staff will direct you back to it for the answer to your question. If your question is NOT within this documentation, please use the ONLINE CHAT or the PATIENT PORTAL to ask your question as we have arranged specialists to accurately answer these more complicated types of questions within 24 hours.

**Please take time to carefully read through the material.**

For your convenience, please utilize the links below to quickly access information you are looking for.


- Important Dates
- Map and Surgery Location Information
- Your Pre-Operative Visit
- General Pre-Operative Instructions
- Medication Avoidance List (2 pages)
- Discharge / Post Operative Instructions
- Your Follow-Up Visit
- Maintenance After Your Surgery
- Anesthesia and General FAQ (3 pages)
- Emergency & General Contact Information

## IMPORTANT DATES AND LOCATIONS

Your surgery and post operative care are very important to us and we want to ensure that you receive the best care possible. All of the visits relating to your surgery are listed below.

### My Pre-Operative Appointment (if applicable)

Date: Time: Location:

### My Surgery Information

Date: Time: Location:

### My Surgical Follow-Up Appointment #1

Date: Time: Location:

Visit Information:

### My Surgical Follow-Up Appointment #2

Date: Time: Location:

Visit Information:

### My Surgical Follow-Up Appointment #3

Date: Time: Location:

Visit Information:

If you have any questions, please **contact us.**

**CONTINUE TO NEXT PAGE**

## HOSPITAL / SURGERY CENTER NAME

Your surgery is scheduled at **McLaren Oakland Hospital** in Pontiac, Michigan.

**Address**

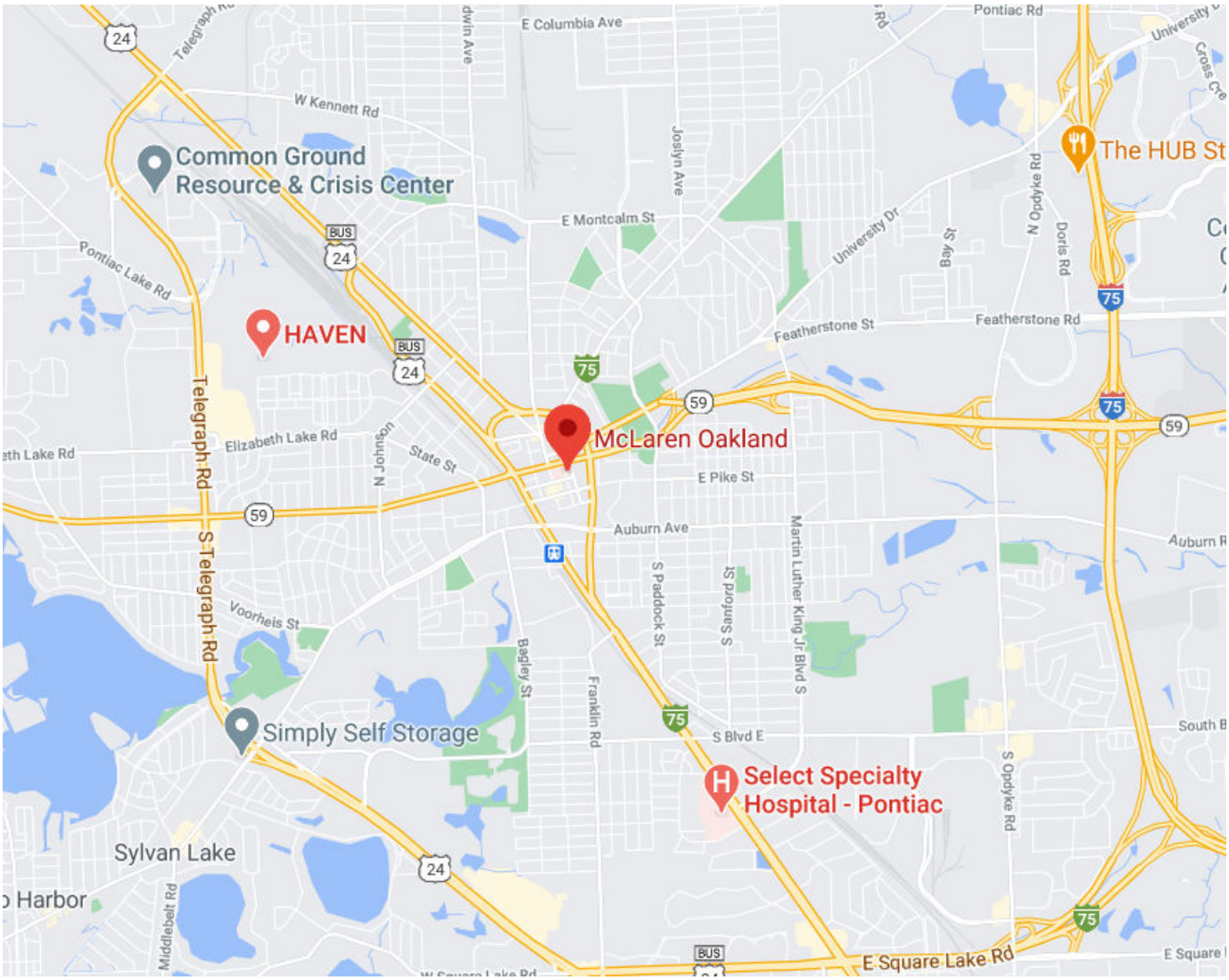
50 North Perry Street
Pontiac, MI 48342

Google Maps

**Phone**

(248) 338-5000

**Location Map**

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## YOUR PRE-OPERATIVE VISIT

Your pre-operative visit is scheduled so that a provider can formally review the entire surgical procedure with you and explain the risks and benefits of your procedure. It is mandated that you are seen within 30 days of your procedure to accurately provide your medical history and a full account of the procedure. The health of a patient changes over time which is why this is mandated. We want to ensure that all the documentation is correct for everyone involved in your care. This is a good time for you to answer any of your questions and clarify the procedure.

Always bring any medicine you are taking to the pre-op visit. It is not necessary for you to fast before your pre-op visit, unless your physician requires you to do so.

It will be helpful for you to have read all of your pre-op instructions that were emailed to you at the time of scheduling so you can make notes about any additional instructions.

If you have any questions, please **contact us.**

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# PRE-OPERATIVE INSTRUCTIONS

**THE HOSPITAL / SURGERY CENTER CALL YOU PRIOR TO THE DAY OF SURGERY TO GIVE YOU YOUR ARRIVAL TIME.**

**SURGERY TIME:**
Believe it or not WE DO NOT CONTROL THE SURGERY TIME, the surgical facility agrees to the date and arranges the cases in order to most efficiently utilize operating room specialists, anesthesia providers, pre and post-operative nursing staff and recovery specialists and the equipment needed. The surgical facility will be in contact with you to confirm your surgical procedure, give you instructions for surgery, get insurance information, and give you an arrival time. You will also be contacted the business day before your scheduled surgery after 3pm to confirm your arrival time. We DO NOT KNOW your surgery time so calling the facility directly will be your best option to obtain that information.

**INSURANCE:**
If you have any changes in insurance before surgery, please contact the office to ensure all authorizations and referrals are obtained. Without the correct information regarding your insurance, your surgery may be canceled or have to be rescheduled. Insurance deductibles are a new part of insurance utilization and may need to be collected in advance by either our practice or the surgery center. The insurance deductible is not something that our practice controls. Insurance deductibles are part of your contract with the insurance company and must be collected to avoid fraudulent insurance billing. The company expects all of the healthcare providers to collect this money in advance before they begin payment. Thank you in advance for your understanding of this process.

**PREPARING FOR YOUR SURGERY**
We want your surgical experience to be as safe as possible. Please follow these guidelines, as they are important in preventing complications before, during, and after surgery. Failure to follow these instructions could result in cancellation of your surgery.

- The evening before surgery do not eat or drink after midnight. This includes water, candy, chewing gum, or mints. This is especially important for your safety. Your surgery may have to be canceled if you have anything to eat or drink.
- You may brush your teeth the morning of surgery, but do not swallow any water.
- Wear loose comfortable clothes.
- Bring a list of all current medications including dosages, driver's license and insurance card.
- Do not wear any make-up, jewelry, contact lenses, body piercings or lotions the day of surgery.
- One family member or friend must drive you to and from the surgery, as well as stay with you the entire time of your procedure.
- Bowel Preparation - You may be given instructions regarding this during your pre-operative office visit based on your physicians recommendation. A bowel prep can minimize the risk of surgical complications from bowel injury during your surgery.

**ANESTHESIA**
A fully trained anesthesiologist will provide your anesthesia during your entire surgery. Anesthesia is utilized to help you sleep painlessly during your procedure. You anesthesiologist will meet you in the preoperative area to discuss your anesthesia plan and any medication allergies that you may have.

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# MEDICATION AVOIDANCE LIST - PAGE 1

To prepare for your surgery or procedure, please follow these medication and supplement guidelines below.

- Aspirin, Motrin or anti-inflammatory medications must be stopped five (5) days before surgery. You may use plain Tylenol if needed. No over the counter medications that have blood thinning properties for 5 days before surgery (vitamin E, fish oil, ect.)
- If you are taking any heart, blood pressure, breathing or seizure medications, take them the morning of your surgery with a sip of water.
- **IF YOU TAKE ASPIRIN OR ANY BLOOD THINNERS (COUMADIN, PLAVIX) THESE MEDICATIONS MUST BE DISCONTINUED FOR 5 DAYS BEFORE SURGERY. THE PHYSICIAN WHO PRESCRIBES THESE MEDICATIONS SHOULD BE NOTIFIED THAT YOU ARE HAVING SURGERY AND THE MEDICATIONS ARE BEING STOPPED.**
- Please notify us if you are taking any vitamins, herbal medications/supplements as these can also cause problems during your surgery.
- It is extremely important that if you come down with a cold, fever, rash, or “any new” medical problem close to your surgery date, you should notify your surgeon’s office immediately.

**PRESCRIPTION PRODUCTS WITH ASPIRIN OR OTHER SALICYLATES:**

- Amigesic
- Ascomp with codeine
- Alor
- Carisoprodol Compound
- Darvon Compound 65
- diflunisal
- Dolobid
- Empirin with codeine
- Fiornal
- Lobac
- Lortab ASA
- Magan
- Magsal
- Mobidin
- Monogesic
- Norgesic
- Novasal
- Orphengesic
- Panasol
- Percodan products
- Roxiprin
- Salflex
- salsalate products
- Salsitab
- Soma products
- Synalgos-DC
- Talwin Compound
- Trilisate
- trisalicylate products
- Zorprin

**PRESCRIPTION PRODUCTS WITH THESE NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (BRAND NAME IN PARENTHESES):**

- diclofenac (Voltaren, Cataflam)
- meclofenamate (Meclomen)
- etodolac (Lodine)
- mefenamic acid (Ponstel)
- fenoprofen (Nalfon)
- nabumetone (Relafen)
- flurbiprofen (Ansaid)
- naproxen (Naprosyn, Anaprox)
- ibuprofen (Motrin)
- oxaprozin (Daypro)
- indomethacin (Indocin)
- piroxicam (Feldene)
- ketoprofen (Orudis, Oruvail)
- sulindac (Clinoril)
- ketorolac (Toradol)
- tolmetin (Tolectin)

**OVER THE COUNTER (OTC) PRODUCTS WITH ASPIRIN OR SALICYLATES:**

- Alka-Seltzer products
- Anacin
- Arthropan
- Ascription
- Aspergum
- Asprimox
- Advil products
- Aleve products
- Bayer products
- Bufferin
- Doans
- Dristan Sinus
- Ecotrin
- Empirin
- Excedrin products
- Halfprin
- Haltran
- Ibuprofen products
- Menadol
- Midol Extra Strength
- Mobigesic
- Motrin
- Naproxen
- Pepto-Bismol

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# MEDICATION AVOIDANCE LIST - PAGE 2

**NATURAL SUPPLEMENTS AND HERBS THAT MAY CAUSE BLEEDING PROBLEMS:**

- agrimony
- alfalfa
- aniseed
- arnica
- artemesia
- asa foetida
- bishop's weed
- bladderwrack
- bochu
- bogbean
- boldo
- bromelains
- burdock
- capsicum
- cassio
- celery seed
- chamomile
- Chinese wolfberry
- chondroiti n
- clove
- cod liver oil
- coltsfoot
- dandelion
- danshen (salvia)
- devil's claw
- DHEA
- dong quai (angelica)
- fenugreek
- feverfew
- fish oil
- flax seed
- gamma linoleic acid
- garlic
- ginger
- ginkgo
- ginseng
- glucosamine
- horse chestnut
- horseradish
- licorice
- meadowsweet
- melatonin
- melilot
- natt okinase
- onion
- pantethine
- papain (papaya extract)
- parsley
- passionflower
- policosanol
- poplar
- prickly ash
- quassia
- red clover
- resveratrol
- sea buckthorn
- sweet clover
- sweet woodruff
- tonka beans
- turmeric
- vinpocetine
- vitamin E
- wild carrot
- willow bark

If you have any questions, please **contact us.**

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# DISCHARGE / POST OPERATIVE INSTRUCTIONS

Surgery is a great way to treat medical conditions when it is needed! It does cause stress on your body both physically and mentally. It is important that you give your body time to heal! Plan to rest and relax the evening after your procedure. Here are some important considerations that you should expect after surgery.

After all surgeries, even minor procedures, you may feel drowsy or tired for several hours.
You may also have a sore throat and muscle aches which can be from anesthesia.

**Things you should avoid for the first 48 hours after surgery:**

- Do not drink alcohol after anesthesia or while taking pain medication.
- You should not drive a car or operate machinery until your physician says it is safe.
- Do not make any major decisions, sign contracts, etc. for 24-48 hours until you are fully recovered.

**When can I resume my normal activities?**
Please refer to the handout provided for your specific surgical intervention.

**When can I resume my normal diet?**
Resume your usual diet - Start with clear liquids, such as soft drinks, tea, apple juice, then advance to soup and crackers. Gradually work up to solid foods.

**When can I resume my normal home medication?**
Resume home medications the day after your surgery.

**How do I care for my incision after surgery?**
Keep your dressing clean and dry until you see your physician.

**When can I take my first shower after surgery?**
You may take a shower the day after your surgery. Please try to keep the dressing covered if possible.

**When can I drive after surgery?**
You may drive 24 hours after your surgery if you have no significant pain and are not using narcotics.
The restriction to drive a car is based on your ability to keep yourself and others safe. Because anesthesia can be in your system for up to 24 hours, do not drive a car for the first 24 hours after surgery. If you have no pain and can operate a car as you normally would, you can resume driving after the first 24 hours.

**If there is a foley catheter, when will it be removed after surgery?**
If a foley catheter is in place, return to office in 1 day for removal unless instructed otherwise by your provider

**Contact our office via ONLINE CHAT or PATIENT PORTAL and request an appointment if you have any of the following:**

- Fever of 101 degrees or higher
- Cloudy or foul-smelling drainage from incision
- Redness, warmth around incision
- Bleeding or continuous oozing that saturates the bandage and does stop after applying pressure on incision for 10 minutes
- Increased numbness or tingling
- Increased shortness of breath or chest pains
- If pain medicine is ineffective

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# YOUR FOLLOW-UP VISIT

You will be scheduled with a follow-up visit 2 weeks after your surgery.
We will examine you and make sure you are recovering well.

During the appointment, your surgeon will explain the results of your surgery.
They can also give you advice on any activities you need to be careful with.

Follow up appointments are very important  This is a good opportunity to talk to your doctor or nurse about any concerns you have.  Before your appointment you may find it helpful to make a list of the questions you want to ask. You may also want a friend or relative to come with you.

If you develop new symptoms between follow up appointments, contact your nurse or doctor.

**When is my follow-up appointment?**

If you have any questions, please **contact us.**

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## MAINTENANCE AFTER YOUR SURGERY

Endometriosis is a journey, starting with the diagnosis and then adequate surgical treatment. In many cases, endometriosis is associated with other disease processes that can cause pain. Good appropriate and fundamental surgical excision to excise endometriosis disease and restore functional anatomy is extremely important. Treatment of some of the sequalae and other disease processes that might be associated is also important.

At your post-operative visit, we will discuss some of the other disease processes and put together a long-term comprehensive plan to manage your symptomatology.

We also intend to give you the therapies that are best to avoid recurrence of the disease and/or stimulation of any disease that is left surgically.

When we perform surgery, we use the absolute best in optimal technology, but we cannot see the microscopic level. There could be endometrial cells in areas that we have resected the gross disease. Those microscopic cells can regenerate in the pelvic cavity. It is extremely important that we manage your condition long term. Patients who have had endometriosis tend to get it back. Think of this in regards to skin care and acne. You can achieve clear skin by changing your diet, using skin products, and hydrating your skin on a regular basis. Your acne may completely resolve, but if you let your body go back to the way it was prior to controlling your acne, the acne will return. ***ENDOMETRIOSIS IS NO DIFFERENT!***
Even after we excise all visible lesions, patients can still get recurrence of endometriosis. If the right post-operative steps are initiated, we can decrease this recurrence and continue the improved quality of life that one obtains directly after surgery. That is why the post-operative period is so important and why we put so much emphasis upon it.

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# FREQUENTLY ASKED QUESTIONS

**When will I know my surgery time?**
The day before your surgery, the facility will call with an arrival time. If they have not contacted you, review your messages and if you still have a question, CALL THE SURGICAL FACILITY as Women's Excellence cannot give you the most up to date and accurate time.

**How long will by surgery be?**
The length of your procedure is determined by the type of surgery you are having and the complexity of your case. The time of the actual surgery does not include the time it takes to go to sleep, wake up, and insert IV's. The actual time you spend in the operating room is always longer than the actual operating time as we have to provide the anesthesia, prep and position you for surgery and then safely wake you up and transfer you to a cart to move you to the next phase of your post-operative recovery. Once the procedure is complete, a Women's Excellence provider will communicate with your family if they are available.

**How long is my recovery time?**
The length of your recovery is determined by your surgical procedure. Specific information regarding your surgery can be found on the surgical handout provided to you.

**What do I need to bring to my surgery?**
Bring a list of all current medications including dosages, driver's license and insurance card and wear loose fitting clothing so that you can wear that home and be comfortable.

**Can I eat before my surgery?**
The evening before surgery do NOT eat or drink after midnight. This includes water, candy, chewing gum, or mints. This is very important for your safety. You can get a serious respiratory problem if you have a lot of contents in your stomach. Make sure you plan for this in advance. If you get hypoglycemic, try to avoid anything until you arrive at the facility, but if you feel you must have something drink one ounce of a clear liquid until you arrive.

**Can I drive after surgery?**
One family member or friend must drive you to and from the surgery. The policies of where the family member will wait for you until you are recovered vary based on the facility. Please CALL THE FACILITY to get answers if you need specific accommodations for the person transporting you to the procedure.

**Are there any follow-up appointments needed after surgery?**
Yes, you will be scheduled for a follow-up appointment after your surgery. Please follow the Surgical Handout you are provided to ensure that you have the appropriate follow-up scheduled.

**When can I have intercourse after my surgery?**
Please follow the Surgical Handout you are provided to ensure that you have the appropriate instructions.

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# FREQUENTLY ASKED QUESTIONS

**What are the risks of anesthesia?**
All procedures requiring anesthesia has inherent risks that are dependent upon the type of surgery and the medical condition of the patient. Fortunately, adverse events are exceedingly rare. Your anesthesiologist will take precautions to make it a safe experience. Please address ALL ANESTHETIC CONCERNS to the preoperative personnel at the FACILITY where you are scheduled. The specific risks of anesthesia vary with the procedure and the condition of the patient. You should ask your anesthesiologist the day of surgery about any risks that may be associated with your anesthesia.

**How will my anesthesiologist know how much anesthesia to give me?**
There is no single or right amount of anesthesia for all patients. Every anesthetic must be tailored to the individual, and to the operation or procedure that the person is having. Individuals have different responses to anesthesia. Some of these differences are genetic and some differences are due to changes in health or illness. The amount of anesthesia needed can differ according to such things as: age, weight, gender, medications being taken or specific illnesses (such as heart or brain conditions). You should ask your anesthesiologist the day of surgery about any questions regarding the amount of anesthesia required.

**What is General Anesthesia?**
General anesthesia puts patients in an unconscious state. Patients under general anesthesia typically have no awareness or other sensations. It is important that an anesthesiologist or other anesthesia provider is present before, during and after the administration of general anesthesia. Often, breathing support is needed, so it is important for patients' vital signs such as breathing, blood pressure and heart rate to be closely monitored.

**What is Sedation?**
Conscious sedation is a combination of medicines to help you relax (a sedative) and to block pain (an anesthetic) during a medical or dental procedure. You will probably stay awake but may not be able to speak. Conscious sedation lets you recover quickly and return to your everyday activities soon after your procedure.

**What is Spinal Anesthesia?**
Spinal and epidural anesthesia are medicines that numb parts of your body to block pain. They are given through shots in or around the spine. First, the area of your back where the needle is inserted is cleaned with a special solution. The area may also be numbed with a local anesthetic. You'll likely receive fluids through an intravenous line (IV) in a vein. You may receive medicine through the IV to help you relax or sleep lightly. The doctor injects medicine into the fluid in your spinal cord. This is usually done only once, so you will not need to have a catheter placed. The medicine begins to take effect right away. It works well for shorter and simpler procedures. Your pulse, blood pressure and oxygen level in your blood are checked during the procedure. After the procedure, you will have a bandage where the needle was inserted.

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# FREQUENTLY ASKED QUESTIONS

**How can I lower my risk of nausea and vomiting after surgery?**
Through the development of better anesthetics and nausea prevention medications, the number of patients who experience postoperative nausea and vomiting (PONV) has decreased. However, patients who are sensitive to narcotics or are prone to motion-sickness tend to be at an increased risk for PONV. Different kinds of nausea prevention medications can be given in combination before and during surgery to reduce PONV. Be sure to let your anesthesiologist know in advance if you are at risk for PONV. Prophylactic antiemetics and adequate hydration can help ambulatory surgical patients avoid both early and late post-discharge nausea and vomiting (PDNV). “Flat” ginger ale can be helpful in easing PONV. Recommend popsicles, apple juice, and electrolyte drinks as well.

**Why do I need to have an empty stomach prior to surgery?**
It is important that patients have an empty stomach before any surgery or procedure that needs anesthesia. When anesthesia is given, it is common for all the normal reflexes to relax. This condition makes it easy for stomach contents to go backwards into the esophagus (food tube) and mouth or even the windpipe and lungs. Because the stomach contains acid, if any stomach contents do get into the lungs, they can cause a serious pneumonia, called aspiration pneumonitis.

**Can I smoke cigarettes prior to surgery?**
You should stay off cigarettes for as long as you can before and after surgery. This will help you have the best possible results from your surgery. For example, quitting will reduce the chances you will have problems like a wound infection after the operation. It is especially important that you not smoke the morning of surgery – just like you don’t eat the morning of surgery, don’t smoke. Many people find that surgery is also an excellent opportunity to quit smoking for good because most people do not have cravings for cigarettes while in the hospital, and your chances of successfully quitting are almost doubled if you try it around the time of surgery.

**Should my IV site continue to be sore and swollen weeks after surgery?**
Phlebitis is a term that means inflammation of a blood vessel. Phlebitis occurs quite commonly after the insertion of an IV. There is a wide variation because it depends on how phlebitis is defined, such as the place the IV is inserted, the duration that the IV has been in place, the type of material that the IV is made of, the length of the IV catheter, and on the existence of other disorders such as diabetes. If you continue to feel pain and have swelling for more than three weeks you should connect with your physician.

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# CONTACT INFORMATION

**Expect to hear from our Team within 1-2 days post surgery. We will provide you with any additional information that you may need.**

**Emergency Contact**
**If there is an emergency, please call 911 and go to the emergency room as soon as possible.**

Things that may indicate an emergency include:

- vomiting for more than 24 hours
- excessive bleeding
- shortness of breath
- excruciating pain

You do not need to call us if you are going to the emergency room. The hospital will contact us.

**Scheduling**
For all scheduling related to your surgery, including pre-op and post-op care, please contact our Surgical Coordinator at (248) 693-0543 and select option 5.

You may also visit us online to **ask a question** or **chat live** with our team.