

## **INSTRUCTIONS BEFORE AND AFTER OUTPATIENT SURGERY**

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### **BEFORE SURGERY**

#### **PRESURGERY DIET**

It is essential for the safety of your surgery that you adhere to the following low-residue diet.

PLEASE NOTE: if you do not adhere to this diet your surgery may not proceed.

<b>1 Day Before Surgery</b>	<b>Day of Surgery</b>
<ul style="list-style-type: none"><li>• Light meals</li><li>• No milk products</li></ul> Example: water, fruit juices, soups, herbal teas, soft drinks, salads, sandwiches.	<ul style="list-style-type: none"><li>• If you are having morning surgery: have nothing to eat or drink from midnight (this includes water) unless instructed by your doctor.</li><li>• If you are having afternoon surgery: Do NOT eat any solids. Clear fluids such as Gatorade, tea coffee and water are allowed until 6am only.</li></ul>

#### **MEDICATION**

- Hormones are to be continued
- Pain medications:
  - Paracetamol and/or codeine preferred
  - Please inform me if you are taking aspirin and other non-steroidal anti-inflammatory drugs
- Continue other medications (heart, diabetes), take with a small amount of water

#### **EXERCISE:**

- If you engage in strenuous exercise, please make sure to take adequate amounts of fluid.
- No restriction of daily activities before your operation.

## **AFTER SURGERY**

### **DIET**

Gradually increase your fluid intake i.e. Water > clear fluids > full fluids / milk products

- Intravenous drip will be discontinued if managing adequate fluids
- Light diet (soup sandwiches) if desired
- Gradually build up to normal diet
- Small frequent meals rather than occasional big meals

### **MEDICATION**

- Pain medication will be provided via intravenous drip or injection initially. As requirement falls this will be changed to suppositories or tablets.
- Medication for nausea is given at the given time of surgery; further injections can be administered if required.

### **VAGINAL BLEEDING**

- Some vaginal bleeding can be expected after surgery. It should be no heavier than a period and settle within 5-7 days.

## **DISCHARGE FROM HOSPITAL**

You will be discharged from hospital when the nursing staff considers that you are able to function on your own, which means:

- You are mobile
- You can eat and drink without nausea
- You empty your bladder properly
- You are comfortable, pain under control

Make sure:

- **YOU ARE ACCOMPANIED BY SOMEONE ON YOUR WAY HOME**
- Someone stays with you at least for the next few days
- You have access to pain medications in addition to your regular medications
- Arrangements are made to facilitate our movement around the house (going up and down several flights of stairs several times a day may be difficult).

### **PAIN MANAGEMENT**

- Take prescribed pain medication (Tramadol, Voltaren, Digesic, Panadol etc) liberally in the first few days (don't be a hero)

- Heat packs and / or hot sitz baths are excellent way to manage pain.

***IF ANYTHING ELSE DOES NOT SEEM RIGHT PLEASE CALL ME OR PRESENT  
TO YOUR GP OR LOCAL HOSPITAL EMERGENCY ROOM***

### **GENERAL ADVICE**

The following is general advice for a range of surgical procedures. Certain instructions may not apply to your individual case. Please check with your doctor for clarification of any of the following:

Following surgery:

- Short baths can be taken (10-15 minutes) immediately upon return home.
- Showers may be taken as soon as you are able to walk around.
- Wounds may get wet but should be dried thoroughly, use a hairdryer if necessary and leave Steristrips on wounds for 5 days.
- Sport: start gradually and build up (walking, swimming, jogging), no exertion, avoid high impact exercises for 1 week and stop if it hurts.
- Sexual intercourse can resume when vaginal bleeding/ discharge stops.
- Recommence driving when pain medication is no longer required (check with your insurance company regarding cover following surgery).
- Recovery from surgery is variable and may take several days or weeks
- Post operative visits: First visit 2-6 weeks, Second visit 3 months (if needed)

### **CONTACTS**

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