

## Surgery at the CEC

By Wendy K. Winer, RN, BSN, CNOR, RNFA

### How can I best prepare for surgery?

1. Please read over the packet you receive from our office. It has a lot of valuable information to help you prepare. Once surgery is completed, I would suggest reviewing it again.
2. As I'm sure you know by now, the CEC is a "team." If at any time you have any questions, please do not hesitate to contact us. We want to do everything possible to make this experience as pleasant as possible for you and your loved ones. I have been on both sides, and I have an enormous amount of empathy for you and anyone who might be accompanying you. Whatever apprehension, anxiety, concerns or questions you have we are here for you -please do not hesitate to reach out to us. Our office number is 770-913-0001 and is monitored 24 hours a day, 7 days a week.
3. Diet – especially leading up to surgery, try to stay away from big, heavy and/or spicy meals. Good nutrition is always important. Hydrate well and if you have any dietary restrictions (gluten free, etc.) just follow whatever makes you feel well. It's always good to try to prevent constipation. Try to regulate with more fiber in your diet (ground flax seed, fiber one cereal if you're not gluten free), fresh fruits and vegetables. Hydration is important as well - water of any kind is highly recommended. Sometimes after surgery it's even good to drink Pedialyte® if there's concern about getting enough electrolytes (I prefer this to some of the sports drinks that are have more sugar and water content). In addition, as long as it doesn't bother your stomach you might consider an over the counter daily probiotic. Be sure to have a thermometer with you so you can monitor your temperature once you come home from the hospital. **Be sure to also check out our article on [Post Op Constipation](#).**
4. Showering the night before surgery is a good idea. We recommend not shaving your pubic area prior to surgery. No perfumes, dyes and creams the morning of surgery. Using unscented soaps in general is recommended.
5. List of medications to try to avoid prior to surgery is listed in your preop packet. Even though we ask you to refrain from all types of NSAIDS prior to surgery, it is fine to resume them once you go home as long (naproxen or Aleve, unless you have been prescribed Toradol or told not to take them or if they bother your stomach).
6. Please fill any prescriptions you get from our office prior to surgery including any you receive at your preoperative visit. There is a pharmacy right across the street from our office. In particular, fill anything we give you for nausea just in case you need to take it when doing your bowel prep the night before surgery.
7. Wear comfortable clothing. Don't bring anything to the hospital that you don't absolutely need – NO valuables. At the hospital the morning of surgery, whomever is with you will have to hang on to whatever you bring to the hospital while you're in surgery.
8. Bring some type of recording device (a cell phone is fine) so that immediately after surgery when the Dr. goes out to speak to whoever is with you, they are able to record what he says.

9. If you'd like to, bring a small flash/jump drive with you the morning of surgery, give this to the Dr. or his assistant prior to surgery that morning and we will do our best to record your surgery for your personal use. We will then give that to your caregiver after surgery.

### **How can I advocate for myself (or how can my caregiver) before, during and after surgery?**

1. We at the CEC want to be your advocate as well with regards to your care, specifically when it comes to the treatment of your endometriosis. Our team is focused on doing the best we can for our patients - this includes before, during and after surgery. Surgery may be the focus of your treatment but the care you receive before and after, is also vitally important to the entire process and to help provide you with optimal results. Our team is dedicated to your continuity of care which begins with your initial contact with the CEC and continues through surgery and indefinitely after surgery and your leaving the hospital.
2. Initially when you see the Dr. for your preoperative appointment you are welcome to have your caregiver with you as much as you'd like. You might want them there to take notes, to help you in remembering things and we encourage them as well to ask questions. It's normal to have some amount of anxiety and to forget some of the things discussed. Any questions you might have before your preoperative appointment, we would suggest writing them down so you can remember to ask the Dr. while you're meeting with him. The Drs. and staff will try our best to answer all of your questions. If at any time there is anything you need, please call. If it's after office hours, the call will go to the answering service and we (one of the Drs. or myself) will return your call as quickly as possible. We strongly recommend that if you have any questions or concerns to try and call our office during normal office hours, but we understand that's not always possible. If possible, try to reserve the calls after office hours for things that are more pressing and must be answered before the office reopens.
3. Please keep in mind what the office hours are (see in the packet from the office or our website regarding office hour times; it's not the same every day so please take note of that). If you have a question, the earlier in the day you call the better, this way it gives the staff time to pull your chart and check with the Dr. if necessary before they get back to you. If it's something that can't wait then, of course, call the office anytime day or night and we will call you right back.
4. We try our best to consider your caregiver as well. At the hospital we will make every effort to keep them informed every step of the way. In addition, it's important that they bring either some snacks, a water bottle or go to get something to eat at the hospital (an assortment of food options are available on the first floor) when they can. The day of surgery they should bring something to work on or reading material to occupy them while you're in surgery. If they leave the surgical waiting area, we'd suggest checking in with the coordinator at the desk -if they need to get in touch with you or if the Dr. needs to reach you, you will be readily available; this includes immediately after surgery when the Dr. comes out to speak with them. The surgical waiting room coordinator will ask for your cell phone number and oftentimes, gives you a paging device as well. In addition, we will be calling out to the waiting room hourly to give your caregiver periodic updates during your surgery.

5. In the preoperative area we will review your consent with you one more time to be sure everyone is on the same page. If you have any questions at all the morning of surgery, do not hesitate to ask the Dr. or his assistant when they come into see you. You will ultimately be receiving some relaxing medicine before you go back to the actual operating room and only after all of your questions have been answered.
6. Initially when you are taken back to the preoperative area you will go back without your caregiver. Once you have changed your clothes, put on a gown and your IV has been started your caregiver will be given the opportunity to come back and be with you prior to your surgery.
7. Please be sure to keep your cell phone with you after your initial preoperative office visit and leading up to the time you are scheduled to arrive at the hospital for surgery. If there are any changes or questions that we have or the hospital has, it's important that we can reach you.
8. Please follow the instructions carefully that we give you with regards to your bowel preparation before surgery. This includes what you're able to eat and when you must stop eating the night before surgery. Any questions you may have about regular medications you take daily, please ask the Dr. in your preoperative visit so you know if they are to be taken the night before surgery and/or the morning of surgery. If there is a question, please call us.

### **What should I expect the morning of surgery?**

1. Please be sure to arrive at Northside Hospital at the time you've been instructed. Keep in mind, if you're not familiar with Atlanta and depending where you are coming from, please allow for extra time for traffic or any delays. It's preferable to arrive at the hospital earlier than later from the time we have asked you to arrive. If you are not the first case of the morning, there's always a chance something could change last minute in the schedule and we might ask you to arrive earlier. Our only way to reach you will be through your cell phone so please keep it with you.
2. Once you arrive at the hospital you will check in at the business office. After they see you, they will direct you to go to the 3<sup>rd</sup> floor of the main hospital building (or ground floor if your surgery includes a thoracic component). You will check in at the surgical waiting room desk once you get off of the elevator. As previously mentioned, you alone will initially be escorted back to the preoperative area. The nurses in the preoperative area will take very good care of you - they will have you put on a hospital gown, ask you many routine questions and go over any specific information you need. They will also administer some preoperative medications the Dr. has ordered to help prevent postoperative nausea and/or pain after surgery.
3. During this time in the preoperative area, your IV will be started and your blood will be drawn for the PRP ([Platelet Rich Plasma](#)).
4. Anesthesia will speak to you and review what they will be giving you during your surgery (this will include an anesthesiologist as well as the anesthetist that will be with you in the OR during your surgery).

5. After all of these things are done initially in the preoperative area, they will then get your caregiver to come back to be with you. Do not hesitate to ask them for that person or persons to come back. Because there are other patients, there is a limit to how many people can come back at one time. Our goal is to do what you want, to make you as comfortable and relaxed as possible.
6. Everyone you see will be focused on giving you the best possible care. If you have any questions or concerns at anytime, please do not hesitate to ask them.
7. Prior to going back to the operating room, your Dr. (Sinervo or Arrington) will meet with you. In addition, they will pray with you if you are amenable to doing so; we encourage your caregiver to be with you during this time as well. You and your caregiver will have the opportunity to ask any last minute questions or concerns you may have.
8. In addition, you will meet the surgical assistant that will be assisting either Dr. Sinervo or Dr. Arrington, [either me](#) or Julius Lorinc. We have both worked with the CEC for many years and have specifically been selected by Dr. Sinervo and Dr. Arrington. We are very fortunate to work with an experienced team of highly qualified health care professionals that will be involved in your care before, during and after your surgery.
9. Prior to going back to the operating room, one of the nurses from our operating room will meet with you, ask you more questions and then do the final preparations before guiding you back to the operating room along with anesthesia. We will review with your caregiver the schedule of what to expect. Once surgery is underway, one of the nurses in our room will call out to your caregiver to give them an update (this is usually 45-60 minutes after we initially go back to the operating room). They will keep your caregiver updated approximately hourly to your progress during surgery.
10. Just before you go back to the O.R., you will receive a small amount of relaxing medicine in your IV. It won't put you to sleep but it will relax you. Once you are back in the O.R. you will be asked to move onto a different bed for surgery. The O.R. is cold but we will keep you covered with many warm blankets (once you are asleep a warming device is placed on you and anesthesia will monitor your temperature throughout surgery to make sure you stay nice and warm - this will also hopefully help you to wake up more comfortably after surgery). Dr. Sinervo or Dr. Arrington will be there to hold your hand as you go to sleep. Anesthesia will explain everything and the medications they give you as you drift off to sleep will all go into your IV. Nothing else will be done until you are completely asleep. The anesthesia team will monitor you very closely throughout the surgery. We are fortunate to work with an excellent team of anesthesiologists and anesthetists who take very good care of our patients.
11. When surgery is finished, the Dr. will go out to the surgical waiting room to review with your caregiver (family and/or friends) the surgery and specifics of what was done. At this time they will review any photos taken during surgery and this is the time that your caregiver can record what the Dr. has to say.

12. When the surgery is finished, you will be taken to the initial recovery area. You will be there for at least 2 hours. This is a time where you will be closely monitored while you are waking up. Keep in mind, after your Dr. speaks with your caregiver, it's going to be at least 2 hours until your caregiver will be able to see you. Since there are other patients in the post anesthesia recovery unit (PACU), no family members are allowed. Your caregiver will be notified by the attendant in the surgical waiting area when you are going to be moved to your room so that they can then be with you once you get there.
13. Once you are moved from PACU, you will be taken to your own room. This room will have a TV, bathroom and your caregiver/family can be with you. Typically this is on the first floor which is the extended recovery unit or ERU (23 hour stay). This is where you'll be until you leave the hospital unless for any reason you require being in the hospital for more than one night. Keep in mind, that they don't start counting the 23 hours until you get to your own room. If for any reason the Dr. feels you're not ready to leave the hospital yet, you will then be transferred to another room for post surgical patients. Additional reason(s) to be moved include if no ERU beds are available (seldom occurs), if you have a bowel resection, thoracic surgery for endometriosis or if the Drs. feel you need to be in the hospital more than one night.
14. The next morning, one of the Drs. will come by to see you. As long as your blood pressure, pulse and temperature are normal you will be discharged. In addition, we want to be sure you're able to urinate okay, and if you are experiencing any nausea and/or pain is well controlled. Occasionally patients need to be discharged with a Foley catheter that may need to stay in place for a couple of days. The majority of our patients have no issues with any of these and are able to be discharged either the evening of surgery or most likely the next day (within the 23 hour period post surgery). Many of our patients are from out of town; depending on when you are planning to leave town, we will offer you an appointment to see one of the Drs. in our office prior to your departure from Atlanta (if you would like and/or the Drs. recommend it).
15. For patients who are local, as long as everything is going well, we will have you come back in 2 weeks for a postoperative checkup.
16. Postoperative pain: everyone is different. We have patients who never need any prescription pain medications after surgery and others who do. We treat everyone as an individual and the care we give you before, during and after surgery will be geared toward your specific needs and desires. We know you've been through a lot to get here and we understand. Our goal is to make this as comfortable an experience as possible. Always remember, we are here for you and available 24/7 for whatever you might need.
17. If you are coming from out of town, our office will work with you and help you figure out accommodations while in Atlanta. For example, travel tips and a lodging list [are located here](#).
18. Many patients often tell me that they don't want to bother us because they know we are busy with other patients. We are busy, but **we are NEVER too busy to take care of our patients**. With regards to new patients, we will review your records and make every effort to get you in ASAP. We have a dedicated team with vast experience. We try to make every patient feel special and we will focus on each of you as an individual. Our goal is for you to never feel like we are too busy ever to give you the best possible individualized care.

If at any time, you have a complaint about anything, please do not hesitate to contact us and let us know. Our goal is to serve our patients the best we possible can. The reason we all do what we do is to help our patients. I assure you, there isn't one person at the CEC that doesn't feel this way. We are a team...we at the CEC are a family...and we are here for you. Our goal is to always create "raving fans."

### **After leaving Atlanta or after the initial surgery recovery time**

1. If at any time, you have questions or concerns, please do not post them on Facebook or social media sites. It is also preferable not to email us, but to call our office. The best way to get immediate assistance is to call the office (during office hours) or if it's after office hours, call the office number and either myself or one of the Drs. will call you back as soon as possible. The best way to reach us after hours is to call the office number/answering service and they will connect you to us or send us an immediate message and we will call you back ASAP. The number is 770-913-0001. Sometimes you may see the phone number we are calling you back from and then you may try calling us on that number. We ask that you not do this. The only way to ensure we get your message is to call the office number/answering service. Unless we give you a different phone number, that is the best way to reach us. In addition, please do not text us unless we specifically ask you to or give you permission. This is the only way we can assure you that we get your message. Either I or one of the Drs. is always on call.
2. Just to summarize, our goal is to be available to you 24/7 and the best way for us to do that is if you go through the proper channels of calling the office and then it goes into the answering service if the office is closed which in turn immediately goes to myself or the Dr. on call.
3. When you return home you're always welcome to contact us with any questions or concerns. When you fill out your initial paperwork with the CEC or when you are seen in the office, please be sure we have the information of your Dr. at home. We will include a copy of your operative report in your post-surgical package for them, and we are happy to work with them for your follow-up care. If for any reason, you do not have a Dr. at home you want to continue to see, we will do whatever we can to find you a Dr. in your area. If it is necessary at any time, we are happy to speak with the Dr. who will be following you to transition your care. In spite of that, we are always available to follow you. It's important to us to know short term and long term how you are doing.
4. You will be receiving follow-up inquiries from our office periodically following up on your progress. If you receive a survey or questionnaire from the CEC, please fill it out and return it to us. It typically will ask you questions about pain, how you're feeling and if your endometriosis symptoms are completely gone, your return to a healthy lifestyle etc. It is important to your treatment and others to please fill these out and send back to us in a timely fashion.
5. We encourage you to refer to the CEC website even after you get home where we have more information on these topics.

***On a personal note:*** I have been involved with the treatment of endometriosis and pelvic pain since 1976. I have actively been involved in a very wide range of clinical research with regards to women's health. Long term follow up care, I believe, is important for our patients. We are always focused on providing our patients with the best possible care - and "continuity of care", from your very first contact with us and then continuing indefinitely. I have been involved in women's health, minimally invasive treatments, development of instrumentation and equipment for surgery (that's now used all over the world) and new/old modalities. We have state of the art everything in surgery here. I am always looking for the best way to treat our patients. This can be re-evaluating traditional treatments to developing new treatments to expanding our treatments. I am open minded, always willing to listen, willing to learn and expand on the knowledge and experience we all have. No matter how long any of us has been involved in this field, we all have more to learn. I teach, mentor and travel the globe in an effort to help others with endometriosis, adhesions and/or pelvic pain, abnormal bleeding, infertility etc. but also in an effort to learn.

I want our patients to be the ultimate beneficiaries of my experiences and knowledge. We always want you to have the best possible care and we would never hesitate to bring in anyone we need to help us accomplish those goals. I believe 100% that the Drs. and the entire team at the CEC have the same goals I do and we all focus on YOU our patient. You may not meet me in person or you may only see me when you have your surgery or only speak to me when I'm on call but rest assured, myself as well as the rest of the team knows about you and we are following your progress. There's a great deal that goes on continually behind the scenes so that we can facilitate the Drs. in providing our patients with the best possible treatment and ongoing care. When you return home, we are happy to help navigate your care as much as necessary and we will do everything to make the transition back home as smooth as possible.

***In closing, always remember that we at the CEC are here for you - the Drs., nurses, office staff and everyone that makes up our CEC family.***

*In good health,*

*-Wendy*