Gynecologic Procedures Information Packet

Preoperative Patient Checklist – GYN

1. The operating room will be contacting you 1 business day prior to your surgery. If you have not received a call 1 business day prior, by 3 pm please call:
   - Walnut Creek Medical Center (925) 295-4770
   - Antioch Medical Center (925) 813-7578
   - Pleasanton Surgery Center (925) 847-5368

2. Important information:
   a. If you need to cancel your appointment, please call (925) 813-3497.
   a. Please do not shave or wax the pubic area for 2 weeks before your surgery.
   b. No solid foods 8 hours before surgery. This includes chewing gum and hard candy.
   c. Moderate amounts of clear liquids until 2 hours prior to your arrival time for surgery are encouraged. (Examples of clear liquids are gatorade, water, apple juice and black coffee - no cream.)

3. Preoperative Appointments: You will be contacted by our surgery schedulers to arrange the following preoperative appointments. It is essential to your surgery that you complete these appointments and the lab work or your procedure will be cancelled. If you need to change your appointments, please call our surgery schedulers at (925) 813-3419.
   a. Preoperative Medicine: This will be an in person or telephone appointment with a member of our Perioperative Medicine Department staff. Please have a list of your medications, allergies and surgeries readily available. The Anesthesia Department will automatically review your history electronically and contact you if necessary. If needed, the anesthesia phone number is (925) 295-4739.
   b. Surgeon: This will be either a phone or in person appointment with your surgeon to review the procedure and obtain your consent if you have not already completed that.
   c. Lab: You will be given your lab orders at your preoperative appointments. You may need to have blood test done within 1 week of your procedure but no later than 12 pm the day before within a Diablo Service Area facility (Antioch Delta Fair, Antioch Medical Center, Livermore, Martinez, Pleasanton, San Ramon, Walnut Creek Medical Center, or Walnut Creek Shadelands).
   d. EKG: A surgery team member will advise you if you will need to have an EKG done prior to your procedure.

4. Emmi: We encourage you to view an online interactive demonstration of your procedure. Go to www.kp.org/mydoctor, and enter your doctor's name and select search. On the physician’s home page, select “Tools and Classes,” and then scroll down to select “Prepare for Your Procedure – Emmi.”
Preoperative Patient Checklist – continued

5. Guided Imagery: Research shows that patients using imagery may be able to leave the hospital and return home more quickly than those who do not. If you are interested in Guided Imagery, from your physicians homepage select the “Tools and Classes,” and scroll down to “Podcasts,” or ask or ask your Doctor for more information.

6. Postoperative Appointments: Your doctor will discuss any follow up appointments with you.
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Information about your Hospitalization and Discharge – GYN

It is very important while you are in our care that you get the information you need to care for yourself (or to be cared for) to return home. We encourage you and yours family to ask questions to improve the transition from hospital to home. Visiting hours are between 11 am and 8 pm.

Nursing Care:
Your nurse will be your caregiver, teacher and advocate. He or she will be able to provide information and resources to help you prepare for your discharge from the hospital. While in the hospital, your nursing care will be provided by 3 shifts of nurses. You will be assigned a nurse to ensure your needs are met.

Discharge:
Your physician will assess your condition daily to determine when you are well enough to leave the hospital. If you stay overnight, our intention is to discharge you before 11 am on your day of discharge. However, if for some reason other testing needs to be done or clinical monitoring is needed; you may be discharged later than 11 am. Before you leave the hospital, your physician and nurses will give you information about your continuing recovery, medications and follow up appointments. If you have questions, there are resources available for you.

Transportation Home:
Remember to check that arrangements for a ride home or to another health care setting are confirmed. Every effort will be made to have you ready for discharge by 11 am. Please arrange to have your family members available at this time to provide transportation. If you need help arranging transportation please let a Medical Social Worker or Continuing Care Coordinator know. Your provider will provide instructions when you will be able to drive upon discharge.

Note: Please notify your nurse within 24 hours of admission of the name and phone number of the person who will provide your transportation by 11 am on the day of discharge.

When to Call Your OB/GYN after Discharge:
The nurses will review home care with you. Some symptoms occur with normal healing however please call your doctor if you experience the following:

- Two temperature readings of 100.4 taken 4 hours apart
- A single temperature reading of 101 or greater
- Unable to take fluids by mouth
- Vomiting after discharge from hospital
- No bowel movement within 4 days after discharge from hospital
- Separation of wound edges, drainage from wound, or large red hot expanding areas around the wound
- Heavy vaginal bleeding, filling 1 pad per hour for 4 or more hours
Medication Information:

Inform your surgery team of all medications, including herbals and over the counter medications that you take. Some drugs cause bleeding when taken prior to surgery, especially blood thinners and anti-inflammatory medications such as ibuprofen. Stop taking these medications seven days prior to surgery. **Note:** Tylenol is OK

**Important:** If you are taking Coumadin or Warfarin you will need to contact the Anticoagulant Clinic as soon as possible at (925) 372-1628. The clinic staff will instruct you about changing or discontinuing these medications prior to surgery.

**Important:** If you are taking aspirin daily, please ask your surgery team member if you should stop this medication and note that if you have heart stents, you will be instructed to continue your aspirin.

Advance Directive Information:

We encourage all Kaiser Permanente members to have an advance directive (a living will) kept on file in their medical record. **Complete your advance directive by following the steps below, visiting the health education department, or if reading this form online, select the document link below:**

1. Begin by going to the website: kp.org/mydoctor.

2. Then, locate the search magnifier field in the upper right corner and type “advance directive” - then hit the enter key on your keyboard.


4. To open the document, move the cursor over the blue title and click.

5. Read the information carefully. The Life Care Planning website is designed to give you the information you need to make these important decisions.

6. **IMPORTANT:** You do not need to print the entire kit unless you choose to.

7. **REQUIRED PRINTING:** The instructions for the required legal forms are on page 11 of the Advance Health Care Directive – Step-by-Step Guide. Read the instructions carefully. You will need to print the legal forms and have the legal forms notarized or witnessed by a non-Kaiser staff representative. Please complete the forms, make a copy, make sure that your name and medical record number are on each page and bring the completed forms to your next appointment.
Disability and Copayment information – GYN

Disability Forms Processing Information for Diablo Service Area Members:

1. Confirm that your physician has placed in your electronic health record an off work form (Work Activity Status Form or WASF) – required prior to processing disability paperwork.
2. Filing your claim: Log on to the EDD’s website at http://www.edd.ca.gov/Disability/ and select SDI Online, then choose SDI Online Registration and complete.
3. When submission is complete, and to prevent a delay in the processing of your claim, you will need to provide the Kaiser Permanente disability office the following information or your claim will not finish processing:
   4. Your name and medical record number
   5. Your patient receipt number provided by EDD. It will be a R10000000XXX number.
   6. You can send the above information to the disability office one of three ways:
      7. Email to: DSAROMI@kp.org - or
      8. Phone: (925) 817-5661 (To bypass the message line, press the 1 key) - or
      9. Fax to: (877) 883-5917
   10. Note: If you are unable to file your claim online, please contact the disability staff by phone at (925) 817-5661, or visit the intake window at your facility. Note: If you need to file for FMLA or Private disability, please contact the disability staff office at (925) 817-5661.
   11. Note: The State Disability Office can take up to 3 to 4 weeks to process your claim.
   12. Note: For the status of your processed claim, after 5 days contact: State Disability Office at 1 (800) 480-3287.

Copayment Information for Diablo Service Area Members:

This is to alert you to the fact that you may have a fee for your surgical procedure depending upon your coverage. The clinic does not have access to the actual charges a surgical procedure may incur. If you have any questions about these fees, please contact the patient financial advisor for your facility.

- Walnut Creek, Park Shadelands, Livermore, Pleasanton, San Ramon: (925) 295-5890
- Antioch Medical Center (Deer Valley), Delta Fair, Martinez: (925) 813-3114

Questions about Kaiser Permanente’s financial assistance program, please call: 1 (866) 399-7696
If you need blood, you have several options. These options include receiving blood from the community, using your own blood (autologous), or blood from donors that you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

It is important to weigh the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

Community Donors. Hospitals maintain a supply of blood from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available.

Our nation's blood supply is very safe and high in quality. Nothing in life is risk free; however, the risks associated with blood transfusions are very small. The chance that a unit (pint) of blood will transmit Human Immunodeficiency Virus (HIV) (the virus that causes Acquired Immunodeficiency Syndrome (AIDS)) or hepatitis C is about 1 in 2 million. The chance that a unit (pint) will transmit hepatitis B is less than 1 in 200,000. Although the risk for other serious infections exist, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (1 in 7,000).

Using your own blood- Autologous Donation. Using your own blood (autologous) can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Patients who donate their own blood before surgery have lower blood levels at the time of surgery and, therefore, have a greater chance of needing transfusions during or after their surgeries. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

Donating BEFORE Surgery. Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is important.
Donating DURING Surgery and/or After Surgery. Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed, and returned to you. A large volume of your blood can be recycled in this way.

Blood that is lost after surgery may be collected, filtered, and returned to you.

Designated Donors. Although the blood supply today is very safe, some patients prefer to receive blood from people they know-"designated (or directed) donors." This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or other infections could pass the screening tests, and infect you.

Designated donors must meet the same requirements as community donors. Several days notice is required for the additional processing of designated donors.

If you have additional questions about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood center or hospital blood bank.

References:

* The risk estimates were adjusted to include first time and repeat blood donors.

2. U.S. Department of Transportation's Fatality Analysis Reporting System website 2003 data: