

KIDNEY DONATION

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

Department of Transplantation
800-543-8814



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Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing to be a kidney donor and choosing the University of Virginia Health System for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook is intended to guide you through your recovery and help answer any questions you may have. We welcome your feedback on how we can improve your experience.

Please bring this book with you to:

- ☒ Every office visit
- ☒ Your admission to the hospital
- ☒ Follow up visits

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Contact Information

The main hospital address:

UVA Health
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Transplant Office	1.800.543.8814
Living Donor Transplant Nurse Practitioner, Anita Sites	434.243.2624
Living Kidney Donor Coordinators Eva Rivera Guzman and Lisa Williams	434.924.2204 434.297.7790
Independent Living Donor Advocate, Genista Hill Living Donor Social Worker, Emily Lyster	434.982.5513 434.982.5703
If no call for surgery time by 4:30pm the day before surgery	434.924.5035
Preoperative Anesthesia Clinic	434.924.5035
Hospital Inpatient Unit: 5 South	434.924.5481
UVA Main Hospital	434.924.0000
Lodging Arrangements	434.924.1299
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



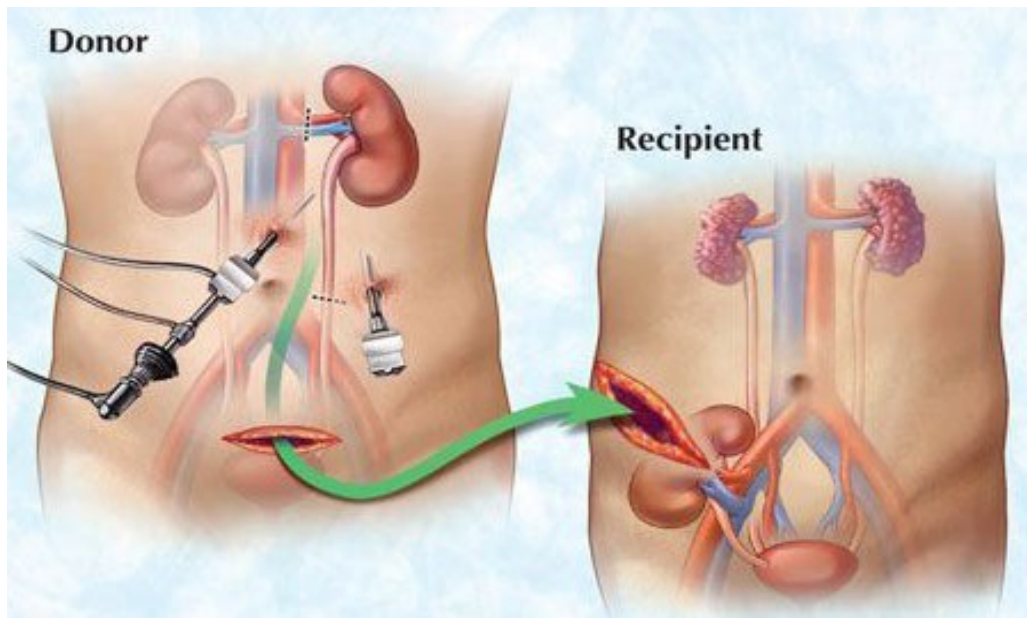
There are four main stages:

1. Planning and preparing before surgery – giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Living Kidney Donor



Minimally invasive surgery (M.I.S.) or laparoscopy:

This type of surgery is done through small incisions (cuts) in your abdomen. Your abdomen is filled with a gas called carbon dioxide. Your surgeon will put a long camera and other tools inside your abdomen to perform the surgery. This may also be done with the use of the DaVinci robot.

Before Your Surgery

Clinic

During your clinic visit you might work with many of our team members who will help you prepare for surgery:

- The surgeons, who may have residents or medical students working with them
- Nurse Practitioner
- Kidney Living Donor Coordinator
- Living Donor Social Worker
- Independent Living Donor Advocate



During your clinic visit, you may:

- ☒ Answer questions about your medical history
- ☒ Have a physical exam
- ☒ Review the operation
- ☒ Sign the surgical consent forms
- ☒ Go over pre-operative teaching
- ☒ Have blood work taken

Write any special instructions here:

Remember: If you are taking any blood thinning medications be sure to tell your care team as it may need to be stopped before surgery.

Preparing for Surgery

You should expect to be in the hospital for 2 days. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- ☑ Clean and put away laundry.
- ☑ Put clean sheets on the bed.
- ☑ Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ☑ Bring the things you are going to use often during the day downstairs. But remember that you **WILL** be able to climb stairs after surgery.
- ☑ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ☑ Cut the grass, tend to the garden and do all house work.
- ☑ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ☑ Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- ☑ Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. *Remember, you will not be able to take these medications after kidney donation.*



Other Helpful Tips:

- ☑ Eat healthy food and drink plenty of water before surgery. This helps you to recover faster.
- ☑ Get enough exercise so you are in good shape for surgery.
- ☑ Follow the orders you were given regarding blood thinners.

Quitting Smoking/Nicotine Products Before Surgery:

Why Quit Before Surgery?

To ensure optimal healing, do not use any nicotine-containing products for at least one month before and after your surgery. Quitting smoking and nicotine products is crucial for a successful surgery and recovery. Nicotine significantly hinders your body's ability to heal, increasing the risk of complications. Be sure to inform your care team if you use Nicotine products.

Quitting 4 weeks before surgery decreases surgical complications and risks by 20%-30%!



Complications related to Nicotine use and Surgery:

- Increases wound complications
- Decreases oxygen which is needed for tissues to heal
- Decreases the amount of blood, nutrients, and oxygen that are able to get to the wound
- Decreases the ability of cells to kill bacteria and fight infection
- Constricts blood vessels that are needed to start the healing process
- Increases risk of hernias
- Significantly increases rates of deep site infections and having to have your surgery site re-operated on

Long-Term Benefits of Quitting:

- Improved survival rates
- Fewer and less severe surgical side effects
- Faster recovery from treatment
- Increased energy levels
- Enhanced quality of life
- Reduced risk of certain cancers
- Reduced health risks to loved ones.



Your Path to a Healthier Recovery

Preparing to Quit:

- ☑ Smoke-Free Environment: All UVA facilities are smoke-free. You will not be permitted to smoke during your hospital stay.
- ☑ Medical Assistance: Speak with your healthcare provider about medications that can aid in your nicotine cessation.
- ☑ Trigger Identification: Recognize your smoking triggers and develop strategies to manage them.
- ☑ Alternative Activities: Plan alternative activities to replace nicotine use. Create a "quit kit" with helpful items.
- ☑ Continued Support: Maintain your quit plan after discharge and enlist the support of friends and family.
- ☑ Personal Reasons: Write down personal reasons for quitting.
- ☑ Inform Support System: Tell friends and family of your plans.
- ☑ Track Habits: Note when and why you use nicotine.
- ☑ Stress Management: Find new ways to handle stress.
- ☑ Medication Planning: Talk to your doctor about cessation medications.
- ☑ Clean Environment: Remove smoke smells from your home and car.
- ☑ Mindful Use: Pay attention to when you use nicotine and ask yourself if you really need it.

Quitting improves your overall health and allows you to focus on a successful recovery.

Remember: Quitting is a journey, and you are not alone.
Your health is worth it!

Smokefree.gov: 1-800-784-8669: www.smokefree.gov
American Lung Association: 1-800-548-8252, www.lung.org
Virginia Quit Line: 1-800-QUITNOW: www.quitnow.net/virginia
Quit Smoking Blue Ridge: www.vdh.virginia.gov/blue-ridge/tobacco-and-nicotine



STOP SMOKING AND STAY HEALTHY

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- ☒ A list of your current medications. Please leave your medications at home. They will be provided for you once you are in the hospital.
- ☒ Any paperwork given to you by your clinic team
- ☒ A copy of your Advance Directive form, if you completed one
- ☒ A book or something to do while you wait
- ☒ A change of comfortable clothes for discharge
- ☒ Any toiletries that you may need
- ☒ Your CPAP or BiPAP, if you have one
- ☒ Glasses if you need them to read.



What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go with your care partner or be locked away in “safe keeping”

For your safety, you should plan to:

- ☒ Identify a Care Partner for your stay in the hospital.
- ☒ Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.



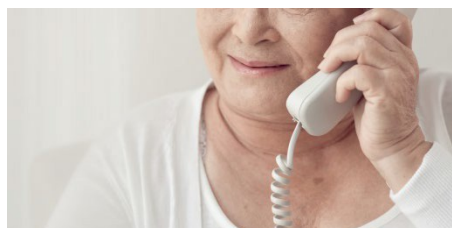
Days Before Surgery

☐ Bowel Preparation

In order to prepare your bowels for surgery, we ask that you take 1 dose (1 heaping tablespoon) of Miralax daily, starting three days prior to surgery. This is easiest taken in the late afternoon or early evening. This is a laxative and is needed to help get your bowels regular.



Scheduled Surgery Time



A nurse will call you the day before your surgery and tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 4:30 pm, please call 434-924-5035.

Please write what time the nurse tells you to arrive on page 1 of this handbook in the space provided.

Food and Drink the night before surgery

- ☒ Do not eat anything after midnight before your surgery.
- ☒ You CAN have clear liquids, such as water or Gatorade™ until you arrive at the hospital.
- ☒ Be sure to have a 20-ounce clear liquid beverage ready for the morning of surgery. Follow the instructions given to you by the phone call nurse.



Instructions for Bathing

We will give you a bottle of HIBICLENS (body wash) to use the night before and the morning of your surgery.

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.



Before using HIBICLENS, you will need:

- ☐ A clean washcloth
- ☐ A clean towel
- ☐ Clean clothes

IMPORTANT:

- ☒ HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, and do NOT put any more HIBICLENS on.
- ☒ Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- ☒ DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- ☒ Do NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower.

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Day of Surgery

Before you leave for the hospital



- ☑ Remove nail polish, makeup, jewelry and all piercings.
- ☑ Remember to use the body wash (chlorhexidine soap) provided as instructed on the previous page. You can wash your hair as you would normally. This body wash helps to prevent infection.
- ☑ Drink a clear liquid beverage, approximately 20 ounces, on the morning of your surgery following the instructions given to you by the phone call nurse.
- ☑ Brush your teeth.

Hospital arrival

- ☑ Arrive at the hospital on the morning of surgery at the time you wrote on page 1. (This will be approximately 2 hours before surgery).
- ☑ Check in at your scheduled time in the Surgical Family Lounge at the main hospital, unless told otherwise by the phone call nurse.
- ☑ Your family will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the Surgical Admissions Suite (SAS).

In SAS, you will:

- ☑ Be identified for surgery and get an ID band for your wrist.
- ☑ Be checked in by a nurse and asked about your pain level.
- ☑ Be given an IV, have blood drawn, and be weighed by the nurse.
- ☑ Be given several medicines that will help keep you comfortable during and after surgery.
- ☑ Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family member can be with you during this time.



A physician may also initial your abdomen with a marker before going in to surgery.

In the Operating Room

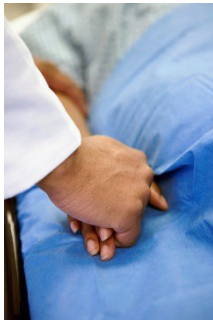
From SAS, you will then be taken to the operating room (OR) or surgery and your family will return to the waiting room.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- ☑ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☑ You will lie down on the operating room bed.
- ☑ You will be hooked up to monitors.
- ☑ Boots will be placed on your legs to circulate your blood during surgery.
- ☑ You may also be given a blood thinner shot to prevent blood clots.
- ☑ We will give you antibiotics, if needed, to prevent infection.
- ☑ Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- ☑ Just before starting your surgery, we will do an additional “time out” to confirm the location of your surgery.



We may use a special type of pain medication technique called a regional block, known as a TAP block. This is a way for a specially-trained member of the anesthesia team to give you a long-acting pain medication into a very specific site of your body. This can provide you with great pain relief for up to 96 hours after surgery while decreasing the number of narcotic pain medicines that you may need.

After this, your surgeon will perform your surgery.

During your surgery, the Operating Room nurse will contact your family member or support person every 2 hours to update them.



After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then are assigned a room in the main hospital.

Once you are awake, you will be given clear fluids to drink.

The surgeon will also call your family after surgery to give them an update.

Hospital Inpatient Unit

From the recovery room, you will be sent to a hospital unit. Sometimes, it can take more than 2 hours to get to a room if the hospital is full and patients need to be discharged to make room for new patients.



Once to your room, you will:

- ☑ Be given oxygen and have your temperature, pulse, and blood pressure checked after you arrive.
- ☑ Have an IV in your arm to give you fluid.
- ☑ Be allowed to drink fluids.
- ☑ Receive a blood thinner injection every day to help prevent blood clots.
- ☑ Be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- ☑ Be placed on your home medications (with the exception of some blood pressure medications).
- ☑ Get up and out of bed on the day of your surgery, with help from the nurse.
- ☑ In some cases, you might still have a small tube, or urinary catheter, in your bladder when you wake up from surgery. We can measure how much urine you are making and how well your kidneys are working with this catheter. The catheter is typically removed later on, the day of surgery.



Your Care Team

In addition to the nursing staff, the Transplant team will care for you.



This team is led by your surgeon, and might include a fellow or a chief resident along with residents, 1-2 medical students, Nurse Practitioners, and Physician Assistants.

There will always be a physician in the hospital 24 hours a day to tend to your needs.

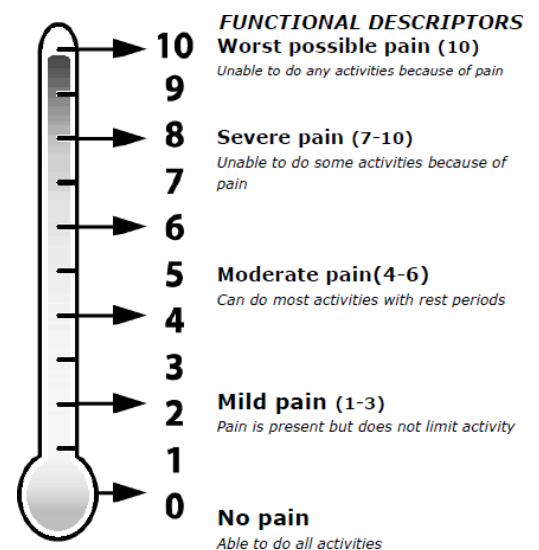
Pain control following surgery

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. It is important that you are able to take deep breaths, cough, and move.

Preventing and treating your pain early is easier than trying to treat pain after it starts, so we have created a specific plan to stay ahead of your pain.

- ☑ We will treat your pain during surgery with an injection at the surgery site. See box below about Exparel.
- ☑ You will get several other medicines around the clock to keep you comfortable.
- ☑ You will be given pain medication (tramadol or oxycodone) as needed for additional pain.

This plan will decrease the amount of narcotics we give you after surgery. Narcotics can significantly slow your recovery and cause constipation.



- EXPAREL® is part of your pain management plan.
- It is administered by a member of the anesthesia team, as a regional block, during your surgery to help with post-operative pain.
- EXPAREL® is long lasting and helps to reduce the need for opioids after surgery.
- EXPAREL® will slowly wear off over 3 days.

First Day After Surgery

On the day after your surgery, you will:



- ☑ Be able to eat regular foods as soon as you are ready.
- ☑ Be encouraged to drink fluids.
- ☑ Have your IV fluids stopped.
- ☑ Be asked to get out of bed with help and sit in the chair for meals.
- ☑ Walk several times.

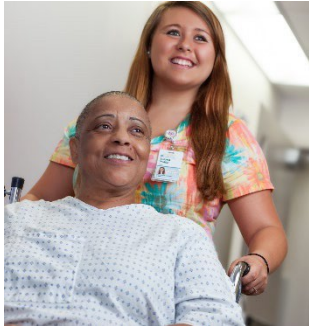
Most donors can be discharged from the hospital the day after surgery. You may be able to go home if you are:

- ☑ Off all IV fluids and drinking enough to stay hydrated.
- ☑ Comfortable and your pain is well-controlled.
- ☑ Not nauseated or belching (burping).
- ☑ Passing gas.
- ☑ Not running a fever.
- ☑ Able to get around on your own.



Discharge

Before you are discharged, you will be given:



- ☑ A copy of your discharge instructions.
- ☑ A list of any medications you may need.
- ☑ A prescription for pain medication. Because you are a kidney donor it is FREE through our UVA Pharmacy, which is located directly across from the Main Hospital.
- ☑ Instructions on when to return to see the Transplant Team for follow up, usually in 2-3 weeks.

Before you leave the hospital

- ☑ We will ask you to identify how you will get home.
- ☑ We will ask who will stay with you.
- ☑ Be sure to collect any belongings that were stored in “safe keeping.”

Our Case Managers help with discharge needs. Please let us know the names of:

- ☑ Your home pharmacy:

- ☑ Any special needs after your hospital stay:

Complications Delaying Discharge

Bowel Function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.



If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.

Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.



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After Discharge

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- ☑ You have a fever greater than 101 °F
- ☑ You are vomiting and cannot keep down liquids for more than 12 hours
- ☑ You are unable to pass gas for 24 hours
- ☑ Diarrhea lasting more than 2 days or no bowel movement for 3 days
- ☑ Your incision has increased redness
- ☑ There is increased drainage from your incision
- ☑ You have pain unrelieved by pain medication



Contact Numbers

It is easiest to reach someone between 8:00am and 5:00pm in our office. Please do not hesitate to call during this time:



Living Donor Transplant office number 1.800.543.8814

If after 5pm and/or on weekends, *for urgent clinical matters that cannot wait*, call 434.924.0000 and ask to speak to the kidney transplant nurse coordinator on call.

If you have a true medical emergency, call 911 or go to your nearest emergency department.

Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints, including:

- ☑ Irregular bowel habits
- ☑ Bowel movements that are loose or constipation
- ☑ Difficulty controlling bowel movements with occasional accidents
- ☑ Continuing to feel that you need to have a bowel movement even if you've had several in a row



Make sure you eat regular meals, and take regular walks during the first two weeks after your operation.

It is important to let us know if you are having very watery diarrhea more than 6 times daily. There is a dangerous bacterial infection that we may want to test you for if you are having a lot of watery diarrhea.

Urinary Function

After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. If you are not urinating or if there is any other concern, however, please contact us.

If you have severe stinging or burning when passing urine, please contact us as you may have an infection.

Pain Management

- ☑ If your pain is well controlled, but you are still in discomfort, try plain Tylenol (acetaminophen) instead of the narcotic.
- ☑ A prescription for narcotic pain medication will be given to you. Because you are a kidney donor, it is FREE through our UVA Pharmacy, which is located directly across from the Main Hospital.
- ☑ Your pain will go away gradually as you heal.
- ☑ Because you have a single kidney, you should NOT take non-steroidal anti-inflammatory drugs (NSAIDS) such as ibuprofen (Advil or Motrin), Aleve, and/or naproxen sodium. NSAIDS can cause kidney-related side effects.
- ☑ Narcotic pain medications cause constipation. To prevent constipation, we will provide you with a stool softener, such as Senna, to take daily while you are taking narcotic pain medications.

Wound Care

- ☑ For the first 1–2 weeks following your surgery, your abdominal wound may be slightly red and uncomfortable. If your abdominal wound is inflamed, painful, swollen or leaking milky fluid, please contact us. If there is a dressing covering your incision(s), you may take the dressing(s) off 4 days after your surgery.
- ☑ If you have Dermabond® ("skin glue") over your wound, do not scratch, rub or pick at it because it may not allow the wound to fully heal.
- ☑ If you have Steri Strips, do not peel or pull them off. As they curl up on the ends, you may trim them back with scissors. They will fall off on their own.
- ☑ You may shower and let the soapy water wash over your abdominal incision.
- ☑ Avoid soaking in the tub, or submerging in water, until your abdominal wound is healed and you have your care team's permission.
- ☑ The abdominal wound will "soften up" in several months.
- ☑ It is common to have lumpy areas in the abdominal wound near the belly button and at the ends of the incision.
- ☑ Stay out of the sunlight and do not use tanning lamps.
- ☑ Do not apply liquid, ointment medications, or any other product to your wound. Unless showering, keep your wound dry.

Diet

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you do not have an appetite, choose higher calorie food options and try to make the most of times when you feel hungry. Also consider taking a multivitamin with minerals.

You should try to eat a balanced diet, including:

- ☑ Foods that are soft, moist and easy to chew and swallow
- ☑ Foods that can be cut or broken into small pieces
- ☑ Foods that can be softened by cooking or mashing
- ☑ Eating 4-6 small meals throughout the day to reduce gas and bloating
- ☑ Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially)
- ☑ Drinking plenty of fluids. Drink 2 liters of water a day to keep your kidney well-hydrated.
- ☑ Avoid drinking alcohol until your care team clears you to do so, especially if you are taking narcotic pain medications.



Avoid:

- ☒ Carbonated beverages in the first couple weeks
- ☒ Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- ☒ Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call your nurse.

Hobbies and Activities

Walking is encouraged from the day following your surgery.

Plan to walk 5-10 minutes 4 times a day.

You SHOULD NOT:

- ☒ Do any heavy lifting until your follow up appointment.
(no more than a gallon of milk = 10 lbs.).

You SHOULD:

- ☒ Be able to climb stairs from the time you are discharged. If you are still taking narcotics, please use handrails.
- ☒ Return to hobbies and activities soon after your surgery. This will help you recover.



Remember, it can take up to 4-6 weeks to fully recover. It is not unusual to be tired and need an afternoon nap following surgery. Your body is using its energy to heal your wounds from the inside and out.

Talk to your care team about starting your previous activities such as returning to work and sex.

Work

Many donors are able to return to work 4-6 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 10-12 weeks after your operation. Your care team will work closely with you to develop the best return to work plan for your situation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at the number below:

Living Donor office fax number: 434.243-0945

Driving

You must be off narcotics and pain-free enough to react quickly with your braking foot. Most patients can drive approximately 2 weeks following surgery.



We pride ourselves in providing each of our patients with our absolute best. It is a pleasure to care for you and your family in your time of need. If you have any suggestions about how to improve your care or the care of others, please let us know.

Write any questions you have here:

Living Kidney Donor
The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

Month prior to Surgery	Actions	Check when complete
Actions	Complete pre-op work-up with transplant team.	
Medications	Make an updated <u>list</u> of your medications. Include all prescriptions, over the counter medications and supplements including herbals.	
Medications	Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
Three days prior to surgery	Actions	Check when complete
Medications	Starting three days prior to surgery take a dose of Miralax to help regulate your bowels before surgery. This is easiest taken in the late afternoon or early evening.	
Two days prior to surgery	Actions	Check when complete
Actions	Start packing your hospital bag. You should have loose, clean clothing to wear after surgery.	
Medications	Starting three days prior to surgery take a dose of Miralax to help regulate your bowels before surgery. This is easiest taken in the late afternoon or early evening.	

Day prior to Surgery	Action	Check when complete
Diet	You may have a regular diet until midnight. Be sure you have a clear liquid beverage, such as water or Gatorade™, ready for the morning of your procedure.	
Medications	Starting three days prior to surgery take a dose of Miralax to help regulate your bowels before surgery. This is easiest taken in the late afternoon or early evening.	
Actions	Shower with Hibiclens foam soap (that was provided to you in clinic), to wash your abdomen and sides.	
Actions	Sleep in newly washed pajamas.	
Actions	Call 434-924-5035 if you don't receive a call from OR by 4:30 PM with your arrival time.	

Morning of Surgery	Action	Check when complete
Medications	Take any medication you were instructed to take the morning of surgery.	
Actions	Shower with the Hibiclens foam soap (that was provided to you in clinic), to wash your abdomen and sides. Do not wash above the neck with the provided soap.	
Diet	Do not eat the morning of surgery. Continue drinking clear liquids such as water, apple juice and Gatorade™ as directed by the phone call nurse.	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	

Actions	Bring an updated <u>list</u> of your medications. Do not bring your medications.	
Actions	Bring your handbook and this checklist in to the hospital with you when you check in for surgery.	

After Surgery	Action	Check when complete	RN Initials
Mobilize	You will get out of bed with on the same day of your surgery. You will also get out of bed and sit in the chair for meals.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Clear liquid diet	Take clear liquids as tolerated. No carbonated beverages.		
Breathing	Use the incentive spirometer every hour as instructed by your nurse.		
Post-operative Day 1	Action	Check when complete	RN Initials
Mobilize	You will get out of bed with assistance and walk in your room or in the hallway several times. You will also get out of bed and sit in the chair for meals.		
Breathing	Use the incentive spirometer every hour as instructed by your nurse.		

Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Fluid monitoring	Identify the importance of daily weights during hospitalization.		
Diet	Your diet will advance, as you can tolerate, to eating small amounts of solid food.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
Discharge	Action	Check When Complete	RN Initials
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Prescriptions	Arrange for your pain medication prescription to be sent to the UVA pharmacy and pick it up at your time of discharge. It is FREE through our UVA Pharmacy.		
Discharge Preparation	Ensure you have a ride home from the hospital and all of your belongings that may have been stored in “safe keeping” during your hospital stay		