

Hibiscus Women's Care

Preoperative Instructions

These instructions are for general information only and specifically for low-risk gynecology surgeries performed by Dr. Wagaman or Perry. Patients who are not cared for by Hibiscus Women's Care physicians should follow the instructions of their own designated surgeon before any planned procedures.

1. Chlorhexidine (Hibiclens, Betasept) shower x 2 during the 24 hours preceding surgery.
2. Do NOT shave (shaving increases infection risks).
3. If constipated, fleets enema before laparoscopic surgery (1 or 2 as needed the night before).
4. Stop smoking (most helpful if this is accomplished 6-8 weeks prior to surgery). You may request a prescription for Chantix or nicotine patches from your surgeon.
5. Practice deep breathing (improves healing and decreases anesthesia complications). Use of an incentive spirometer after major surgery will usually be ordered.
6. Stop all nonsteroidal anti-inflammatory (NSAID's) drugs such as Motrin, ibuprofen, Aleve, Advil at least 1-3 days prior to surgery. If you are on antiplatelet medications such as Plavix and/or aspirin, you must discuss the indications with your surgeon. Recommendations regarding these medications must be individualized.
7. Let your surgeon know about all over the counter medications you are taking. Certain medications (such as vitamin E and fish oil) may increase the risks of bleeding complications and should be discontinued at least 1-2 weeks prior to surgery.

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8. Stop estrogens (such as birth control pills, menopausal hormone replacement) 4 weeks before surgery. Use alternate appropriate birth control protection if needed.

9. If you have diabetes, cardiac stent placement within the past year, kidney disease, stroke history, use of immunosuppressive drugs (such as those used by transplant recipients or lupus and rheumatoid arthritis patients) or recent use of steroids, it is important to discuss medications and medical evaluation ("pre-op clearance") with your surgeon.

10. If you are menopausal, healing after vaginal surgery may be improved by using topical estrogen for a few weeks or months ahead of time. Please be sure you have been provided with a prescription unless estrogens are contraindicated (for example, breast cancer patients)

11. Vaginal infection may increase the risk of infectious complications after gynecological surgery. Please notify your surgeon if you are experiencing any abnormal discharge, especially if there is a foul, fishy odor.

12. Make a list of all medications (including over-the-counter) and allergies and be prepared to discuss your medical history at your pre-op visit. This is also the time to go over all risks and benefits and alternatives and to be sure all your questions are answered.

13. Patients should be seen at 1 and 6 weeks after most major surgeries. After some minor surgeries (such as dilation and curettage), a follow-up visit may not be needed. In these cases, you should be informed of any pathology results within 7-10 days. If you do not hear about your results, please call and ask for your surgeon's medical assistant. For some minor surgeries (such as D&C), the post op visit is NOT included in the global fee.

14. NOTHING by mouth for at least 8 hours before surgery (including no gum, water, coffee, etc.)