



Florida Gynecologic Oncology

Zoyla Almeida, M.D., F.A.C.O.G

4855 W. Hillsboro Blvd #B-13, Coconut Creek, FL 33073

P: 954.420.9182 F: 954.420.9184 www.floridagynonc.com

Patient: _____ Date of Surgery: _____

Pre-operative & post-operative instructions

At Florida Gynecology Oncology & Robotic Surgery, we understand the decision to have a surgical procedure can be a major event in your life. We also realize that you may have many questions before and after your surgery. That's why we provide pre-operative and post-operative instructions and information to better prepare you for your procedure.

General pre-operative instructions

You will have an appointment with Dr. Almeida prior to surgery (within 30 day from your surgery date) to review details and finalize consents.

No eating/drinking after midnight the night before surgery. The following are approved medications that do NOT need to be stopped:

- Psychiatric Medication
- Cholesterol Medication
- Blood Pressure Medication
- Diabetes Medication
- Thyroid Medication

If taken in the morning, can be taken with a small sip of water the morning of surgery, **please confirm medications with primary care doctor.**

The facility/hospital will call you the **DAY BEFORE** your surgery to let you know what time to arrive.

You may meet with, or have a telephone interview with, someone from the anesthesia department prior to surgery. They will let you know if you should take any of your home medications the morning of surgery.

One week prior to your surgery stop taking Oral Contraceptives (Birth Control Pills).

7 days prior to your surgery **STOP** taking aspirin or Ibuprofen, and any blood thinners. Do **NOT** resume taking until after 2 weeks post-surgery. Make sure to ask your doctor or cardiologist for instructions on stopping Plavix, Eloquis, or Coumadin, etc., and when you can safely resume taking them (usually held for 2 weeks unless advised otherwise). **YOU MAY USE TYLENOL ONLY, IF NEEDED.** Stop taking **ALL** over the counter vitamins/supplements, you may resume 1 week post-surgery.

Post-operative instructions

LEEP/CONE Biopsy Instructions:

A LEEP/cone biopsy is a minor surgical procedure in which a cone-shaped piece of cervical tissue is removed while you are anesthetized and sent to the laboratory to be studied. Cutting away the tissue also removes the abnormal cells, during LEEP, only a small amount of normal tissue is removed at the edge of the abnormal tissue area. New tissue grows back in the cervix in four to six weeks, and the tissue that grows back is likely to be normal, in which case no more treatment is needed. This type of biopsy usually takes less than half an hour to perform. The loop electrosurgical excision procedure (LEEP) uses a thin, low-voltage electrified wire loop to cut out abnormal tissue. LEEP can cut away abnormal cervical tissue that can be seen during colposcopy, and also remove abnormal tissue high in the cervical canal that *cannot* be seen during colposcopy. A LEEP/cone biopsy is performed when: there are precancerous changes of the cervix; the entire abnormal area cannot be fully seen at colposcopy because the abnormality extends into the cervical canal; your PAP smear repeatedly shows abnormal cells although the colposcopy reveals normal results; or your doctor is concerned that the abnormal cells show signs of a very early cancer. LEEP is a very effective treatment for abnormal cervical cell changes.

After your procedure

You may experience mild to moderate pain/cramping afterward, you may take Tylenol, Motrin or Advil: two (2) tablets every 4-6 hours, as needed. You may reduce the dosage as your pain subsides.

You may shower any time after your surgery.

In order to heal properly **you should not put anything into the vagina for 4-6 weeks after the procedure.** This means **NO** intercourse, tampons (use pads instead), or douches. Do not go swimming, use a hot tub, pool, or bath.

Do not be alarmed if your menstrual cycle is different right after the procedure.

No heavy lifting (anything over 5 lbs) or strenuous exercise (jogging, spinning, Pilates, etc.) for 6 weeks following surgery. Returning too soon to these activities may cause bleeding.

It is common to experience some bleeding for approximately a month, and it may start and stop during this time. Remember to use pads or panty liners, *never* tampons.

Call the office if you experience: a fever of 101° F or higher; severe cramping or pain that doesn't go away with pain medication; bleeding that is heavier than a period or requires more than a pad an hour (some discharge and/or spotting is normal for several weeks after surgery); or foul smelling discharge.

I _____ confirm that I have read and been given verbal instructions on all pre and post-operative instructions listed above.

Patient Signature _____

Date _____

Surgical Coordinator _____

