



# *Fibroid and Pelvic* Wellness Center of Georgia

This booklet is to provide you with the information needed to assist you through the surgical process. It contains important information as you prepare for surgery and what to expect after surgery.

We understand that surgery is not a normal aspect of your life. The purpose of this booklet is to make you comfortable with the surgical experience and answer questions you may have regarding pre/postoperative care and the healing process.

It is important that you read through this booklet. If you have any questions or issues that may not be answered by this booklet, write them down and discuss them with my nursing staff or myself prior to surgery.

All of us at Fibroid and Pelvic Wellness Center of Georgia regard this as a privilege and we will do our best to care for you throughout this process.

Sincerely,

Soyini M. Hawkins, MD and Ashley N. Davis, MD

4028 Holcomb Bridge Rd.  
Suite 200/202  
Peachtree Corners, GA 30092

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[www.FibroidandPelvicWellness.com](http://www.FibroidandPelvicWellness.com)  
<https://www.facebook.com/fibroidandpelvicwellness/>

# ***TABLE OF CONTENTS***

- **NORTHSIDE CAMPUS MAP**
- **PREPARING FOR SURGERY**
- **MORNING OF SURGERY**
- **GENERAL SURGICAL RISKS**
- **SPECIFIC SURGICAL RISKS**
- **GENERAL POSTOPERATIVE INSTRUCTIONS**
- **POSTOPERATIVE CATHETERIZATION (*If needed*)**
- **POSTOPERATIVE MEDICATIONS**
- **OTHER HELPFUL INFORMATION**
- **MEDICATIONS TO AVOID BEFORE SURGERY**

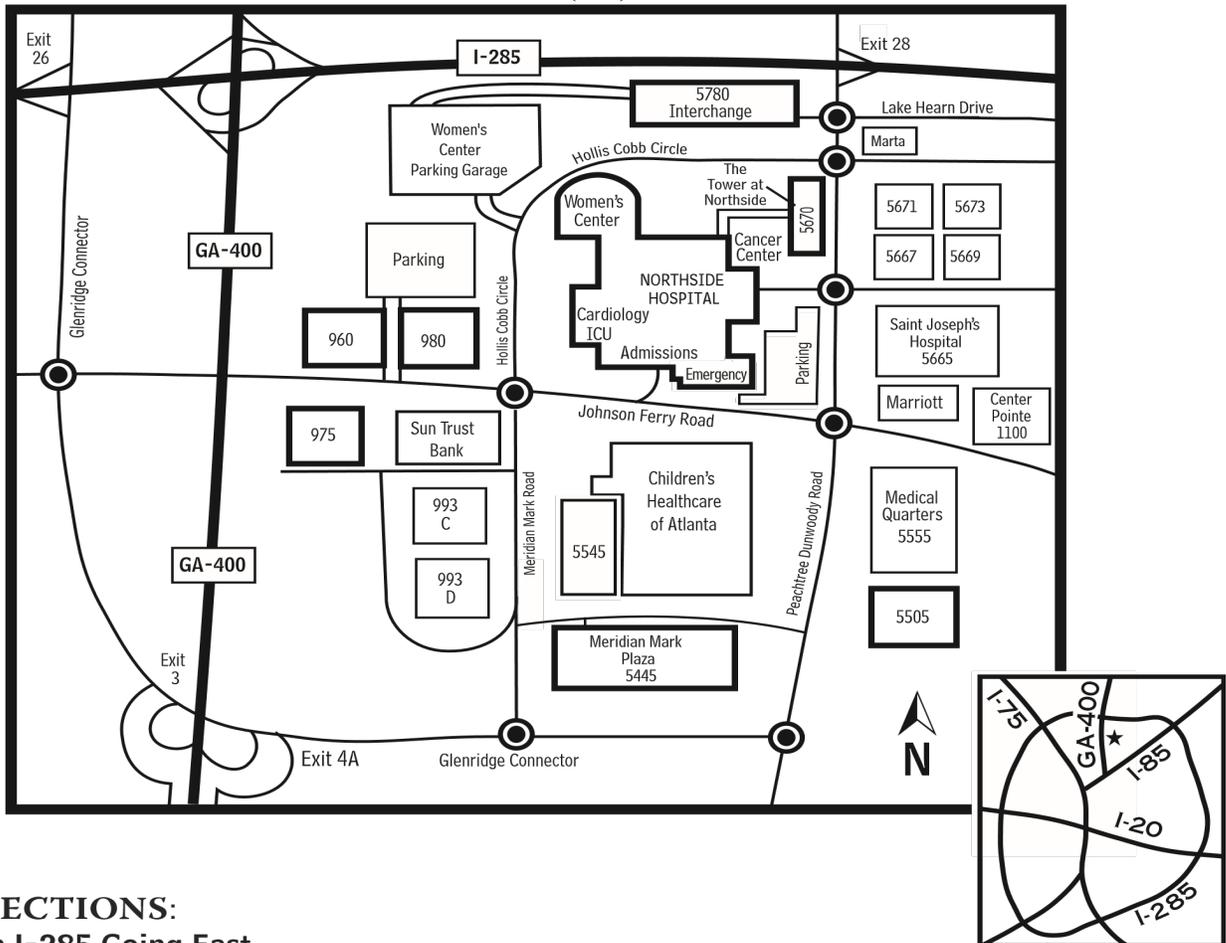


# NORTHSIDE HOSPITAL

1000 Johnson Ferry Rd. NE • Atlanta, GA 30342

Information - (404) 851-8000

Directions Line: (404) 303-3900



## DIRECTIONS:

### From I-285 Going East

Take exit 26 and turn right onto the Glenridge Connector. Take a left at the first light on Johnson Ferry Road. The hospital will be on your left.

### From I-285 Going West

Take exit 28 and turn left on Peachtree Dunwoody Road. Turn right at the light on Johnson Ferry Road. The hospital will be on your right.

### From GA-400 (North or South)

Take exit 3 (if traveling south) or exit 4A (if traveling north) and turn left on to the Glenridge Connector. Take a right at the light on Johnson Ferry Road. The hospital will be on your left.

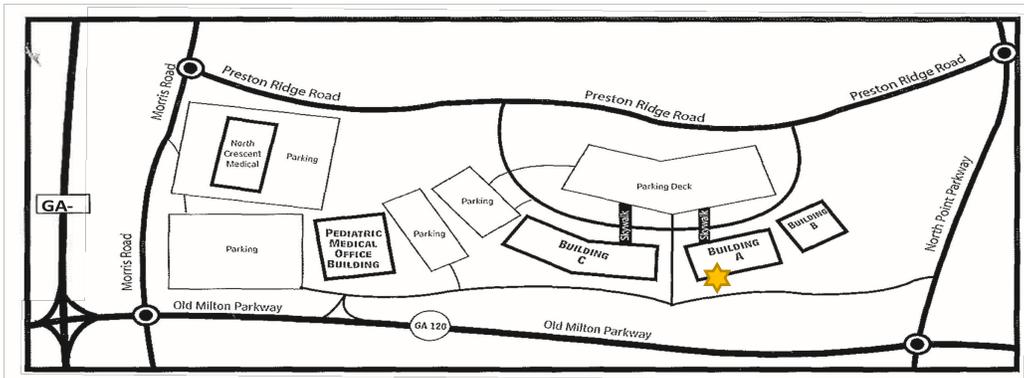


# NORTHSIDE HOSPITAL

Northside/Alpharetta  
MEDICAL CAMPUS

## Pre-Surgery Testing / Assessment

3400-A Old Milton Parkway, Alpharetta, GA 30005  
Ste.100  
(770) 667-4000

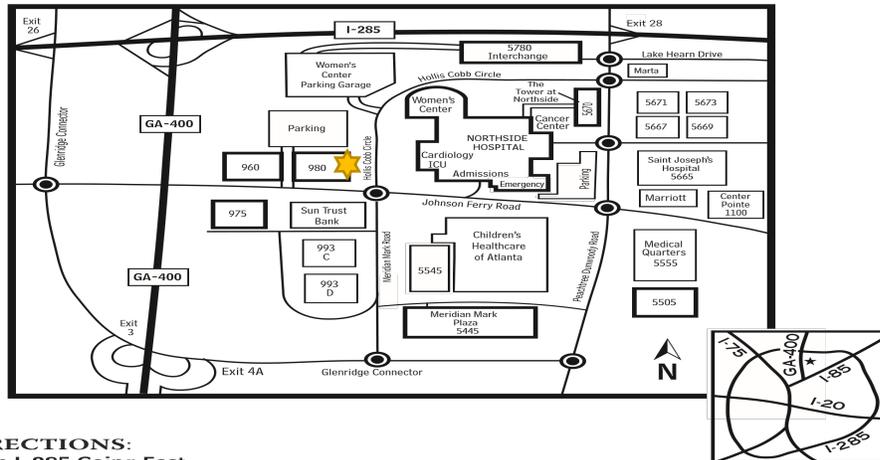


Northside/Atlanta

MEDICAL CAMPUS

980 Johnson Ferry Rd., Atlanta, GA 30342  
Ste.350

(404) 851-8563



**DIRECTIONS:**  
From I-285 Going East

## **PREPARING FOR SURGERY**

**STARTING NOW STOP SMOKING:** Smoking reduces circulation to the skin and decreases healing.

**DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, you can use medications containing acetaminophen (such as Tylenol).

**VITAMINS:** Vitamin C (Ascorbic Acid) 1000mg -take 1 tablet twice a day beginning 10 days before surgery; however, you should stop taking individual capsules of Vitamin K or Vitamin E 10 days prior to surgery as this will increase postoperative bleeding.

**ELMIRON:** If you are currently taking Elmiron you must discontinue 7 days prior to surgery.

**MEDICAL CLEARANCE:** This is certification from your Primary care physician stating that you're medically cleared to withstand a surgical procedure under anesthesia. If a clearance is required before your surgery, a "Surgical Clearance Request" form will be given to you at the time of your consult visit. **This form, along with any requested labs marked must be return to our office at least 3 weeks prior to your surgery date as to prevent any delays or surgery cancelation.** Failure to do so could result in your surgery being canceled. If you did not receive this request and clearance is needed, we will e-mail you a copy.

**Medical History and Medications:** For any patients on High Blood Pressure Medications or Diuretics. A Basic Metabolic Panel (BMP) must be drawn at least 1 month prior to your surgery date.

**ALL Patients over 55 years of age must have EKG within 12months. Patients with history of High Blood pressure, Cardiopulmonary disease or Diabetes must have an EKG within 3months.**

**OUT OF TOWN PATIENTS:** We recommend that you stay in town after your surgery so that we can take care of you should a complication arise.

There are different time frames allowed based your surgery. These time frames are as follows:

- Laparoscopic surgery 72 hours
- Vaginal Surgery 48 hours
- Acesa 24 hours

If your surgery is a combination of both types, please speak with your doctor for specific recommendations.

### **NORTHSIDE HOSPITAL PRE-SURGERY ASSESSMENT**

You will need to schedule a phone appointment with Northside Hospital at least 1-2 weeks prior to your surgery date. You may do this by calling **(404)459-1200**. During this phone appointment, an intake nurse will review your medical/surgical history and medications with you. Please have that information readily available at that time.

**CONFIRM SURGERY TIME: We will call you to confirm the time of your surgery at least 1 business day before your scheduled surgery date. Please only go by the time given from our office.** If you have not heard from our office by 3:00pm please call us to confirm at (678)755-4767.

**PRE-OP VISIT:** You have the option to come into the office for a consent visit 1 week before your surgery date. These appointments are offered on Tuesdays only and we must have your completed clearance by that date. At this visit you will sign your consents, receive your

post-op prescriptions and have additional testing done (if necessary) We'll then send you to Northside pre-registration after this visit. Please Allow 1-2 hrs for this process.

**\*PLEASE NOTE: If you opt out of a consent visit with our office, you're still required to register with Northside Pre-registration before your surgery date. In addition, you will sign your consent with Dr. Hawkins or Davis and receive your post-op prescriptions at discharge from the hospital. Please let us know what you decide.**

**PRE-OP DIET / BOWEL PREP:** If you have special dietary needs (i.e. diabetes) which may conflict with this pre-op diet please consult the physician who treats you for that condition before beginning this diet.

**LAPAROSCOPIC or OPEN SURGERY:**

- **12 Hour Diet Noon** the day before surgery you will need to start a **CLEAR LIQUID DIET**. You can only have things you can see through. This includes, but not limited to: Sprite, Jell-O, broth, popsicles, Gatorade, Powerade, tea, white grape juice and apple juice. If you are a coffee drinker only have it in the morning.
- **Afternoon Before:** The day before your surgery you need to drink a 10oz bottle of **MAGNESIUM CITRATE** (liquid laxative). Buy this at any drug store. Please drink this around 1-2pm. You may continue clear liquids up until 3 hrs before surgery.
- **VAGINAL SURGERY: NO DIET/ NO BOWEL PREP** There is no special diet required for your surgery. You'll discontinue eating and drinking after midnight and remain fasting until your arrival time.

**\*\* For surgeries that may require both Laparoscopic & Vaginal access, please follow the Laparoscopic diet\*\***

**SURGERY PREPARATION:** The pre-op nurses will shave lower portion around the vagina in the operating room. You do not need to do this at home.

## **GENERAL SURGICAL RISKS**

**ABOUT RISKS:** We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All staff at *Fibroid and Pelvic Wellness Center* will use our expertise and knowledge to avoid any foreseeable complications. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a state-of-the-art facility cannot be overestimated.

In general, the least serious problems occur more often, and the more serious problems occur rarely. If a complication does arise, you, your doctor and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your surgical outcome.

We have outlined the common and not-so-common risks of surgery in general below. We have not discussed every possible problem that may occur, but you must not assume that a problem will not occur simply because it was not discussed here.

**INFLAMMATION AND INFECTION:** An antibiotic ointment may be required to treat a superficial infection. Deeper infections are treated with oral or intravenous antibiotics. Development of an abscess usually requires drainage.

**WOUND SEPARATION/DELAYED HEALING:** Any incision during the healing phase may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs the outcome is usually not significantly affected but a secondary revision of the scar may be indicated.

**INCREASED RISK FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because decreased skin circulation.

**INJURY TO DEEPER STRUCTURES:** Blood vessels, bladder structures, ureters, nerves and muscles may be injured during surgery

**SENSITIVITY OR ALLERGY TO DRESSING AND/OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual, typically mild and easily treated.

### **THE MORNING OF SURGERY**

**SPECIAL INFORMATION:** If your doctor has you taking medication(s) the morning of surgery, you may take it with a sip of water in the early morning.

**ORAL HYGIENE:** You may brush your teeth but do not swallow the water.

**MAKEUP:** Please do not wear moisturizers, creams, lotions, or makeup.

**CLOTHING:** Wear only comfortable, loose fitting clothing with an elastic waistband. Remove hairpins, wigs and jewelry. Please do not bring any valuables with you.

### **CHECK IN/REGISTRATION**

**NORTHSIDE HOSPITAL:** At your scheduled time of arrival, report to the Admissions / Registration desk at the main entrance of the hospital. Tell the front desk that you are having surgery and they will direct you to the 3rd Floor Surgery Registration desk. Sign in and have a seat in the waiting room and the pre-op process will begin. Patients less than 18 years old must be accompanied by a parent or legal guardian.

**\*PLEASE NOTE: If your surgery is the first case of the morning. Please plan to arrive at least 30 mins prior to the given surgery time to allow for the registration process.**

**TRANSPORTATION:** Arrangements must be made for someone to take you home or to the

hotel (if from out of town) from surgery. You will not be allowed to drive yourself or take any form of public transportation (cab, bus,uber,lyft etc.). If you live alone, you should also arrange for someone to stay with you following surgery for at least 24 hours.

**NURSING CARE:** If you are alone you have the option to hire a nurse to come to the hospital, sign you out, transport you to the hotel and make sure you are set up and comfortable for the night. You can call the office for rates. Please notify our office if you will be traveling by yourself.

**PARKING:** Northside Hospital charges a daily parking fee. The surgery center will not validate parking.

### **GOING TO THE OPERATING ROOM**

**PRE-OP:** Your surgery will either be performed at Northside Hospital-Atlanta or Alpharetta. Specialists using modern equipment and techniques will attend to you. The team consists of an Anesthesiologist or Certified Nurse Anesthetist (CRNA), trained operating room technicians and Registered Nurses in charge of the operating room.

When you arrive to the pre-op area you will be asked to change into a gown and robe and will be given foot covers. The anesthesiologist will meet with you during this time to go over your history, surgery and answer any questions you might have before anesthesia is administered.

Once you enter the operating room the staff will do everything they can to make you feel secure. The nurse or the anesthesiologist will start an IV in your arm and give you sedation medication and anesthesia through this route. At the same time the staff will connect you to the monitoring devices.

### **RECOVERY ROOM**

**POST-OP:** When your surgery has been completed you will move to the recovery room.

Your stay in the recovery room will last from 1 to 4 hours depending on how well you recover from anesthesia. If you were scheduled for outpatient surgery, you may go home after you recover if the doctor feels you are ready to be discharged. If your surgery requires extended care, please see below:

**NORTHSIDE HOSPITAL PATIENTS-** You will be transferred to **EXTENDED RECOVERY OR INPATIENT FLOOR** for further monitoring. You will stay here until discharge from the hospital the next day barring any complications. This is where your family or loved one can stay with you.

There will be a daily parking charge which will be the patient/guest responsibility. Meal service and nursing care is provided to our patients; however, any guest staying with our patient will be responsible for their own meals.

### **NORMAL SYMPTOMS**

**DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, then please call us (678)580-1736 during or after office hours (answering service available). This number services all patients regardless of where you had surgery.

**CRUSTING ALONG THE INCISION LINES:** We usually treat this with an antibiotic ointment such as Neosporin.

**NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually return usually within 2-3 months as the nerve endings heal spontaneously.

**ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Typically, Ice and/or Benadryl cream will help

with this. These symptoms are common during the recovery period.

**REDNESS OF SCARS:** All new scars are red, dark pink or purple. Scars on the body usually fade within 3-6 months; however, they may **HEMATOMAS:** Small collection of blood under the skin that'll usually absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

### **RARE COMPLICATIONS**

If they are severe, any of the problems mentioned under “General Risks” may significantly delay healing or necessitate further surgical procedures.

Medical complications such as pulmonary embolisms, severe allergic reactions to medications, cardiac arrhythmias, heart attack and hyperthermia are rare but serious and life-threatening problems. Having an anesthesiologist present at your surgery reduces the risk as much as possible (**Failure to disclose all pertinent medical information before surgery may cause serious problems for you and the medical team during surgery**).

### **GENERAL POSTOPERATIVE INSTRUCTIONS**

**ACTIVITY: DO** walk around every 2hrs for at least 20 mins as to avoid Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

You may walk upstairs slowly (one foot at a time) but limit how often you go up and down them.

**DO NOT** cook, clean or do any straining as this may increase bleeding and swelling to the operative area

No Heavy lifting of anything over 10lbs for at least 6 weeks or until cleared by your surgeon. This goes for **Myomectomies** and **Hysterectomies**.

**\*ACESSA PATIENTS ONLY-** No heavy lifting of anything over 25lbs for 3 weeks.

**DIET:** Postoperative nausea is not unusual. Try to increase your diet as you can tolerate it. Start off with liquids such as a soup or broth and crackers, fruit juices, etc.

**SIGNS OF INFECTION:** Fever of **101 F** (oral temperature), excessive pain, swelling, redness, foul odor or drainage. These signs and symptoms usually become apparent within 36-48 hours but can happen at any time. Call the office if this occurs.

**DRIVING:** No driving for 1 week or if you are on pain medication. Be careful getting in and out of the car.

### **SPECIFIC POSTOPERATIVE INSTRUCTIONS**

**PLEASE NOTE:** You have had major surgery and your body will be healing for as long as one year, depending on the person. You will experience many different and often strange sensations. Call us if you are concerned.

**DRESSINGS:** You may have gauze and tape dressings over your incisions when you leave the hospital. You may remove these once you get home. Underneath those dressings will be glue. Do not peel the glue. They will peel over time while in the shower when they are wet.

**SWELLING AND BRUISING:** Moderate swelling and bruising of the abdomen and/or vagina are normal after surgery. Call the office for any severe swelling accompanied by nausea and/or vomiting and inability to pass gas.

**INCISIONS:** For surgery incisions call the office if you note any redness, swelling, pain, separation of the skin edges, seepage from the incisions or fever of 101F or above.

**HORMONES:** If your ovaries are removed you may experience a fluctuation in your hormone levels which may cause depression, hot flashes, night sweats, etc. If this occurs, please discuss this with your gynecologist as you may need hormone replacement therapy.

**SUTURE PLACEMENT:** Permanent sutures called Ethibond sutures may have been placed in your body as part of this surgery. Although these sutures are to remain in your body they will sometimes work their way out through the vagina and are green or blue in color. This can happen anywhere from 6 months to 6 or more years post-op. This does not mean that your surgery has gone wrong in any way. Call the office if you have any questions.

**TRAVEL:** If you plan on flying out after surgery, please use a wheelchair to get around if possible as walking for long periods of time may increase post-op swelling to the vaginal / rectal area.

**HYGIENE:** You may shower but **NO tub baths for 6 weeks including pools, oceans, hot tubs, etc.** Thereafter, use caution and make sure you do not strain getting in and out of the tub. You may still shower if you have a catheter. Always clean down the catheter tube away from the vagina using one hand to anchor the tube and the other to wash.

Place nothing in the vagina for 6-12 weeks (**3 weeks for ACESSA ONLY**) or as instructed by the doctor. This includes, but not limited to Tampons, douching, intercourse, etc. You can place the Estrace Vaginal Cream into your vagina 1 week after surgery if you were given a prescription. Follow the directions.

You may note vaginal bleeding/ spotting or discharge for several weeks post-operatively. For some people this bleeding may only last 6-8 weeks, however, it may come and go for several weeks. **(Please call our office if the bleeding becomes heavier than a period and you are saturating more than one pad per hour.)**

You may also notice a yellowish vaginal discharge with an odor for up to 6-8 weeks while the vaginal sutures dissolve. This is a normal part of the healing process. As the stitches dissolve they may break up and you may see them when you go to the bathroom or when you shower.

**URGENCY:** Sometimes after surgery patients experience a need to rush to the bathroom.

This is a temporary side effect of surgery or a urinary tract infection. Do not worry, this does not mean that your surgery is not working. Let us know if this happens, we will check your urine for infection which can be common after surgery.

**OVERACTIVE BLADDER:** After surgery you may have what is called bladder spasms. These spasms can happen at any time. Please note this is sometimes a side effect of surgery and does not mean your surgery was unsuccessful. These spasms can last up to 12 weeks. If these spasms become an issue there is medication that can help in the meantime.

### **POSTOPERATIVE CATHERIZATION (IF NEEDED)**

Vaginal and bladder surgeries today are more advanced and less invasive for patients than they were years ago. However, with any type of bladder or vaginal reconstruction there is a chance you may need a catheter to help empty your bladder after you go home.

Approximately 80% of our patients are emptying their bladders well within 2-3 days; however, depending on how the body reacts to anesthesia and surgery, some patients may take a little longer.

When you wake from surgery you will have a catheter emptying your bladder. For most patients this will be taken out the following morning. The nurses will then let you try to empty your bladder twice as you feel the urge, measuring the amount of urine each time. After the second urination they will use a device called a bladder scanner to measure the amount of urine still left in your bladder. They will then contact our office for further instructions.

If your doctor feels you need to go home with a catheter you will call our office at (678)580-1736 and we will make a bladder challenge appointment for you for the coming Tuesday. If you are an out-of-town patient we may contact your PCP in your hometown to see if their willing to take out the catheter. We'll then send the bladder challenge instructions to their offices.

## **POSTOPERATIVE MEDICATIONS**

Depending on your surgery and drug allergies you will go home with **one or more** of the following prescriptions. You will receive these prescriptions either during your pre-op visit or at discharge from the hospital. Please follow the directions given below unless otherwise specified by your doctor:

### **PAIN MEDICATION (ONE OF THE FOLLOWING)**

- \_\_\_\_ **PERCOCET 5/325mg (generic Oxycodone/Acetaminophen)** Take 1-2 tab every 4-6 hours as needed for pain.
- \_\_\_\_ **LORTAB (NARCO) 5/325mg (generic -Hydrocodone/Acetaminophen) -** Take 1 -2 tabs every 4-6 hours as needed for pain.
- \_\_\_\_ **DILAUDID 2mg (generic -Hydromorphone)** Take 1-2 tabs every 4-6 hours as needed for pain.

### **NAUSEA MEDICATION**

- \_\_\_\_ **PHENERGAN 25mg (generic -Promethazine)** Take 1 pill every 6-8 hours as needed for nausea.

### **ANTI-INFLAMMATORY**

- \_\_\_\_ **MOTRIN 800mg -Take 1 tab every 8 hours for 5 days then as needed for pain and inflammation. (take with food)**

### **ESTROGEN CREAM**

- \_\_\_\_ **ESTRACE VAGINAL CREAM (to start 1 week after surgery and continue until further notice) - 1/4 applicator in the vagina every other night. Place as far up into the vagina as you can tolerate. You can also use your fingertip instead of the applicator, as well.**

## Progesterone

- **Norethindrone 5mg (1 tablet daily start day after surgery, continue until seen by surgeon)** For most Myomectomies and ACESSA patients this medication is prescribed to help with post-operative bleeding and cycle control after surgery. Please note that this medication should be taken everyday at the same time as to avoid any irregular bleeding.

**\*Take narcotic pain medicine only as needed for moderate to severe pain. Use EXTRA STRENGTH or REGULAR STRENGTH TYLENOL for relief of minor pain. Often the narcotic pain medication may cause constipation. We do not want you to strain when you defecate. Changing to Ibuprofen or Tylenol instead of narcotics will help prevent constipation.**

## AS YOU HEAL, FAMILY & FRIENDS

Support from family and friends can be very helpful, but because they may not understand what constitutes a normal postoperative course their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

**DEPRESSION:** Quite frequently patients experience a brief period of let-down or depression after surgery. Some may subconsciously have expected to feel and look better instantly even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs these thoughts usually disappear quickly. If you feel depressed, understanding that this is a natural phase of the healing process may help you to cope with this emotional state.

**HEALING:** Everyone has the capacity to heal themselves to one degree or another. Clearly

this ability is variable and depends on several factors such as your genetic background and your overall state of health and lifestyle. Many people believe the surgeon heals the patient. No one person can make another heal. Drs. Hawkins and Davis can facilitate (but not accelerate) the healing process. Your cooperation and close attention are extremely important and in your best interest.

**FOLLOWING INSTRUCTIONS:** Another factor in the healing process is whether you follow the instructions given by this office verbally and in this booklet. Such guidelines are designed to promote healing and to prevent the occurrence of anything which may interfere with your recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

### **HELPFUL INFORMATION**

#### **SUPPLIES NEEDED FOR SURGERY**

##### **Food for pre-op diet**

- Magnesium citrate or suppository for preo-op bowel care
  - Over-the-counter stool softener (COLACE) and stimulant (MIRALAX)
  - Prescription medications (*RX given at discharge*)
  - Tylenol, Advil, Motrin Sanitary pads
  - Donut pillow or Boppy pillow (*for vaginal /rectal discomfort with sitting*)
- \*optional*

### **POST OPERATIVE APPOINTMENT**

**ATLANTA OFFICE:** Please call to make your 6-week post-operative appointment either

before or after your surgery.

**\*Please note, you may be seen sooner if you are experiencing unusual symptoms.**

**TELEPHONE NUMBERS:**

There is always a physician available. If you have a problem during regular business hours, please contact the office and a nurse or physician will speak with you. (678) 580-1736

**Regular office hours M-F 8:30 am 4:30pm EST**

\*If you have a life-threatening emergency please call 911.

**NURSE EMAIL:**

Veronica [veronica@fpwgcg.com](mailto:veronica@fpwgcg.com)

**TESTIMONIALS:**

**Where to leave ONLINE testimonials:**

[www.healthgrades.com](http://www.healthgrades.com) ; [www.google.com](http://www.google.com) ; [www.facebook.com](http://www.facebook.com)

(Fibroid and Pelvic Wellness Center of Georgia)

Follow us and “Like’ us on:



**IG: @Soyinihawkinsmd**

**FB: Fibroid and Pelvic Wellness Center of Georgia**

**Email testimonials:**

[jessica@fpwcg.com](mailto:jessica@fpwcg.com)

## **MEDICATIONS TO AVOID BEFORE SURGERY**

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain (unless your treating physician tells you otherwise). All herbal supplements (including Fish Oil) should be discontinued as well. All other medications that you are currently taking must be specifically cleared by the doctor prior to surgery. It is absolutely necessary that all of your current medications be cleared. ***If you are on Coumadin, Heparin, Steroid, or Plavix therapy, please discuss this with your treating doctor and inform our nursing staff when you schedule surgery.***

***\*Ask your doctor when you can resume your medications after surgery. \****

### **Aspirin Medications to Avoid**

4-Way Cold Tabs Acetylsalicylic Acid Adprin-B products

Alka-Seltzer products Arthriten products Arthritis Strength BC Powder Asacol

Asprimox products Bayer Products Buffered Aspirin Butal/ASA/Caff Carisoprodol  
Compound Choline Salicylate Darvon Compound Dolobid

Easprin Equagesic Fiorinal products Kaodene Magnaprin products Meproamate

Anacin products Arthritis Foundation products Arthropan Ascriptin products Azulfidine  
products BC Powder Bufferin products Butalbital Compound Cheracol Coricidin  
Darvon/ASA Dristan Ecotrin products Excedrin products Gelpirin Lanorinal Magnesium  
Salicylate Methocarbamol

Arthra-G Arthritis Pain Formula ASA Aspergum Backache Max Strength Relief Bismatrol  
products Buffex Cama Arthritis Pain Reliever Choline Magnesium Trisalicylate Cortisone  
Medications Doan's products Duragesic Empirin products Fiorgen PF Genprin Lortab  
ASA Mathritic Micrainin

Mobidin Mobigesic

Momentum

Mono-Gesic Olsalazine

Pabalate products Phenaphen/Codeine #3 Robaxisal Salicylate products Sine-off

Sodol Compound Sulfasalazine Talwin Tussirex products

Actron Aleve Cataflam

Nighttime Effervescent Cold Orphengesic products P-A-C Pink Bismuth

Roxeprin Salsalate Sinutab Soma Compound Supac Triaminicin Willow Bark products

### **Ibuprofen Medications to Avoid**

Acular (ophthalmic) Anaprox products Clinoril

Norgesic products Oxycodone Pain Reliever Tabs Propoxyphene Compound product

Saleto products Salsitab Sodium Salicylate St. Joseph Aspirin Suprax

Tussanil DH

Advil products Ansaid Daypro

Diclofenac Etodolac Genpril Indocin products Ketorolac Motrin products Naprelan

Nuprin Oruvail Relafen Sulindac Toradol

4-Way w/ Codeine Actifed BC Tablets/Powder Contac

Dimetapp Sinus Feldene Ibuprofen Indomethacin products Lodine

Nabumetone Naprosyn products Ocufer (ophthalmic) Oxaprozin Rhinocaps Tolectin products Voltaren

Dristan Sinus Fenoprofen Ibuprofen Ketoprofen Meclofenamate Nalfon products Naproxen Orudis products Piroxicam Sine-Aid products Tolmetin

### **Other Medications to Avoid**

A.C.A. Any Type of Diet Pill Childrens Advil Coumadin (consult MD)

Accutrim Arthritis Bufferin Clinoril C Dalteparin injection

Dipyridamole Flagyl Garlic Isollyl Mellaril Prednisone (consult MD) Sinex

Tenuate Ticlopidine Warfarin (consult MD)

Doxycycline Fragmin injection Heparin (consult MD) Lovenox injection (consult MD)

Persantine Protamine Soltice Thorazine Ursinus

Enoxaprin injection Furadantin Hydrocortisone Macrochantin (consult MD)

Phenylpropanolamine Ru-Tuss

Stelazine Ticlid

Vibramycin