

# Princeton

## UROGYNECOLOGY

### Pre-Operative Information

Patient Name: \_\_\_\_\_  Hospital  Surgery Center

Surgery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Dr. Heather van Raalte  Dr. Alex Berger

- Procedure:  Vaginal Colpopexy  Colporrhaphy  
 Sacral Colpopexy  Enterocele/Rectocele Repair  
 Hysterectomy  Colpocleisis/Colpectomy  
 BSO (ovaries/tubes)  Removal/Revision  
 Bilateral Salpingectomy  Sacral Neuromodulation  
 Uterosacral Vault Suspension  Pubovaginal Sling  
 \_\_\_\_\_

*If you do not have a date for your procedure or have any questions during the pre-operative process, please call our office at (609) 924-2230 and select option 4 to reach our surgical scheduler.*

#### PRE-ADMISSION TESTING

- COVID testing is required 2 days prior to surgery.
- No pre-operative testing is needed. Blood work will be done on admission.
- Pre-operative testing is required. You do not need an appointment. Please complete your testing no more than 30 days prior to your surgery date.

PMC Laboratory Patient Service Center  
Medical Arts Pavilion at PMC  
5 Plainsboro Road Plainsboro, NJ  
Monday - Friday: 7 a.m. - 6 p.m.  
Saturday: 7 a.m. - 12 p.m.

- A pre-admission testing (PAT) appointment is required at the hospital:  
Please call 609.853.7360 to make an appointment. Hours of operation are Monday - Friday from 8 a.m. to 4 p.m. Please make your PAT appointment as soon as possible after your surgery date is established. You should schedule your appointment to occur no more than 30 days prior to your surgery date. At this appointment you will have a pre-anesthesia consultation, an interview by a registered nurse and any necessary blood work and testing. If you are required to obtain medical clearance, your clearing physician(s) will be copied on this testing.

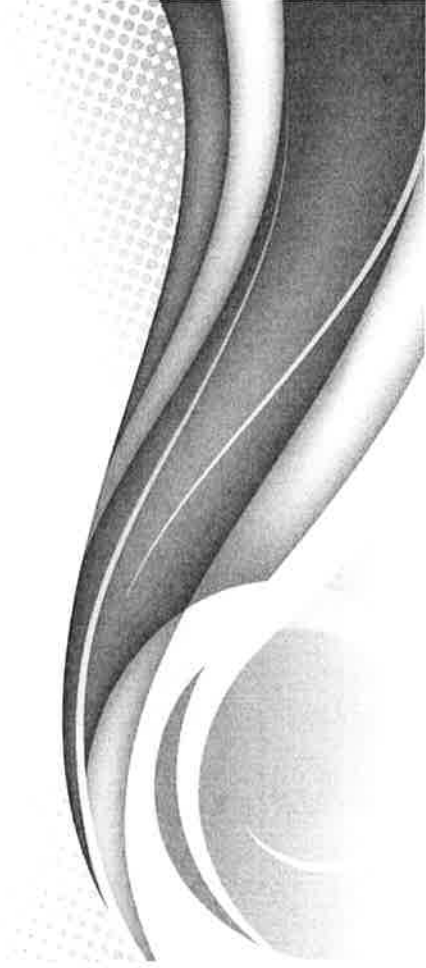
#### MEDICAL CLEARANCE

- No medical clearance is required.
- Medical clearance required from:
  - Primary Care Physician  Cardiologist
  - Other: \_\_\_\_\_

## About Your Surgery

Pre-Operative Instructions  
Post-Operative Instructions  
General Information

[www.PrincetonUrogyn.com](http://www.PrincetonUrogyn.com)  
(609) 924-2230





## Prior To Surgery

**DISCONTINUE use of the following medications that have anticoagulant (blood thinning) properties SEVEN (7) DAYS prior to surgery.**

- NSAIDs including but not limited to ibuprofen, Advil®, Aleve®, Motrin®, Celebrex, Naproxen, Toradol
- Aspirin and any aspirin containing products, including but not limited to Excedrin
- Prescription anticoagulants including but not limited to Coumadin®, Eliquis®, Elmiron®, Heparin®, Lovenox®, Meridia®, Plavix®, Pradaxa®, Xarelto®, Warfarin®
- Over-the-counter anticoagulants including vitamin E and fish oil.
- Herbal medications and supplements (all kinds)

**Tylenol/Acetaminophen is okay to take as it does not cause blood thinning.**

*Please check with your primary care physician and/or the anesthesiologist regarding use of other medications you are presently taking (blood pressure, diabetes, thyroid, cholesterol lowering, etc.)*

### LEG STRETCHES

Some patients experience discomfort in their legs and/or buttocks from positioning during surgery. To help minimize discomfort, we encourage you to stretch your legs each time you get in or out of bed for one month before surgery. While lying down in bed, one leg at a time, simply bend your knee at a 90-degree angle. Rotate the hip to bring the knee out to the side until you feel a pull in the inner thigh. Hold this position for a few seconds, then pull your knee toward your ear and hold this position for a few seconds.

### RECTAL/BOWEL PREPARATION

- No special bowel preparation is needed.
- Two (2) to three (3) days prior to surgery follow a low-residue diet. Limit high-fiber foods, like whole-grain breads and cereals, nuts, seeds, raw or dried fruits and vegetables. This helps to decrease bowel distention.
- To avoid constipation heading into surgery, take Colace® (stool softener) 1-2 tablets twice a day for 3-4 days prior to your surgery. The goal is a soft stool, not a watery stool, so adjust Colace as necessary.
- Two days prior to your surgery, please follow a FULL LIQUID DIET. This includes all liquids, ice-cream, yogurt, smoothies, protein shakes, instant mashed potatoes, strained creamy soups, Jell-O, milkshakes, pudding and popsicles. Essentially any fluids and foods that are normally liquid and foods that turn to liquid (without you having to use your teeth).
- The day before your surgery, follow a CLEAR LIQUID DIET. This includes include water, broth, soda, popsicles, gelatin, plain tea, black coffee, fruit juice without pulp such as apple, cranberry or grape juice.

You are required to be medically cleared for surgery by the physician(s) indicated above, **within 30 days** of your scheduled surgery. You have been given a medical clearance form that your physician(s) will need to complete. Please contact your physician(s) and schedule your medical clearance appointment 2-3 days after your PAT appointment date. We need your completed medical clearance form faxed to us at the number on the form **at least three (3) business days prior to your surgery.**

### ANESTHESIA

The type of anesthesia we recommend for your surgery is indicated below. However, when the anesthesiologist evaluates your medical needs, it is possible that a different type of anesthesia will be utilized.

- IV Sedation** – The anesthesiologist will administer medication through your intravenous line to make you sleep. You will breath on your own as you sleep.
- Spinal** – The anesthesiologist will perform an injection into the middle to lower back. This will numb the lower half of your body, and you will breath on your own as you sleep.
- General** – General anesthesia causes a patient to be completely unconscious during surgery. A breathing tube will be inserted into your windpipe to maintain proper breathing during surgery. You may experience a sore throat after surgery.

### WHERE AND WHEN TO REPORT

- University Medical Center of Princeton at Plainsboro**

Phone: (609) 853-6500

One Plainsboro Road, Plainsboro, NJ 08536

You will receive a phone call after 6 pm the night before your surgery to confirm the time you must arrive.

- Center for Ambulatory Surgery**

Phone: (609) 853-7500

Stephen & Roxanne Distler Center for Ambulatory Surgery – 2<sup>nd</sup> Floor  
Medical Arts Pavilion on the campus of Princeton Medical Center  
5 Plainsboro Road, Plainsboro, NJ 08536

Please call the surgery center between 10:00 am and 2 pm, the day before your surgery to confirm what time you should arrive.

- Capital Health Medical Center – Hopewell**

Phone: (800) 637-2374

One Capital Way, Pennington, NJ 08534

*You will need someone to drive you to and from the hospital.*



## Post-Operative Instructions

### BLADDER FUNCTION

- **Indwelling Urinary Catheter:** Approximately 30% of patients experience temporary difficulty emptying their bladder after pelvic surgery. Swelling and discomfort can inhibit your ability to relax, the first step to a normal void. If you are unable to sufficiently empty your bladder, you may be discharged from the hospital with a temporary indwelling catheter. The temporary catheter will be either clamped or secured to a leg bag that collects urine. Be sure the catheter collection bag is below the level of your bladder for proper drainage. If your catheter is clamped, you will need to empty your bladder every 2-3 hours. If you have any questions on the care of your catheter, feel free to call our office. Our nurses will schedule a visit within several days to assess your ability to void and to have the catheter removed.
- **Urinary Symptoms After Surgery:** If your surgery included a pubovaginal sling, you can expect improvement, hopefully resolution, of loss of urine with coughing, sneezing, bending and lifting (stress incontinence). Surgery for prolapse will also likely improve your voiding. However, certain symptoms such as urgency, incontinence with urge, or frequency may persist after surgery. These symptoms are from functional changes in your bladder over time, and may well require additional medical and behavioral therapies after your surgery.
- **Slow Or Weak Urine Stream:** You may have a slower urine stream after surgery. This is most likely due to post-operative changes and swelling. Take your time emptying your bladder and reposition to empty as well as possible. This will likely resolve over time when sutures dissolve and swelling decreases. Avoid straining or pushing to start voiding or speed up emptying, but rather relax and reposition as needed. **If you are unable to void/empty your bladder, contact the office immediately.**

### ITEMS FOR HOME CARE

Have the following over-the-counter medications and items ready for use at home during your recovery:

- NSAIDs (ibuprofen, Advil®, Motrin®, Aleve®)
- Fleet® Disposable Enema (optional)
- Extra Strength Tylenol®
- Epsom salt
- Stool Softener (Colace® or generic)
- Sitz Bath (the nurses may supply you one at the hospital)
- Milk of Magnesia/MiraLax®
- Gas-X® (optional)
- Thin maxi pads and/or pantliners

- At noon, the day before your surgery, take two (2) tablespoons of MiraLax® or milk of magnesia.
- Before going to bed, the night before your surgery, use one (1) Fleet® enema as directed on the box.
- Two hours before arriving at the hospital, the day of surgery, use one (1) Fleet® enema as directed on the box.

### THE NIGHT BEFORE

- Do not eat or drink anything after midnight the evening before your surgery (except for fluid instructions as indicated below). This includes mints, gums, lozenges, etc. Your surgery may be cancelled if you do.
- You may brush your teeth, but do not swallow any water.
- You may take any medications as instructed by anesthesia, the morning of your surgery with a small sip of water.

### PRE-PROCEDURE FLUID INSTRUCTIONS FOR PENN MEDICINE ONLY:

- Drinking clear fluids (water or lemon-lime Gatorade®) prior to surgery may lessen the stress on your body caused by undergoing surgery. It may speed your recovery, decrease nausea, help with pain management and improve your outcomes.
- If you have a PAT appointment, you will be given two 12 oz. bottles of Gatorade (lemon-lime).
  - Drink one bottle before going to bed. You should finish it by midnight. Do not eat or drink anything else after midnight.
  - Drink the other bottle the morning of surgery. Plan to finish this bottle 2 hours before your scheduled arrival time. You cannot drink anything else from this point on.
  - If you do not like the fluid provided, you may substitute with equal amounts of water.
  - For more information

### HOSPITAL STAY

- Most of our patients have an outpatient procedure, however more extensive surgeries may require overnight hospitalization. We encourage you to return to your home environment as soon as possible. It is there that you will sleep and eat better, which is very important to your recovery.
- The hospitals have surgical Physician Assistants that may be involved in your surgery to assist your physician.
- Our practice also utilizes a Physician Assistant, Andrea Barker, who is specially trained in post-operative care. During your post-operative course, you will likely have visits with both her and your surgeon.

## POST-OPERATIVE MEDICATIONS

Once home, you may resume your pre-operative medication(s) unless instructed otherwise. Do not restart any vaginal medications until advised to do so at your post-operative appointments.

## PAIN MANAGEMENT

Every effort is made to minimize your discomfort; however, having some pain or discomfort after surgery is common, normal and to be expected. The following medications will help to alleviate discomfort in your legs and/or buttocks due to positioning. For vaginal surgery. These pain medications work differently and can be used safely together.

- Take 3 ibuprofen tablets (200 mg each) every 6 hours with food for relief of mild to moderate pain, swelling and soreness.
- For additional pain relief, you may take 2 Extra Strength Tylenol® capsules every 4 hours.
- Your surgeon may prescribe additional pain medication if needed in addition to the ibuprofen and Tylenol, but try to avoid taking narcotic medications whenever possible, as they carry a much higher risk of use.

## WOUND CARE

- If you had abdominal surgery, you may have between 3 and 5 abdominal incisions, ranging from 0.5 cm to 3 cm. These incisions will be closed with dissolvable sutures and covered with a surgical glue that serves as a protective barrier. Allow this glue to peel off on its own in 1-2 weeks. Some abdominal bruising is normal and to be expected.
- Your surgery may include a vaginal incision with dissolvable sutures that will disintegrate on their own in 4 to 6 weeks. You may notice vaginal bleeding or spotting for possibly 6 to 8 weeks postoperatively. Please call the office if the bleeding becomes heavier than a period. You may notice a watery yellow/tan vaginal discharge, which may have a mild odor while the vaginal sutures dissolve.
- Your surgeon may have placed packing/gauze in the vagina after your surgery. Your surgeon will let you know when to remove the packing at home. Once the packing has been removed you can do a Sitz bath.
- Sitz baths may be recommended. You may use the Sitz bath on your toilet with 2 tablespoons of Epsom salt in warm water. DO NOT do a Sitz bath while vaginal packing is in place.
- You may apply ice packs to the perineum (outside the vagina) for up to 20 minutes at a time, as often as needed.
- If you notice a rough, sticky patch in the groin or buttock area, **do not attempt to remove it.** This is surgical glue (used instead of stitches), which will loosen and fall off on its own.

## BOWEL MOVEMENTS AFTER SURGERY

*In order to protect your surgical repair, you should not strain for a bowel movement.*

Take one 100 mg. Colace® or generic equivalent tablet in the morning and one tablet in the evening for stool softening. You may increase to 2 tablets twice a day. Depending on your surgery, Colace® should be used for 2 to 12 weeks or as directed by your doctor. In addition to stool softening, it may be helpful to use a gentle bowel stimulant or laxative if you fail to have a bowel movement for 2 days. Take 1 to 2 tablespoons of milk of magnesia or Miralax® every 6-8 hours as needed. Miralax® and Colace® can be safely continued as needed throughout your recovery.

*If you continue to have difficult bowel movements, please call the office.*

## RESTRICTIONS AFTER SURGERY

You have just undergone pelvic surgery, and now it is your turn to play an important role in the long-term success of your surgical treatment. Surgery and the recovery period can be a difficult time. The following guidelines are presented with the goal of helping you recover from your procedure and give you long lasting satisfaction from your surgery.

### For the first two (2) weeks after surgery:

- Do not push, pull or lift more than eight (8) pounds (a gallon of milk)
- Minimize bending at the waist
- No exercising, gardening or swimming (ocean or public pools)
- No long-distance traveling (more than 3 hours), and no flying
- Prepare errands/food prep ahead of time
- You will need help to look after any children or pets you may have
- Drink plenty of fluids and eat a light diet the first few days, avoiding heavy or greasy food and alcohol.
- Ask for help (family and friends) for the first few weeks - consider food delivery service (Uber, Amazon, Shop Rite from Home, etc.)
- No tub baths, hot tubs/saunas/spas. You may shower as soon as you get home.
- You may take stairs, touching each step with both feet (as a toddler does) for the first few days, then as tolerated.
- If you have had general anesthesia, you may feel tired the first couple of weeks. Keep moving, and you will recover more quickly.

### For six (6) weeks after surgery:

- Nothing in the vagina (no tampons, intercourse, douches, vaginal estrogen or vaginal medications, etc.)

### **For the next 2-3 months - after initial post-op period:**

- Avoid heavy lifting (20-30 pounds)
- When lifting or bending to pick up things, bend at your knees, not your waist/back. Protect both your back and your surgery.
- Some restrictions may be modified for individual surgeries.

### **DISABILITY FORMS/FMLA**

We are happy to complete any forms needed, but please note, they cannot be completed before your actual surgery date. Please feel free to drop them off, fax or mail them ahead of your surgery. Please complete the patient section only and allow our office to complete the physician portion of the forms.

### **FOLLOW UP VISITS**

- If you have not done so already, please schedule your 2-week and 6-week post-operative visits today before leaving the office.
- A nurse will call to check on your progress 2-3 days after your surgery.
- Anesthesia medications remain in the body for up to 48 hours; they gradually wear off over this time. For 48 hours while you still have the drugs in your body, you should not drive a car or any other vehicle.
- Do not drive until you are free of discomfort from your surgery. If you can walk up and down the stairs and get in and out of a chair without discomfort you may drive. Following general anesthesia, no driving is recommended for 7 days. As you know, driving a car requires good judgement and quick responses to changes in traffic conditions. You should never drive if you are using prescription pain medicine. WE encourage you to be responsible after your surgery by refraining from driving until you feel that you could react quickly in traffic as needed.
- If you feel feverish, take your temperature. If it is greater than 100.5 degrees, please call the office.

- Walking is a good, safe exercise. In fact, taking daily walks is strongly advised following surgery. Limit the length of walks to 20 to 30 minutes each time period it is OK to go on several walks a day - just listen to your body. Prolonged sitting or lying in bed should be avoided and can increase your risk for forming blood clots in the legs as well as developing pneumonia.

- Please ask your doctor about resuming your usual exercise regimen before doing any exercises on your own. Remember to drink plenty of water when you exercise.
- After your initial recovery, we often recommend pelvic floor muscle rehabilitation with specialized pelvic floor physical therapists. This is typically a covered service by your insurance and can help augment the results of your surgery. Ask your physician for further information at your 6-week post-operative appointment.

### **SMOKING**

Smoking is not allowed anywhere inside the hospital. Smoking causes heart and lung problems and may also cause urinary incontinence and prolapse to recur after surgery. If you smoke, please contact your primary care physician about programs that can help you quit.

### **INSURANCE**

Our office will verify your insurance coverage with your health insurance carrier and obtain a pre-certification for your procedure if necessary. Please be aware that pre-certification is NOT a guarantee of payment for your surgery. You are responsible for paying any portion of your deductible or coinsurance that is still outstanding following the processing of your claim for your surgical procedure. This information applies to your physician billing only. The hospital and anesthesiologist will perform a separate pre-certification and calculation of any outstanding payments due to them.

*We hope that these instructions will be useful to you.*

*If there are any questions not covered by the instructions, please contact our office.*

*It has been a pleasure to provide your care.*



## How To Reach Us

<b>Princeton Urogynecology</b>	
Phone: (609) 924-2230 Fax: (609) 924-5006 www.PrincetonUrogyn.com	
<b>Office Hours:</b>	Monday through Friday ♦ 9:00 am to 4:00 pm
<b>Appointments</b>	Option 1
<b>Nursing</b>	Option 3
<b>Surgery Scheduling</b>	Option 4
<b>Office Billing</b>	(609) 243-0445 Extension 8842

<b>University Medical Center of Princeton at Plainsboro</b>	
<b>Address:</b>	One Plainsboro Road, Plainsboro, NJ 08536
<b>Main Phone:</b>	(609) 853-6500
<b>Pre-Admission Testing:</b>	(609) 853-7510
<b>Center for Ambulatory Surgery</b>	
<b>Stephen &amp; Roxanne Distler Center for Ambulatory Surgery – 2<sup>nd</sup> Floor</b>	
<b>Medical Arts Pavilion on the campus of Princeton Medical Center</b>	
<b>Phone:</b>	Phone: (609) 853-7500
<b>Address:</b>	5 Plainsboro Road, Plainsboro, NJ 08536
<b>Capital Health Medical Center – Hopewell</b>	
<b>Phone:</b>	(800) 637-2374
<b>Address:</b>	One Capital Way, Pennington, NJ 08534

A physician at Princeton Urogynecology is available for emergencies 24 hours per day.

After hours and on weekends, you can leave non-urgent messages that will be returned the next business day.

For urgent situations, call the office and press 6 to reach the answering service who can page the physician on call.

-----APPOINTMENT CANCELLATION/RESCHEDULE POLICY-----  
You may be charged a fee if you cancel/reschedule your surgery within ten (10) business days of your scheduled surgery date, or fail to show the day of your scheduled surgery.

At your initial visit, you indicated with your initials and signature that you read and fully understand our financial policy and agreed to be bound by its terms.

**Princeton**  
UROGYNECOLOGY

