



GYNECOLOGIC ONCOLOGY AND PELVIC SURGERY

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INFORMATION ABOUT YOUR POST-OPERATIVE HOSPITAL STAY

Your surgery is planned for a Minimally Invasive Approach (Laparoscopy). One of the benefits of this approach is the quick recovery and early hospital discharge. Most patients will leave the hospital within 24 hours after the surgery.

AFTER YOUR SURGERY After surgery you will go to the PACU (Post Anesthesia Care Unit) for approximately 1-2 hours. You will then be taken to your room where your family may see you. You might feel a little groggy as you get settled into your room.

FOOD AND DRINK As you wake up you will be offered liquids to drink and if you desire, you can have crackers, toast or light foods. If liquid and light foods are tolerated, oral pain medication will be started. If you experience nausea after surgery, the nurses can give you anti-nausea medication through your IV along with pain medications. You may also get out of bed as desired, but we recommend that the nurse be present the first time to help assist any needs you have.

PAIN MANAGEMENT By 6 hours after surgery, most patients can tolerate regular food, oral pain medications and can get out of bed. One benefit of oral pain medication is that it lasts longer than medication given in the IV, and has fewer sedative side effects.

CATHETER If a foley catheter is inserted in your bladder for surgery, it is usually removed around 6 hours after the surgery. (It is sometimes necessary to leave a catheter in longer than this for specific post-operative reasons.) Occasionally, after the foley is taken out, some patients will have difficulty urinating the first time and the nurses may be instructed to perform an "in and out" catheterization and sometimes the catheter is left in place. This is pretty uncommon, but should not be alarming if it is necessary.

POST-OP MONITORING Once you are able to take in adequate oral fluids, the IV fluids will be stopped and you may have a 'hep-lock' (where the IV needle is left in place, capped and taped securely) until near the time of discharge. You may have your blood drawn the evening after surgery or early the next morning. A nurse will continue to monitor your vital signs.

DISCHARGE By the morning following the surgery, most patients are eating a regular breakfast, getting out of bed on their own, voiding without difficulty and taking oral medications if/when needed. These are the criteria for discharge home. Most often your physician or an associate will see you in the morning after the surgery. Occasionally, we may be delayed in surgery at another hospital or unable to see you until much later in the day/evening. In this situation, as long as you are meeting the discharge criteria and the nurses' assessment is complete, the physician may authorize discharge by phone. If you are having any problems or the nurse has concerns about your discharge then you will need to stay in the hospital until you are evaluated by a physician/physician extender.

When you get home, you should call and schedule a follow-up appointment with your physician for 1-2 weeks after the surgery. Please do not hesitate to call if you experience problems or concerns.