

## SURGERY FAQs

How many incisions will I have? Where will they all be?

It could be 1-5 small (about the size of a nickel) incisions are generally used for laparoscopy, depending on the specifics of your surgery. They are generally positioned in an arch from your navel to your hip bones.

Where “exactly” are we looking for endometriosis? Is it on my organs? In my pelvis?

Endometriosis is an unusual condition in which the lining of the uterus, the “endometrium,” is found outside of the uterus. It “invades” other tissues and is most commonly found in the lining of the pelvis and on the surface of the pelvic organs such as the ovaries, the bladder, and the intestines.

Is it a problem if I’m on my period during surgery?

Generally, no, it’s not a problem.

Can I have nail polish, makeup, or jewelry on?

All metal jewelry should be removed prior to the surgery. Makeup and nail polish are fine.

What should I wear to my surgery?

Something loose-fitting and comfortable for the ride home afterwards.

I know I am supposed to go to the circled entrance on the hospital map I’ve been sent, but where exactly do I go after I enter?

There is always someone at the entrance that will direct you to surgery check-in.

Does someone need to drive me home or can I take an uber or taxi home?

Someone will need to drive you home from the hospital.

When do I start the “cycle of abstinence” before surgery?

The majority of laparoscopic surgeries are performed during a “cycle of abstinence,” that is, you are not to engage in sexual intimacy from the day your menses begins until after your surgery. As a result, achieving pregnancy is usually difficult during the cycle of surgery, depending on where you are in your cycle at the time of your surgery. Our surgery schedulers go over the cycle of abstinence instructions with you in detail when scheduling your surgery.

If I’m currently taking Femara, should I be taking that in the cycle leading up to surgery? What if my surgery is on the cycle days when I usually take it? And what if surgery is during ovulation?

Ask your surgeon about taking vs. not taking your femara and other medications in preparation for your surgery. As long as you have been abstinent since your last menstrual period, it doesn’t matter if your surgery is at the time of ovulation.

Why do I have to abstain from intercourse before surgery? Wouldn’t my pregnancy test the morning of surgery be positive by then if I was pregnant?

It requires about 15 days from conception for a routine pregnancy test to register positive. So, you could be pregnant with an embryo traveling down the fallopian tube towards the uterus, your pregnancy test still registers negative, and we unknowingly disrupt your pregnancy. The only way to be completely safe is to abstain from the day your menses begins until after your surgery.

I get severely nauseous when I come out of anesthesia. Who do I talk to about that?

Discuss this with your surgeon. He or she may prescribe medication to be taken prior to and/or immediately following your surgery in hopes of preventing nausea. Also discuss it with the anesthesia provider at the time of your surgery.

When do I find out what happened at my surgery?

Your surgeon will discuss the findings with your spouse or whomever is with you on the day of your surgery. The purpose of your postoperative visit in the office following your surgery is to discuss what was done during your surgery in detail. In some cases, your surgeon may video tape representative portions of your surgery and share that information with you in the form of an email containing a Dropbox link to the video file.

Are there any medications that I need to stop taking before my surgery? (Specifically baby aspirin)

There is no need to stop taking baby aspirin prior to your surgery. Any other medications should be discussed with your surgeon in advance of your surgery, but most medications are fine to take the morning of your surgery with a sip of water. If you are taking Naltrexone you will need to stop 4 days prior to your surgery.

Where do I send my FMLA documentation?

You can email your FLMA documentation to [patientaccounts@fertilityandmidwifery.com](mailto:patientaccounts@fertilityandmidwifery.com) or you can fax your paperwork to 260-209-5956.

Has my surgery been pre-authorized with my insurance?

This is something that our surgery department handles – you do not need to contact your insurance regarding authorization. Additionally, you will not receive your surgical paperwork until after this has been completed. If your insurance were to deny our authorization request for your surgery for any reason, our surgery schedulers reach out to you by phone promptly to discuss this information and go over your options.

If I'm traveling from out of town, will I be able to ride in a car on the way home the same day as my surgery?

Yes.

What are my restrictions for after surgery?

Unless you've been advised otherwise, there are no lifting/pushing/pulling restrictions to follow for after surgery. Proceed slowly based on how you feel and if a given activity causes pain, refrain from that activity for a few days and try again.

Approximately how many days will I not be able to work after surgery if I have a sit-down job versus an active job?

This is nearly impossible to answer as it is completely dependent on the specifics of your surgery. In general terms, the vast majority of our patients are back to work without restrictions or limitations by two weeks following their laparoscopy. If a hysterectomy or some similar more invasive pelvic surgery is

performed, the time to complete recovery will be longer. You should discuss this in more detail with your surgeon for the specifics related to your surgery.