



**Dr Oseka Onuma**

**Gynaecologist & Pelvic Reconstructive Surgeon**

## ***Surgery Admission Guide***

- If you are having laparoscopic (keyhole) or open surgery, then please shave off the top 2cm of pubic hair **2-3 days before** your operation.
- Your surgery requires that you remove (trim, shave or wax) all pubic hair around the vagina and labia **2-3 days before** your operation.
- You are required to have some **blood** taken from the lab (Gribbles/Clinpath) in preparation for your surgery. This needs to be done **1-2 days before** your operation. During normal office hours you will not need an appointment. You will not need to fast and the results will be sent directly to Dr Onuma and the hospital so you will not need to wait for any results.
- If you are on blood thinning medications (aspirin, warfarin etc) these will need to be stopped some 7-10 days prior to surgery. **Discuss with Dr Onuma.**
- If you have been advised of the need to have **bowel preparation** then please read the separate document provided. You will usually only need one sachet of **Picolox** (obtained over the counter from the chemist). There are 2 sachets in each box. You might find that the Picolox is not effective until the early hours of the morning; this is normal. The Picolox may still be working on your admission to hospital; this is normal.
- Please arrive at the hospital at the time indicated on your **admission forms.**
- Please note the fasting times on your admission forms. **Milk** is considered to be a **food.**
- You will usually see your **anaesthetist** on the ward before being transferred to the operating theatre. Sometimes you will be sent to see the anaesthetist before the day of surgery.
- You will usually see Dr Onuma either in the waiting area or in the operating theatre.
- **TED** stockings (elasticated stockings) will be fitted for you by the nursing staff **before** you come into the operating theatre. You **must** be wearing them otherwise you will not be allowed into the operating theatre. By improving the flow of blood from the legs back to the heart they reduce the risk of DVT (deep vein thrombosis) and PE (pulmonary embolus). You will need to wear the TEDs until you get home. Once you are at **home** you will no longer need to wear them. If you **fly** within 6 weeks of surgery you are advised to wear them for the flight.
- **Clexane:** by thinning the blood, Clexane **reduces** the risk of DVT and PE. Thinning the blood also **increases** the risk of bleeding and being returned to theatre to control bleeding. Nevertheless, **prevention** of DVT/PE is very much more important. The first injection will usually be given towards the end of the surgery. The nursing staff will give you an injection everyday until you go home.
- You will receive **antibiotics** into the vein whilst under anaesthetic.
- If you have had **MESH** (excludes tapes used for urinary incontinence) inserted into the vagina or pelvis then you are likely to have intravenous antibiotics for a period of 24 hours.
- During your operation you will receive **painkillers** either as an injection into the vein or as suppositories in the rectum. You will be written up for painkillers whilst on the ward. **Do not hesitate** to request this from the staff should you need it.

- You will have a drip in your hand through which you will receive fluids into the vein. This will cease when you are drinking enough by yourself.
- If you have had incontinence ± prolapse surgery you are likely to have a catheter ± vaginal pack sited. These will usually come out the day after surgery.
- Some patients who have had laparoscopic (keyhole) surgery may have a **drain** left in the abdomen to remove excess gas or fluid (this decision is made during surgery). For patients going home on the day of surgery this will be removed before discharge. For inpatients the drain is usually removed the following day.
- Dr Onuma will be happy to phone **one** relative of your choice when the surgery is finished. If there is no answer on the number provided, Dr Onuma will leave a message, if there is such a facility, but will not attempt to phone again.
- If you have had incontinence ± prolapse surgery, the nursing staff will check the amount of urine you pass and the amount left in the bladder (with a **scan**) once the catheter is removed. They have a specific guide (copy provided for your information) as to how to do this and will phone me if they have any concerns.
- If you have had complex laparoscopic or open surgery then you will be on a soft diet after your operation until you are passing flatus.
- Admission to hospital involves a change in diet, fluid intake and environment. Many women will find that they have a temporary change in bowel habit, most often tending towards constipation. Dr Onuma generally prescribes **Coloxyl 2** tablets each evening from the day after surgery. If you have a tendency towards constipation and there is a particular product that works best for you then bring it into hospital with you and Dr Onuma will assess whether you can continue with it during your admission instead of using Coloxyl. You are **not** required to have emptied your bowels prior to your discharge from hospital.
- Pelvic reconstructive & investigative surgery are commonly associated with some blood loss. Excessive bleeding requiring **transfusion** is uncommon but a known risk of surgery. Dr Onuma would only transfuse you with blood if he thought it to be absolutely necessary. If you are a Jehovah's witness please provide the appropriate signed documents relevant to acceptance of blood products.
- It is not uncommon to suffer from **bloating/cramping** of the abdomen with associated discomfort after keyhole or open surgery. This tends to happen more often in women who suffer from irritable bowel syndrome. This may take several weeks to settle completely. Occasionally tablets to help settle the bloating/cramping may be required.
- Small amounts of vaginal blood loss following surgery, is normal. Some women will get an extra 'gush' of blood between **7-14 days after** surgery. This is also **not** unusual. If you feel that the loss is excessive then contact Dr Onuma's staff. They will arrange for you to be seen earlier. If you have an **offensive** loss then you must contact Dr Onuma's staff as you are likely to require a course of oral antibiotics.
- Whilst you may be a passenger in a car, your insurance will not cover you to **drive** for 24hrs following most daycase surgery **or** 1-2 weeks after most inpatient procedures (4-6 weeks if you have had open surgery). If you have any doubts then please discuss with Dr Onuma.
- Post surgery followup will be arranged for you at the time of your consents for surgery.
- Dr Onuma is happy to provide a '**Sick Certificate.**' He can only provide you with this from the time of admission not beforehand. If you require a certificate then make the request to Dr Onuma's staff and provide them with the required dates. Where necessary, '**Carer's leave**' certificates can also be provided.