



Patient Information for Abdominal Surgery

OVERVIEW

These instructions should be followed by patients who are scheduled to have a partial or complete colon resection or other abdominal surgery when instructed. Please read these instructions carefully and completely. Feel free to contact our office at (940) 383-2424 should you have any questions.

You will also need to arrange time off from work to perform the bowel preparation (on day 2) and for post-operative recovery. Every patient is different and each surgery is different, therefore, discuss with your physician the anticipated time off you will need to request.

Your surgery will be performed at [Presbyterian Hospital of Denton](#). The website provides information about the hospital, location, and services. You will most likely be at home the day before your surgery and come to the hospital the morning of your surgery.

BEFORE SURGERY

Anesthesia:

You will be contacted by the preoperative nurse and likely the Anesthesiologist to discuss the plans for the day of surgery and anesthesia. The Anesthesiologist will review your current medications with you and inform you which ones you should take or not take on the morning of the surgery. Please tell the Anesthesiologist if you are allergic to any medication; if you have had anesthesia in the past; if you have had any problems with prior anesthetics; or, if any of your family members have had problems receiving anesthesia in the past. Also, inform the Anesthesiologist if you are a loud snorer; have sleep apnea; and whether or not you use a Bi-Pap or CPAP machine.

Please inform the nurse or Anesthesiologist if any changes have occurred in your overall health since we last saw you in our office. For example, if you have developed a cold; rash; infection; difficulty breathing; racing heartbeat; or other changes, we would want to see you in the office immediately to ensure that you are medically ready for surgery.

Preparations:

If you are taking any medications, inform your physician at the time of scheduling your surgery. If you are taking medications (especially non-prescription medicines) please read the labels carefully to ensure that they do not contain aspirin (Acetasalicylic Acid) or a non-steroidal anti-inflammatory (NSAID) as ingredients.

Many medications affect your blood's ability to clot properly and could increase your tendency to bleed. Please discuss with your physician the reason you are taking any of these blood thinning medications in order to tailor your instructions to most safely prevent any bleeding complications.

If instructed by your physician, stop taking aspirin, non-steroidal anti-inflammatory medicines, or Coumadin for **five (5) days before and after** the procedure. All herbal supplements should be stopped **two (2) weeks before and after** the procedure. At the end of this document is a list of some medications to avoid which contain aspirin or NSAIDs.

Prior to your colon resection you will need to complete a bowel “cleansing” which will remove the stool within your colon. This procedure causes overall loss of body fluids, therefore, you will need to drink 2-3 liters (8-12 8oz glasses) of water or equivalent (Powerade, Gatorade, decaffeinated beverages) a day during your preparation to replace this fluid. There are 3 bowel preparations available on the website and your physician will inform you as to which one you should follow.

Diabetics:

If you are taking insulin, you may take ½ the dose on Day 2 of your bowel preparation AND NOTHING on the morning of your surgery. Make sure you check your blood sugar frequently over those days and use your insulin sliding scale as directed. If you are taking a “diabetes pill” you may skip it the morning of surgery.

DAY OF SURGERY

You are welcome to have family members or friends accompany you to the hospital for support on the day of surgery. I will meet with you and, with your permission, keep your loved ones informed of your progress during the surgery as well as the results of the surgery.

You will check-in at the Surgery Unit in the morning. You will be asked to undress and put on a hospital gown. Please leave all valuable belongings at home or make sure you give them to a family member or friend to hold while you are in surgery.

You will be brought to the Pre-operative Holding Area about 30-60 minutes before your surgery is scheduled to begin. Here, you will meet with me and the Anesthesiologist. An IV will be placed in your arm (if not already placed in Day Surgery) for the delivery of medications during surgery.

You will next go to the Operating Room. You will receive medication for relaxation and deep sleep (general anesthesia). A breathing tube will be placed in your mouth and throat in order for us to “breathe” for you during the surgery. It is normal to experience a sore or scratchy throat for about a week following the surgery due to this tube.

AFTER SURGERY

When your surgery is completed, you will be moved to a Post-Anesthesia Care Unit (the Recovery Room) where you will continue to “wake up” from the anesthesia. From there, once you are completely awake, you will be transferred to a bed either on the surgical ward or the Intensive Care Unit (ICU). Some patients with serious heart, lung, blood, or infection problems will need to be observed in the ICU. This does not mean that there was a problem with your operation; it is merely a precaution so we can monitor you and your other medical problems. However, most patients will go to the surgical ward to continue their recovery.

I am honored that you have decided to include me in your healthcare needs. I consider this a precious trust and am committed to your well-being and complete recovery. You will see me (or one of my colleagues) daily and I am happy to discuss with you and your family (with your permission) any questions, concerns, or problems you may be experiencing. Please do not hesitate to have your nurse call me if you need me at any time. The reason I became a surgeon was to take care of YOU.

Maria A. Provost, MD
Office: (940) 383-2424

**Common Medications Containing Aspirin (Acetasalicylic Acid)
or
Non-Steroidal Anti-inflammatories**

Common Aspirin-Containing Medications			
Aspirin	Coricidin	Four-way Cold	Roxirin
Alka Seltzer	Darvon Compound	Gelpirin	Sine Aid
Anacin	Darvon with ASA	Halfprin	Sine Off
ASA	Dristan	Lortab with ASA	Synalogs-DC
Ascriptin	Ecotrin	Midol	Talwin Compound
Aspergum	Empirin	Norgesic	Trigesic
Baby or Children's Aspirin	Endodan	Oxycodone with ASA	Vanquish
Bufferin	Equagesic	Percodan	
BC Powder	Excedrin	Phenaphen	
Congesprin	Fiorinal	Robaxisal	

Common Medicines Containing Non-steroidal Anti-inflammatory Ingredients			
Advil	Celebrex	Naprosyn	Relafen
Aleve	Ketoralac	Naproxen Sodium	Toradol
Ibuprofen	Motrin		