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I N S T I T U T E

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Preoperative Packet

Preparing for Surgery



(Picture of Dr. Camran Nezhat. Circa 1980, as he invented and pioneered video surgery)

Center for Special Minimally Invasive and Robotic Surgery
Camran Nezhat Institute

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PRE-OP INFORMATION FOR PATIENTS

DAYS BEFORE SURGERY

- ☐ **Watch** the Camran Nezhat Institute Preoperative YouTube Video.
- ☐ **Write** down any questions you may have to ask and **email them** to our office prior to your appointment.
- ☐ **Discontinue use** of all over-the-counter medications, vitamins, supplements, marijuana, diet pills, herbal products, gelatin and acupuncture. Over the counter medications include: Ibuprofen, Aspirin, Motrin, Advil, Naproxen as these products have blood thinning properties. **Inform the doctor**, if you are on medically prescribed blood thinner, steroid medications or other daily medications of concern, for further instructions. You will likely be advised to continue to take blood pressure, thyroid, and diabetes medications by a physician.
- ☐ **Eat carbohydrate-rich meals**, which aids in providing stored energy during your recovery period. (e.g whole grain, oats, quinoa)
- ☐ **Practice deep-breathing exercises** 1 week prior to surgery. This exercise helps to expand and prepare your lungs for general anesthesia. Deep breathing exercises consist of placing your hands palms down, on the border of the rib cage, inhaling slowly and evenly through your nose until you feel you have reached the greatest chest expansion. Hold 2-3 seconds and exhale slowly through your mouth and continue until maximum chest contraction has been reached. **Please do deep-breathing exercises 2-3 times a day for 5 minutes.**
- ☐ **Remove all jewelry, makeup, and nail polish** prior to surgery. (e.g nose, belly button, and rings).
- ☐ **Do not shave or wax** the vaginal area one week prior to surgery.
- ☐ Please use a form of **contraception or abstinence for 2 weeks** prior to surgery.
- ☐ The exact time of your procedure is currently not known. You will receive a call from the surgery center the day before surgery to provide you with this information. If you do not receive this information, please call our office before 4:00pm the day before surgery. If your scheduled procedure lands on a Monday, please call on Friday before 4:00pm.
- ☐ **Please obtain all medications** prior to your procedure.

MEDICATIONS

You will have **4 prescribed medications** to obtain from the pharmacy after your pre-operative appointment. This will include: Pyridium, Zofran, Cytotec, Oxycodone (if applicable).

There are also **6 over the counter medications** that you will need to purchase: Ibuprofen, Tylenol, fleet enema, Gas-X, colace and chlorhexidine prep. You will receive additional information at your upcoming pre-operative appointment.

****Please pick up all medications prior to surgery****

THE DAY BEFORE SURGERY

- ❑ **Avoid red and blue food and drinks** or anything with food coloring.
Please also avoid **dairy** products.
- ❑ Ensure that you have **obtained all pre-op and post-op medications**.

NIGHT BEFORE SURGERY

- ❑ It is recommended that you do not eat after 8pm on the night before surgery.
Nonetheless, **do not eat or drink after midnight** (12:00am).
- ❑ Please **complete a fleet enema** on the evening before your surgery (preferably an hour after your last meal). Fleet enemas are saline laxative colon cleansers, applied rectally. Follow the directions on the fleet enema package insert.
- ❑ Please **drink enough fluids** (before midnight) to prevent dehydration.
- ❑ **Shower or bathe**, being sure to thoroughly **clean your belly button**. Use the Chlorhexidine Prep on your abdomen to thoroughly clean the abdomen and belly button (using a Q-tip as necessary).
- ❑ **Before bed, place Cytotec** (misoprostol) 200mcg in the vagina - as far in as possible. This is a prostaglandin that softens the cervix. This medication may cause cramping and vaginal bleeding, which is normal. Take only Tylenol if needed for the pain with a small sip of water; do not take anti-inflammatory/NSAIDs.
Note that the Cytotec package will state that this medication is oral. Please IGNORE and place in vagina.

MORNING OF SURGERY

- ❑ Remember **NOTHING to eat or drink**. You may brush your teeth, but rinse only with water. If you have prescribed daily medications to take (such as blood pressure or thyroid medications) they may be taken with a sip of water.
- ❑ When you wake up, **take Pyridium 200mg** by mouth with a sip of water, this will turn your urine orange. Do not be alarmed if your urine appears darker than usual. This is used to help evaluate the ureters at the time of cystoscopy during surgery. Pyridium helps with urinary pain, burning, increased urination, and increased urge. If you have any of these symptoms *after* surgery, you can take 1 tablet by mouth twice a day, for no more than 2-3 days.
- ❑ **Leave valuables at home** or with your relative/friend.

AT SURGERY CENTER

- ❑ **No visitors are allowed in the surgery center** due to COVID-19 regulations – you must be dropped off and picked up by your relative/friend. Please advise that the OR staff will contact them to let them know when you are discharged to take you home.
- ❑ Upon arrival, you will check-in and meet with the OR team and anesthesiologist who will review anesthesia medications and risks. You will be **completely asleep, under general anesthesia**, during your procedure.
- ❑ **Surgery lasts approximately 1-3 hours** depending on how extensive the surgery is.
- ❑ **Should any additional procedures not included in your surgical consent forms need to be performed at the time of surgery, appropriate consent will be obtained** from your designated point of contact. Please advise this is a rare circumstance. Once you are out of surgery, Dr. Nezhat will contact your friend/relative to provide additional post-operative instructions. Surgical findings will be discussed immediately with your relative/friend and with you in detail at your post operative appointment.
- ❑ You will remain in **post-operative recovery for 1-3 hours** after surgery. During that time, you will be assisted to get up and out of bed, begin walking, and use the restroom.
- ❑ You will **go home on the same-day** once cleared.

POST SURGERY

- ❑ **As a general rule, as long as you feel a little better than the previous day you are on the right track.** If by any chance you feel worse than the day before, please contact us.

COMMON POST-SURGICAL SYMPTOMS

- ❑ **For managing pain after surgery**, we recommend starting with Tylenol (500-1000mg), alternating it with Ibuprofen (600mg) every 3 hours. Ensure that you do not take pain medications on an empty stomach.
Taking Tylenol and Ibuprofen alternately every three hours, or both every six hours, will help reduce the use of narcotics and their associated side effects. Take the narcotic, Oxycodone (5mg), for extremely severe, breakthrough pain as needed. Start by taking ¼ tablet, then ½ tablet, and then a full tablet, until relief is provided. Based on experience, an appropriate amount is being prescribed to get you through the immediate postoperative period. Possible side effects of this narcotic(s) are light-headedness, nausea, vomiting, constipation and dizziness. You may take Zofran to help with nausea. Do not drive or drink alcohol while taking narcotics. Overuse of this medication can lead to addiction. The less narcotics you take, the better. Please return any excess, unused narcotics to a local pharmacy Safe Medication Disposal Box.
- ❑ **Shoulder/chest pain is a common symptom after surgery.** During surgery, your abdomen is filled with gas to distend the cavity. While most of this is released prior to surgical closure, some gas remains. This gas/air pain can cause a “nagging ache” in the shoulder area or “cramps” in your chest. Generally, the best way to relieve this gas pain

is to walk and move around. This increases your bowel activity and moves the gas through you. Deep breathing, chewing gum, peppermint candy or tea, and over-the-counter Gas-X medication also helps.

- ❑ **Nausea is a common symptom after surgery**, especially when taking narcotics. Zofran is an anti-nausea medication that was prescribed to you. If you are experiencing nausea and/or vomiting, **Zofran (4mg) can be taken every 6-8 hours as needed**.
- ❑ **Constipation is a common symptom after surgery**, especially when taking narcotics. Most patients will have their **first bowel movement 3-7 days after surgery**. Do not be alarmed if you do not have a bowel movement within the first few days after surgery – in preparation for your surgery, you were on a light diet and your bowels were emptied by the fleet enema. As you return to a normal diet, your bowel movement will normalize. Please advise the bowel functions tend to slow down temporarily following surgery.
- ❑ **Sore throat is a common symptom after surgery**, due to the anesthesia intubation. The soreness will resolve with time, however, you may gargle warm salt water to relieve the symptoms. Also, “Throat Coat Tea” from *Traditional Medicinals*, Cepacol throat lozenges, and/or cough drops may help.
- ❑ You may experience **light bleeding/vaginal discharge after surgery**. This is normal and will eventually subside. **If bleeding is heavy**, where you are having to change a maxi pad every 1-2 hours and the maxi pad is fully saturated, you should contact the office. If you have undergone a **hysterectomy** and bleeding is persistent beyond 2 weeks, and/or is increasing in flow rather than decreasing, please contact the office.

POST-SURGICAL QUESTIONS AND CONCERNS

- ❑ **A physician will contact you on post-surgical days 1, 2, and 3.** Please write all your questions and concerns that you want to be addressed at that time of these calls. If you have any urgent concerns that arise between follow-up calls, please contact the office during **business hours (8:30am-5:00pm, M-F) @ 650-327-8778** or send an email to office staff.
- ❑ **For urgent concerns/emergencies after hours and on weekends, call 650-723-6661, pager ID# 14239** to reach the on-call doctor. Please utilize the on-call doctor for urgent matters and symptoms including: **fever** (greater than 100.4F), **difficulty breathing/chest pain**, **severe nausea/vomiting**, **severe pain** that cannot be controlled with medications, **abnormal heavy bleeding**, **calf swelling**, **wound infection** (purulent/foul smelling discharge), **wound reopens/separates**, or any other emergencies.

Unless there is a life threatening emergency,
please contact the on-call doctor first before going to the ER.

DIET

- ❑ Immediately following surgery you will begin with a clear liquid diet e.g water, tea, Jello and broth (food that is liquid in its original form). **Once this is tolerated**, progress to a full liquid diet (e.g. yoghurt, smoothie, soup, ice cream, etc.). **Once you pass gas**, you may advance to a soft food diet (e.g. applesauce, mashed potatoes and rice). If you tolerate this diet for 2-3 days, **or once you have a bowel movement**, you may return to eating a normal diet. If you are hungry, wanting to eat, and passing gas regularly, these are all signs that you can advance your diet. For the next few days, **avoid** raw foods like salads and vegetables, red meats, fried, fatty foods, and dairy depending on your tolerance.
- ❑ If you are constipated after a normal diet has been resumed, use stool softeners (e.g MiraLAX and Colace) as directed on the packaging. Smooth move tea(s) can also be used to help with bowel movement. Stop taking stool softeners once stool becomes very loose.

WOUND CARE

- ❑ Depending on your procedure you will likely have 4 incisions. **You will need to keep your incision sites clean and dry to reduce the likelihood of infection. Prior to showering**, you may remove your dressings and leave the steri-strips in place. You can shower 12-24 hours after surgery. The **steri-strips should be removed 4-7 days after surgery** by gently peeling them off. Please note that the steri-strip adhesive is difficult to remove and may be removed in the shower or with coconut oil.
- ❑ As you are able to shower 12-24 hours after surgery, **refrain from submerging in water** (e.g sitting in a bathtub, hot tub, and swimming for the first 3 weeks after surgery). Because the belly button is like a cup, it tends to retain moisture after showering and therefore is more prone to infection. Ensure that your incisions are dry after water exposure by **blow drying the sites for the first 7-10 days**. Clean the belly button daily by wrapping fresh gauze around your finger and gently wiping the area. Do not use Q-tips/cotton balls for cleaning during this period. **Do not apply ointment or liquid medications** to the wounds while incisions are healing.
- ❑ **Bruising is common** after surgery and can extend up to a few inches beyond the wound edge. After some procedures (especially myomectomies) bruising and swelling can be observed in the labia and/or thighs. This is normal and will resolve over time. Ice packs may be used to aid with healing.
- ❑ As part of **normal healing, incisions may become itchy and crusty**. It is also normal to have drainage of watery pink (blood-tinged) fluid from the incisions. Some swelling, redness, and pain are common with all wounds and will normally subside as the incision heals. **Signs of infection may include:** swelling, redness, and pain increase, if the wound feels warm to the touch, if the wound has a thick yellow/green discharge, or the wound edges reopens or separates. Should any of the symptoms occur, please contact the office.

- ❑ **The stitches used will dissolve over time.** If an end of the stitch is protruding externally and bothersome, you may snip the end with nail clippers or small sharp scissors. Otherwise be assured that the suture will dissolve with time.
- ❑ You may receive an **abdominal support band or girdle** from the surgery center. If you find this band helpful in your healing process, **wear it as needed.** The abdominal binder may trap moisture so please keep this in mind and **allow your skin to have adequate air exposure** to avoid the possibility of an infection. Therefore, please discontinue use as soon as possible.

ACTIVITY

- ❑ On the first day after surgery continue **walking** 3-5 minutes every hour.
- ❑ On the second day, **increase walking activity** to 5-10 minutes every hour.
- ❑ **Use the Incentive Spirometer** hourly and/or practice deep breathing exercises consecutively to keep your lungs open (**10 deep breaths in, every hour**). This is important to facilitate lung aeration, help to prevent pneumonia, decrease stasis of gas in the intestines, and stimulate respiratory function.
- ❑ **Do not over strain abdominal muscles for 2 weeks after surgery** (no heavy lifting). Continue to walk a few minutes every hour as not doing so will prolong your recovery. If at any time you are in **pain, stop** what you are doing and rest. Listen to your body and only continue movement if it doesn't cause pain.
You are typically cleared to resume light exercise once you are evaluated at your postoperative visit 4-6 weeks post surgery.
- ❑ **Sexual activity can resume once cleared, unless otherwise stated.** Sexual activity in **infertility** cases can begin as soon as bleeding stops. Sexual activity for **hysterectomy** patients should not start any earlier than 8 weeks after surgery.

RESTRICTIONS

- ❑ **Do not use tampons or any vaginal inserts** for the first 2-3 weeks after surgery (unless directed otherwise by Dr. Nezhat).
- ❑ **Refrain from driving 2 weeks after surgery.** Do not drive while on Oxycodone, as it may cause dizziness and additional side effects.
- ❑ If you plan to **travel 1-2 weeks after surgery**, it is best to be cleared and evaluated by Dr. Nezhat prior to traveling. If you are an out of town patient, you will be cleared by Dr. Nezhat during your postoperative visit.

GENERAL ADVICE

- ❑ **Your first 3-4 menstrual cycles after surgery may be abnormal/irregular** in timing, duration and amount (e.g lighter/heavier). Your cycles may or may not be more painful than before surgery. However, if you feel that your medication for the pain (e.g Tylenol, Ibuprofen) is not helpful, you may use CBD products or contact the office.
- ❑ Patients typically can return to work in approximately 3-10 days, but this is case dependent. However, by law you are able to take up to 6 weeks for recovery. Returning to work or physical activities too soon can extend your recovery process. If you have any questions or concerns regarding medical leave/time off, please contact the office.
- ❑ **Symptoms of concern include:** fever (greater than 100.4F), difficulty breathing/chest pain, severe nausea/vomiting, severe pain that cannot be controlled with medications, abnormal heavy bleeding, calf swelling, wound infection (purulent/foul smelling discharge), wound reopens/separates, intense abdominal pain, or any other emergencies.
- ❑ Your **post operative appointment** is typically scheduled 4-6 weeks after surgery, with subsequent visits as Dr. Nezhat deems necessary, and gradually to once a year. It is important to remain proactive and schedule these appointments by contacting the office.

We wish you a healthy and speedy recovery! Dr. Camran Nezhat, Dr. Azadeh Nezhat, surgical team, and our staff are dedicated to the health and recovery of each and every patient. Do not hesitate to contact us at any time via email or contacting the office (650-327-8778) with any questions or concerns.
