

**SYDNEY CBD**

Suite 5, Level 1  
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**RANDWICK**

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## **INSTRUCTIONS BEFORE & AFTER INPATIENT SURGERY**

### ***BEFORE SURGERY***

#### **Pre-Surgery Diet**

It is essential for the safety of your surgery that you adhere to the following low residue diet

PLEASE NOTE: if you do not adhere to this diet your surgery may be cancelled.

#### **2 Days Before Surgery**

No solids

Full liquids - (anything that can be poured, this includes water)

Milk products allowed, eg: smoothies, milkshakes, pumpkin soup.

#### **1 Day Before Surgery**

No Solids

Clear fluids only (anything the sun can shine through) eg: water, clear fruit juices, (apple, blackcurrant), clear tomato soup, stock soup

No milk products unless instructed by your doctor.

We recommend drinks such as Gatorade sports drinks (to replace water, salts & sugars, if you exercise) tea, coffee (without milk)

#### **Day Before Surgery**

If you are having **morning** surgery have nothing to eat or drink from midnight (this includes water).

If you are having **afternoon** surgery, DO NOT eat any solids after midnight.

Clear fluids only until 6am.

#### **Medication**

Hormones to be continued

Pain medications: Paracetamol and/or codeine preferred

**It is very important that you advise your doctor if you are taking Aspirin or anti-inflammatory drugs (such as Voltaren or Nurofen)**

Continue other medication (heart, diabetes) with a small amount of water.

#### **Exercise**

There is no restriction on daily activities before your operation, however, if you engage in strenuous exercise, please make sure to drink adequate amounts of fluid

TED stockings will be fitted pre-operatively and are to be worn for 10 days post –operatively.

### ***AFTER SURGERY***

#### **Diet**

Gradually increase your fluid intake, i.e. from water to clear fluids to full fluids/milk products

Intravenous drip will be discontinued if managing adequate fluids

Light diet (soup, sandwiches) if desired, gradually building up to a normal diet

Have small frequent meals rather than occasional large ones

A high fibre diet with plenty of fluid should avoid the need for prolonged use of a laxative

Constipation and straining should be avoided at all times. If you do become constipated, please call our rooms on 9251 6555, or see your GP.

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**Medication**

Pain medication will be provided via intravenous drip or injection initially. As requirement falls, this will be changed to suppositories or tablets

Medication for nausea is given at the time of surgery; further injections can be administered if required  
Normacol - unless instructed otherwise, take 1-2 heaped teaspoons with copious fluids (without chewing or crushing) once or twice daily, after main meals to ensure soft bowel motion.

Advice will be given regarding continuing hormonal treatment

Restart other medication (heart, diabetes) on day of surgery or as soon as instructed

Take-home pain medication will be prescribed.

**Exercise**

Day of surgery      Do not cross legs in bed  
                                 Wiggle feet and legs when in bed, begin as soon as possible and continue

After surgery      Sit on side of bed initially  
                                 Transfer to bedside chair  
                                 Walk to bathroom  
                                 Walk freely around the ward  
                                 Progress should be gradual, avoid exertion.

***DISCHARGE FROM HOSPITAL***

You will be discharged from hospital when the nursing staff considers that you are able to function on your own, which means:

- You are mobile
- You can eat and drink without nausea
- You empty your bladder properly
- You are comfortable, pain under control
- You open your bowels.

Make sure:

- You are accompanied by someone on your way home
- Some one stays with you at least for the next few weeks
- You have access to pain medication in addition to your regular medication
- Arrangements are made to facilitate your movement around the house (going up and down several flights of stairs several times a day may be difficult).

**Pain Management**

Take paracetamol 1000mg morning and evening until your post operative visit

Take prescribed pain medication (Tramadol, Voltaren, Digesic ect) liberally in the first few days

Heat packs and/or warm baths are excellent ways to manage pain.

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**General Advice following Surgery**

The following is general advice for a range of surgical procedures. Certain instructions may not apply to your individual case

Short baths can be taken (10-15 minutes)

Showers may be taken as soon as you are able to walk around

Wounds may get wet but should be dried thoroughly. Use a hairdryer if necessary and leave Steristrips on wounds for 5 days

Sports: start gradually and build up (walking, swimming, jogging), no exertion, avoid high impact exercises for 6 weeks (3 months for pelvic floor surgery) and stop if it hurts

Sexual intercourse can resume when vaginal bleeding/discharge stops (approximately 4-6 weeks for hysterectomy)

Avoid heavy lifting for 3 months after major surgery (i.e. no more than 10kgs/2 telephone books)

Avoid standing for long periods

Recommence driving when pain medication is no longer required (check with your insurance company regarding cover following surgery)

Recovery from major surgery is dependant on the individual and may take from 4 weeks to several months.

***POST OPERATIVE VISITS***

First visit 2-6 weeks

Second visit 3 months

***CONTACTS***

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