



Enhanced Recovery After Surgery (ERAS)

A guide for patients undergoing surgery



Pavilion
for Women



Thank you for choosing Texas Children's Pavilion for Women 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 guide should be used to help you through your surgery and recovery. Please bring this guide to all of your pre-operative appointments.

TABLE OF CONTENTS

Enhanced Recovery After Surgery

Program Overview	1
Our Approach to Peri-Operative Care	1

Preparing for Surgery

Pre-Surgery Checklist #1	2
Activate MyChart	2
Register with the Department of Admissions	2
Insurance & Billing	3
Peri-Operative Appointment Navigator	3

Pre-Operative Appointments

With your Surgeon	3
Pre-Anesthesia Testing & Anesthesia Consultation	3
With a Physical Therapist or Dietitian	4

The Week Before Surgery

Pre-Surgery Checklist #2	4
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The Day Before Surgery

Scheduled Arrival Time	5
How You Can Help to Prevent Surgical Site Infection	5
Pre-Operative Showering Instructions	5
Food & Drink Prior to Surgery	6
Medications the Day Before Surgery	7

The Day of Surgery

Before You Leave Home	7
Pre-Operative Preparation	8
In the Operating Room (OR)	8
Updates from the OR	9

After Your Surgery

Post Anesthesia Care Unit	9
Same-Day Discharge	10

After Discharge

Warning Signs & Symptoms to Watch For	12
Prevent Surgical Site Infections	12
Physical Activity for Patients After Discharge	14
Body Mechanics Recommendations	15
Exercises After Surgery	15
Resuming Sexual Relations	17
Driving	17
Returning to Work	17

Resources

Important Contact Information	18
Map & Parking Information	19
Pavilion for Women Amenities	20
Patient Surveys	20

ENHANCED RECOVERY AFTER SURGERY PROGRAM OVERVIEW

Enhanced Recovery after Surgery (ERAS) is a program that uses best practices in surgical care and is designed to improve the experience of patients who need surgery. By preparing patients about what to expect prior to, during and after surgery, patients understand the process and become participants in their own care.

Research has shown that ERAS programs help patients recover sooner, so life can return to normal as quickly as possible. The ERAS program requires that patients are actively involved in their recovery. Please read this handout about ERAS to get the most out of the program. Information on the ERAS program is also available at the Texas Children's Pavilion for Women website at: [women.texaschildrens.org/ERAS](https://www.women.texaschildrens.org/ERAS).

OUR APPROACH TO PERI-OPERATIVE CARE

Peri-operative surgical care is focused on aligning the patient and care teams to work together before, during and after surgery to improve quality outcomes.

Your **pre-operative** care team will prepare you for surgery by educating you about your procedure and what to expect. The team will:

- Assess your need for specialty consultation prior to surgery to optimize treatment of medical disorders.
- Consult dietitians to create pre- and post-operative meal plans, if needed.
- Order physical therapy consultation for pre- and post-op mobility and safety, if needed.
- Review plans for post-op pain management, diet and activity.

- Explain ways you can reduce infection.
- Educate you about wound care and warning signs to look for after surgery.

Your **intra-operative** surgical team will:

- Use the most modern anesthesia methods.
- Apply the most up-to-date recommendations for fluid balance and hydration.
- Administer medications during surgery that reduce pain after surgery.

Your **post-operative** care team will:

- Promote return of bowel function as quickly as possible.
- Help you start drinking and eating soon after surgery with easy-to-digest liquids and foods.
- Encourage you to walk early after surgery.
- Provide alternatives to narcotics to effectively treat pain and reduce the risk of addiction.
- Create and explain your individual pain management plan.
- Review wound care, activity plan, follow up and warning signs prior to discharge.

The goals of ERAS are to reduce surgical stress, minimize pain and allow for earlier resumption of food intake and activity while reducing post-operative complications. It is important for you to participate in your recovery.

By working together, we hope to keep your hospital stay as short as possible and for you to return to normal activities as soon as possible.

Our mission at Texas Children's Hospital Pavilion for Women (PFW) is to provide our patients with the highest quality, individualized health care.



PREPARING FOR SURGERY

PRE-SURGERY CHECKLIST #1

Refer to the handout that you received at your surgeon's clinic for Pre-Surgery Checklist #1, also available at women.texaschildrens.org/presurgerychecklist. Please start this checklist immediately after being told that you need surgery.

ACTIVATE MYCHART

MyChart is an easy, confidential way to stay in touch with your surgeon's team. This is a secure online resource to make and track upcoming appointments and communicate non-urgently with your providers. **Do not use MyChart in case of emergency!**

With MyChart, you can:

- Schedule appointments
- View after-visit summaries
- Review laboratory results
- Manage billing and pay bills
- Easily access medical information



Sign-up at mychart.texaschildrens.org or call **1-877-361-0111**, Monday-Friday, 8 a.m. to 5 p.m. MyChart is also available as an app for most smart phones. Download MyChart on your device and select Texas Children's Hospital as your provider.

REGISTER WITH THE DEPARTMENT OF ADMISSIONS

1. Pre-Register – There are several ways to pre-register at Texas Children's Pavilion for Women:

- In person: Visit the Admissions area located on the 3rd Floor of the Pavilion for Women.
- Online: Visit our website at women.texaschildrens.org/pfwprereg.
- Phone: **832-826-3300**
- Fax or Mail: Paper forms are available from your clinic by request. Fax completed pre-registration form to **832-825-9404**, or mail to:
Texas Children's Pavilion for Women
Admissions – 3rd Floor P375
6651 Main Street
Houston, TX 77030
Attn: Pre-Registration Services

2. Complete your consent forms – Signing consent forms for your upcoming surgery is required for your admission. Patients who pre-register in person will be able to sign their forms at the time of pre-registration. All others are asked to visit the Admissions Department Monday through Friday, between 8 a.m. and 5 p.m. to sign required forms.

Texas Children's Pavilion for Women
Admissions - 3rd Floor
6651 Main Street
Houston, TX 77030

3. Understand your estimate

- Insured patients – Before your hospitalization, we can prepare an estimate of your financial responsibility. This estimate will include any deductible, co-payment, co-insurance and non-covered fees required by your insurance plan. To request an estimate, please contact the Admissions Department at **832-826-3300** and speak with one of our financial counselors.
- Private pay patients – To request an estimate, please contact our Admissions Department at **832-826-3300** and speak with one of our financial counselors.
- International patients – Contact the International Services Department at **832-824-1138**. The International Patient Services Team will be able to assist you with the coordination of clinical and financial matters.

4. Understand your bill – If you receive a bill and have questions about your charges, please contact Customer Service at **832-824-2300**, Monday through Friday, 8 a.m. to 5 p.m.

INSURANCE & BILLING

Upon being admitted or receiving services, the patient or patient's legal representative may receive bills from Texas Children's Pavilion for Women, the patient's physicians, and affiliated physician groups that may provide facility-based services to the patient, such as Anesthesia, Pathology, Radiology, etc.

Tips that will help reduce insurance and billing difficulties:

- Review your family's health insurance policy and become familiar with the co-pays, services, tests, and treatments covered and the steps required to get referrals.

- If your insurance company requires a referral for testing or future visits, you must contact your primary care physician (PCP) to get the required referral and make sure it is processed before your appointment.
- Remember that referral fees and co-pays are your responsibility.
- Families receiving Medicaid should monitor all changes in their coverage.
- Check your coverage every six months to make sure your provider is still accepted by Texas Children's Hospital.
- Call Texas Children's Billing Office at **832-824-2300** if you have questions about your insurance or bill.
- For more information about Insurance & Billing, please refer to [texaschildrens.org/patients-and-visitors/insurance-and-billing-assistance](https://www.texaschildrens.org/patients-and-visitors/insurance-and-billing-assistance).

PERI-OPERATIVE APPOINTMENT NAVIGATOR

Refer to the handout that you received at your surgeon's clinic for the Peri-Operative Appointment Navigator, also available at [women.texaschildrens.org/presurgerychecklist](https://www.women.texaschildrens.org/presurgerychecklist).

PRE-OPERATIVE APPOINTMENTS WITH YOUR SURGEON

Your surgeon will review your history, medications, laboratory values, imaging and consultation notes. Your surgeon will also describe the planned procedure, anticipated duration and the amount of time your surgeon expects you to stay in the hospital. The risks and benefits of the surgery will be thoroughly discussed. The surgical consent will be explained and you, your surgeon and a witness from the office will sign. Your surgeon may repeat a physical examination during this visit.

Your clinic nurse will then review important aspects of your care plan and will assess your need for pre- and/or post-operative nutritional or physical therapy consultations. You will start to learn about what you need to do to prepare for surgery, how to care for yourself, plan your activity, and manage pain after your surgery. Your nurse will also help you schedule a post-operative visit after surgery.

Important information to share with your doctor during your pre-operative visit:

- Tell your surgeon and care team if you will not accept a blood transfusion.
- Bring a list of all medications that you use, even if you use them only as needed. This includes all over the counter medication, botanicals and natural medicines. Some over-the-counter medications and herbal supplements can cause excessive bleeding. You may be asked to bring your medications to the hospital with you.
- If you take prescription medications, please confirm with your surgeon if you should take them the day before or the day of your surgical procedure.
- Let your surgeon know if you want them to discuss findings after surgery with waiting family or your care partner.
- Ask questions if you do not understand something.

Things you can do to help promote a smooth recovery:

- Stop smoking! Even quitting for a short time prior to surgery can reduce your risk of lung problems such as pneumonia or other infections.
- Continue regular exercise up until the date of your surgery (unless otherwise directed by your surgeon).
- Eat a healthy, well-balanced diet during the weeks before surgery to recover faster.
- It is very important that you follow the instructions you were given regarding blood thinners, beta blockers and diabetes medications.

PRE-ANESTHESIA TESTING APPOINTMENT AND ANESTHESIA CONSULTATION

Prior to your surgery, you will be required to complete a Pre-Anesthesia Testing (PAT) appointment. If you are not contacted directly by PAT within 72 hours of your surgery, please call 832-826-3631 to schedule an appointment.

During your PAT visit, a nurse will review your history and identify pre-existing health conditions that may affect anesthesia plans. Formal consultation by an anesthesiologist is arranged prior to the date of surgery for patients with certain medical disorders, complex conditions or previous surgeries. Your nurse will answer any questions that you may have about the contents of this guide.

After review of your planned surgical procedure, diagnosis and general medical health, the PAT nurse will tailor recommendations for your peri-operative care. Please acquaint the PAT staff with facets of your lifestyle, such as job, family responsibilities or mobility issues that may impact your recovery. This will help the nurses provide guidance and resources.

Please let your medical team know if you have **ANY** of the following:

- Serious medication allergies
- Fear of needles

Depending on the type of surgery you are having, the staff in the PAT may provide special cloths to be used to clean the surgical area on the day prior to surgery. Some patients will also receive a carbohydrate-rich drink to be consumed on the day prior to surgery.

Please let your medical team know if you have **ANY** of the following conditions that would prevent you from drinking the carbohydrate drink:

- Type 1 diabetes
- Prior surgery involving the gastrointestinal (GI) tract
- Difficulty swallowing, gastroparesis or delayed gastric emptying
- Fluid restriction for a medical condition, such as dialysis or congestive heart failure

Some patients require pre-operative medical clearance examinations from a primary care provider or specialist. Please bring copies of testing results to the pre-anesthesia testing appointment.

The patient information access code will be given during your pre-anesthesia testing visit to help us protect your patient health information.

PATIENT PRIVACY IS A TOP PRIORITY!

Use the access code below when calling to discuss personal patient information.

Patient Information Access Code

Floor Telephone Number

Patient information will not be given over the telephone without the access code. The access code is for the use of patient's legal representative only. Please do not share the code!

WITH A PHYSICAL THERAPIST OR DIETITIAN

Patients with issues related to mobility may be asked to consult with a physical therapist prior to surgery in order to facilitate post-operative movement and safety in the home. A pre-operative visit with a registered dietitian is recommended for patients with special dietary needs and for some certain disorders like diabetes or kidney disease. Your surgeon's office staff can help arrange these consults, if needed.

THE WEEK BEFORE SURGERY

PRE-SURGERY CHECKLIST #2

Refer to the handout that you received at your surgeon's clinic for Pre-Surgery Checklist #2, also available at women.texaschildrens.org/presurgerychecklist. Please start this checklist one week prior to your scheduled surgery date.

Plan to wear or bring loose-fitting, comfortable clothes for discharge. If a hospital stay is planned you may wear loose fitting pajamas. You may want to bring a robe as you will be walking in the hallways.

Check with hospital on current visitation policies regarding adult visitors that may accompany you to the pre-operative area before your surgery; have them download the EASE app for updates during surgery.

For your safety, you **SHOULD** plan to:

- Discontinue all non-steroidal anti-inflammatory drugs (NSAIDS), such as aspirin, ibuprofen, naproxen and herbal medications.
- If you take blood thinner medications, such as aspirin, Coumadin™, Plavix™, Pradaxa™, Eliquis™, or Lovenox™ – do not stop taking this medicine without talking to your surgeon, cardiologist or internal medicine doctor first. Make sure that you and your doctor have discussed a plan for these and other medications at least a week prior to your surgery date.
- Identify a care partner for your stay in the hospital.
- Have a responsible adult with you on the day of discharge to review your instructions and drive you home.
- If you plan to take a taxi cab home, you must have a responsible adult travel with you.

Do not bring large sums of money, jewelry, credit cards or objects of value to the hospital. The hospital will not be responsible for these items.

THE DAY BEFORE SURGERY

SCHEDULED SURGERY ARRIVAL TIME

At your PAT appointment, you will be told what time to arrive at the hospital. Please call **832-826-3503** if you do not receive a call by 3 p.m. the business day before your surgery.

HOW YOU CAN HELP TO PREVENT SURGICAL SITE INFECTIONS

A surgical site infection (SSI) is an infection that occurs after surgery on the part of the body where the surgery took place. Most people do not develop infections, but a few (1-3 out of every 100) patients will develop an infection, and some infections can be very serious. Patients who smoke, are overweight or have diabetes are at a greater risk for SSIs.

To prevent SSIs at Texas Children's Pavilion for Women, the staff:

Clean:

- Their hands thoroughly before surgery.
- Their hands with soap and water or an alcohol based rub before and after caring for each patient.

Wear:

- Hospital laundered and issued scrub suits while in the OR.
- Special hair covers, masks, gowns and gloves during surgery.

Administer:

- Antibiotics before and sometimes after surgery per national guideline recommendations.

Educate:

- Patients to refrain from removing hair near the site where the surgery will be performed with creams, lotions or shaving.
- Patients and families about the importance of frequent hand washing.
- Patients about the use of 2% Chlorhexidine Gluconate (CHG)™ wipes prior to surgery.

To help prevent SSIs, you should:

- Refrain from smoking prior to and after surgery.
- Remove all body piercings the day prior to surgery. Now is a good time to make certain that all piercings are easy to remove.

- Keep blood sugar under control before and after surgery, if diabetic.
- Clean your hands before and after caring for a wound.
- Make sure you understand how to care for a wound before you go home.
- Call your surgeon immediately if you have any signs of infection such as redness, pain or drainage at the surgery site, or if you develop fever.
- Follow the pre-operative shower instructions and use of CHG wipes described in the section below.

PRE-OPERATIVE SHOWERING INSTRUCTIONS

Preparing or "prepping" skin before surgery can reduce the risk of SSIs.

To make the process easier, Texas Children's Pavilion for Women has chosen disposable cloths moistened with a rinse for your convenience: Sage 2% CHG antiseptic solution. These wipes are provided to you during your PAT appointment, if necessary, for your planned procedure. Avoid contact with your eyes, ears, nose and mouth when using the wipes.

The steps below outline the prepping process. You are encouraged to register to receive a voice message, text or email reminder the day before your surgery at prepcheck.sageproducts.com.

The night before your surgical procedure:

- Shower first using an antibacterial soap without dyes or perfumes.
- Wait at least one (1) hour before using the disposable CHG cloths.
- Use the cloths by gently wiping or rubbing the area like you would use a regular washcloth for 15-20 seconds.
 - o Cloth 1: chest, arms and underarms
 - o Cloth 2: right leg – front and back, down to the ankles
 - o Cloth 3: left leg – front and back, down to the ankles
 - o Cloth 4: upper back
 - o Cloth 5: buttocks area
 - o Cloth 6: abdominal area – from under the breasts to the groin, avoiding the vagina
- Do not apply CHG cloths on chest, breasts, nipples or arms if you are breastfeeding or planning to breastfeed a newborn.

- Do not shave any body part above the knees or use hair-removal lotions or creams on the area of your body where surgery will be done within two days of your scheduled procedure. Shaving can increase your risk of infection due to nicks from the razor. Use of hair removal lotions or creams can cause irritation of your surgical site.
- Once you start prepping your skin with the CHG wipes, do not rinse it off. CHG works best when left on the skin. Do not apply lotions, creams, moisturizers, powder or makeup at or near the site of your surgery. Water and ingredients commonly found in personal care products can reduce the antiseptic effects of CHG.
- When applied to sensitive skin, CHG may cause skin irritation such as temporary itching sensation and/or redness. Showering or shaving immediately before applying CHG may cause enhanced irritation. If itching or redness occurs and persists, rinse off affected areas and discontinue use.
- Do NOT use hair products (hairspray, gel, mousse).

FOOD & DRINK PRIOR TO SURGERY

Your medical team may recommend a carbohydrate-rich nutrition supplement for you to drink to help with managing your blood sugar the day of your surgery.



Pre-operative drinks contain nutritional carbohydrates and electrolytes that prepare your body for surgery and assist with your

recovery. These drinks will be provided to you at your pre-anesthesia testing appointment.

Helpful hint: Drink your pre-operative drink cold from the fridge or over ice.

Please do not consume the carbohydrate-rich drink if you have ANY of the following conditions:

- Type 1 diabetes
- Prior surgery involving the gastrointestinal (GI) tract
- Difficulty swallowing, gastroparesis or delayed gastric emptying
- Fluid restriction for a medical condition, such as dialysis or congestive heart failure

Nutrition instructions before surgery:

- Drink two containers of the carbohydrate-rich drink eight to 12 hours before your assigned arrival time.
- No solid food after midnight, or six hours prior to your assigned arrival time.
- You may drink clear liquids up to two hours before your surgery arrival time. A clear liquid is any liquid that you can see through. Examples of clear liquids are water, juice without pulp, sports drinks, coffee or tea (without milk or cream) and broth. Milk and orange juice are not clear liquids and should not be consumed. Also, no alcohol should be consumed 48 hours prior to surgery.
- Pack chewing gum in your hospital bag to chew after the surgery to stimulate your GI tract.

My nutrition plan:

Date	Time	Directions
		Drink two containers of the carbohydrate drink between _____ and _____.
		Stop eating solid food
		Stop drinking clear liquids
		Drink one container of the carbohydrate drink between _____ and _____.

MEDICATIONS THE DAY BEFORE SURGERY

Medications:

Discontinue:

_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery
_____	<input type="checkbox"/> _____	<input type="checkbox"/> Night Before	<input type="checkbox"/> Morning of Surgery

THE DAY OF SURGERY BEFORE YOU LEAVE HOME

Please make sure to:

- Wear loose-fitting, comfortable clothing to minimize discomfort after surgery.
- Wear your eyeglasses and bring a case (no contact lenses).
- Wear your dental appliances (Dentures, Invisalign™, etc.) and bring a case.
- Remove ALL makeup (including false eyelashes), nail polish, jewelry and body piercings.
- Finish carbohydrate-rich drink, if applicable.
- Bring your medications to the hospital with you if you were asked to do so during your pre-operative visits.

REMINDER: Your surgery will be canceled if you eat solids within six hours of your scheduled arrival or drink non-clear liquids within two hours of arrival.

Hospital arrival:

Arrive at the hospital on the morning of surgery at

_____.

What to expect after arrival:

Report to the Pavilion for Women's Surgery Department on the 5th floor of Texas Children's Pavilion for Women where you will be identified for surgery and a personal ID band placed on your wrist.

PRE-OPERATIVE PREPARATION

Your pre-operative nursing specialist:

- Assists you with personal belongings and makes sure that you are comfortable.
- Assists you and your care partner in scanning the QR code for the EASE app.
- For your privacy, you may have two people in the pre-operative room after you are dressed, comfortable and have completed the review of your medical history. Visitors should not go in or out of the pre-operative room/area (visitation policy may vary).
- Assists you with getting dressed for the OR and in preparing or “prepping” skin with Sage 2% Chlorhexidine Gluconate (CHG)[™] antiseptic solution.
- Reviews your vital signs, food and fluid intake, history, medications, allergies and planned procedure.
- Places an intravenous catheter for fluids and medications during surgery.
- Confirms that the consent form for the surgery and possibility of blood transfusion is complete.
- Administers pre-operative medication, if ordered by a physician.
- If you are scheduled for a day surgery procedure, the pre-operative nurse will review with you your home care instructions.

NOTE: *If you think you might be pregnant, tell your surgeon or nurse.*

A member of the anesthesia team (a certified registered nurse anesthetist or an anesthesiologist):

- Visits with you to review your history, lab values and planned procedure.
- Reviews the anesthesia consent form.
- Administers IV anti-nausea medication if part of your anesthesia plan.
- Discusses specialized anesthesia procedures that reduce post-op pain such as epidural or trans abdominis plane (TAP) block, if appropriate.

Your surgeon will greet you in the pre-operative area, review your recent history, and answer your questions. Please confirm the anticipated duration of your surgery, especially if family or your care partner plan to leave and return after the procedure.

Texas Children’s Pavilion for Women proudly maintains an academic relationship with Baylor College of Medicine and is one of the hospitals hosting physician and nursing learners. If a fellow, resident, medical student or nursing student is

assigned to follow you during surgery, he or she must meet you prior to the procedure. Your surgeon may perform the procedure with resident assistants.

The anesthesia team, pre-operative and your OR nurse convene a mini conference called a “pre-brief” in your room prior to transport to the OR. The purpose is to review all critical aspects of your care, and it is designed to maintain patient safety.

You will be given several medicines that will help you relax and remain comfortable during and after surgery, protect you from blood clots, and stimulate your bowels after surgery. The nurse and the Anesthesia team member assigned to take care of you in the OR will transport you to the room.

IN THE OPERATING ROOM (OR)

It may seem like there are many people in the OR with you. Each person plays an important role in your care and will introduce him/herself. Individuals in the OR typically include the scrub nurse, circulating nurse, certified registered nurse anesthetist, anesthesiologist and surgeon, and may include a resident physician, medical or nursing student.

Once you arrive in the OR:

- Your identity will be reconfirmed.
- Monitors and a warming blanket will be applied.
- Sleeves may be placed on your legs to circulate your blood during surgery.
- You may be given a blood thinner injection to prevent blood clots.
- You may be given antibiotics within one hour of incision to prevent infection.
- Evidence-based, best-practice recommendations will be used throughout the surgery to ensure individualized blood pressure management, prevention of blood clots, careful IV fluid and medication administration.

Many patients do not recall being in the operating room because of the medications you are given during surgery. The anesthesiologist will put you to sleep with a general anesthetic. Once you are asleep and positioned for surgery, the surgical area is prepped with an antiseptic solution, sterile drapes are placed, and your surgeon leads every member of your OR team through a dedicated “Time Out” discussion to review the planned procedure. Once complete, your surgery begins.

Your family or care partner will be brought to the waiting area while you are in surgery. The waiting room is small, so please limit to one or two people only. They will also be required to check in/out with Security while in the waiting area. Keep in mind that the length of surgery can vary from patient to patient.

UPDATES FROM THE OPERATING ROOM

With your permission, your family or care partner will be given updates while you are in surgery. We utilize EASE (Electronic Access to Surgical Events), a HIPAA-compliant app which allows your family or care partner to receive updates from the operating room nurse or a nurse liaison.

Instructions:

- Search “EASE application” in your App Store.
- Download the app to the device that you wish to receive updates.
- Open the app, click Get Started, check the box “I agree to the terms and conditions”, then, click Continue.
- Click Register a Patient on the connect screen if you are registering for the first time.
- Enter the Patient Information in the registration boxes and click Register to continue.
- Choose your type of updates – texts, pictures and/or videos. Click Continue.
- To add Family/Friends click Invite Contacts. Type their names and click on the person’s mobile phone numbers to add them to EASE. Their name will be added to the top. Click Done in the upper right hand corner.
- A Scan Code screen displays a square QR code and EASE code. When you arrive to the hospital, show this to your medical provider for them to scan and begin the EASE session.
- Once you are scanned, click Continue and click Send when the text message appears and nothing else.
- Once you get to the Updates screen you are logged in and ready to receive updates.

Need help?

Call **407-308-4399** or visit **easeapplications.com**. The front desk receptionist is also available if your family or care partner has not heard any updates from the OR. The receptionist can call the OR to find out patient updates.

AFTER YOUR SURGERY POST-ANESTHESIA CARE UNIT

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), also called the recovery room, where you will be monitored as you completely wake up from the anesthesia. Most patients remain in the recovery room for approximately two hours.

With your prior permission, the surgeon will talk with your family or care partner immediately following surgery about your operation.

In the recovery room, you will be closely monitored by a registered nurse who will care for you throughout your stay in the recovery room. Your nurse will:

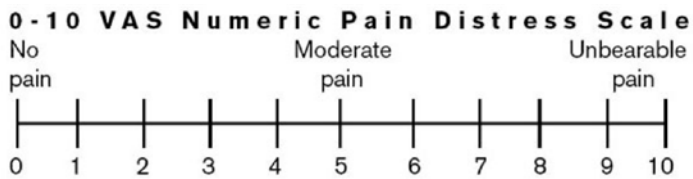
- Monitor your vital signs, such as blood pressure, heart rate, respirations and oxygenation.
- Ask you to take deep breaths and cough to keep your airway open. You may be given oxygen by face mask until you are conscious and alert.
- Make sure to provide you with medication and comfort measures to reduce your pain and several common side effects following surgery and anesthesia.
- Monitor you closely for any complications that may arise after your surgery and/or anesthesia.
- Provide you with warm blankets in case of shivering after your surgery. If shivering is extreme, you can be given a medication.

If you experience nausea, your nurse will work with your doctors to choose a medication to treat it. If you have a history of motion sickness, nausea and/or vomiting following anesthesia, it is important to inform the anesthesiologist prior to surgery. It may be possible to give you medication before surgery to decrease nausea after surgery.

Some pain is expected after surgery. You will receive medications prior to your procedure and, if needed, throughout your stay to prevent pain. If your pain does not feel well controlled, the nursing staff, anesthesiologist and/or surgeons will discuss surgical pain management options with you. Managing your pain is an important part of your recovery.

Our goal is to make you as comfortable as possible after surgery. We will ask you regularly about your level of comfort. A numbered scale will be used to determine the severity of your pain – the higher the number, the more severe the pain. The nursing staff

will ask your pain level on a scheduled basis. Based on your response, your pain medications may be adjusted.



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. If this plan does not adequately manage your pain, it is best practice to keep you comfortable in the hospital setting before discharging you home.

Once you are awake and alert, you will be given clear fluids to drink and encouraged to chew the gum you brought with you. At this time, you will be allowed to have visitation in the PACU.

Recovery is quicker when patients move from the bed within two hours of surgery. If you are in the recovery room for more than two hours, your PACU nurse will help you sit in a chair. It is very important to get you moving as soon as possible after surgery. This not only speeds up your recovery, but also prevents you from getting blood clots and pneumonia. Using good body mechanics may help you reduce pain while changing positions. Please see body mechanics recommendations on page 15.

Helpful hint: Remember, passing gas is a better sign that your gut is working than having a bowel movement. Don't be embarrassed! Passing gas is a normal bodily function.

You will be provided assistance with going to the restroom, with getting dressed and making preparations for discharge. Your family or care partner will be brought to the recovery room.

Visitation in the PACU:

Due to patient acuity, volume, safety, privacy and confidentiality of all patients in the PACU, visitation at the patient bedside is subject to the current visitation policy. While in the recovery room, visitors will need to remain behind the curtains at all times. Avoid excessive noise while in the area. All visitors must be escorted to/from the waiting area. Visitors must avoid going back and forth from the waiting

room, as the nursing staff are focused on caring for the patients. At any time that urgent or emergent situations arise in the PACU, all visitors will be asked to leave the PACU area immediately.

SAME-DAY DISCHARGE

After you are well prepared for discharge, your PACU nurse will review home care instructions including diet, activity, wound care and follow-up care before you leave the hospital. You and your family or care partner will be able to ask questions and confirm understanding of any directions before you are discharged to your home.

Your nurse will also make sure that you have a prescription for pain medicine and will review the type, dosages and frequency of all medications you need.

You may be prescribed a blood thinner that must be injected daily for four weeks. This helps prevent the development of blood clots in your veins. Our nurses will teach you how to give yourself the injection. If you prefer a family member or care partner give the injection, please arrange for them to come to the hospital for instructions.

Once you meet discharge criteria for discharge home or transfer, you will be discharged from the recovery room in a wheel chair.

Sometimes patients aren't quite ready for discharge on the day of surgery and are moved to an inpatient hospital unit for further care.

Some reasons discharge may be delayed:

Persistent nausea: Your anesthesia team has used medications specifically designed to reduce post-op nausea through the ERAS protocol. While rare, some patients still experience nausea and are unable to drink or eat.

Persistent pain: Managing your pain is an important part of your recovery. If your pain is not well controlled, it is best practice to keep you comfortable in the hospital setting before discharging you home.

Admitted patients

If admission is planned after your surgery, or if you do not meet criteria for discharge, you will be transported by your PACU nurse to a different room for the remainder of your hospital stay. Your post-operative nurse and patient care tech will meet with your PACU nurse to discuss your surgery and post-operative care instructions.

Wound care

Incisions will be covered in the operating room after your surgery is over. The cover or bandage typically stays in place for at least two days. Some patients have drains near their incision. Your nurses will show you how to manage drains, if necessary.

Bowel function

After your operation, your bowel function may take one to two days to normalize and may be slightly unpredictable at first. For most patients, this will resolve with time.

Sometimes your bowels may temporarily stop working, which may cause you to feel bloated and have nausea and/or vomiting. Both narcotic pain medication and reduced physical activity increase the chance of constipation. Walking and chewing gum will help the bowel recover faster and may speed recovery.

Your surgeon may prescribe a stool softener while you are in the hospital to reduce the chances of constipation.

Urinary function

You may have a catheter in your bladder after surgery to drain urine. Sometimes this makes patients feel like they have the urge to urinate. In most patients, it is important to remove the catheter soon after surgery to reduce the risk of infection. Your nurse will remove the catheter six to eight hours after surgery, and will help you to the bathroom within four to six hours to void. Some women experience stinging when urinating after a catheter is removed. Please alert your care team if this sensation persists the day after surgery, or if you are unable to empty your bladder at any time after surgery. If you are unable to urinate after the catheter is removed, the catheter may need to be replaced if your bladder needs to be emptied.

Medications & pain management

ERAS is specifically designed to maintain comfort while reducing narcotic use and dependence. While almost all patients will receive some narcotic after major surgery, your anesthesiologist and surgeons have taken steps to reduce narcotic requirements. These steps include the use of different classes of pain medications, pre-surgical administration of pain-blocking medication, direct injection of local anesthetics during surgery, and in some cases, specific nerve blocks are placed immediately after surgery. Pharmacists closely monitor the type and amount of pain medication you are using and communicate with your surgeon to help choose the best regimen to manage your pain while you are in the hospital and after discharge.

Diet & nutrition

In most cases, patients are able to tolerate a regular diet on the same day as their surgery. Chewing gum, eating, drinking and walking can improve bowel function and reduce constipation.

Activity

On the day of your surgery, you will:

- Stand next to your bed in the recovery room
- Sit up in a chair the night of surgery
- Sit in a chair for all meals
- Walk to the bathroom

The day after your surgery, the staff will help you to:

- Be out of bed eight hours a day
- Walk a short distance out of the room three times a day
- Be able to dress yourself
- Perform exercises after surgery

Subsequent hospital days you will:

- Spend more time out of bed each day
- Walk the halls three times a day
- Be encouraged to shower

Laboratory testing

Your surgeon may order lab tests for the morning after surgery. If so, your nurse or a phlebotomist will come to your room to collect a blood sample.

AFTER DISCHARGE

WARNING SIGNS & SYMPTOMS TO WATCH FOR

Call your surgeon's office right away if you have any of the following:

- A fever (temperature greater than 100.4° F)
- Uncontrolled nausea or vomiting
- Bleeding heavier than a period
- Increased redness, swelling, bleeding, discharge or increasing pain from your surgical site
- Increased pain or pain which does not get better with the prescribed pain medicine taken as prescribed
- Severe abdominal or back/flank pain
- Burning with urination or inability to urinate 6-8 hours after the time of discharge

PREVENT SURGICAL SITE INFECTIONS

What can you do to help prevent surgical site infections (SSIs) after surgery?

- Refrain from smoking after surgery.
- Keep blood sugar under control (if diabetic).
- Make sure you understand how to care for the wound.
- Make sure you clean your hands before and after caring for the wound.
- Call your surgeon immediately if you have any signs of infection such as redness, pain or drainage at the surgery site, or if you develop fever.

Wound care

For the first two weeks following your surgery, your wound may be slightly red and uncomfortable. A little swelling is common following surgery and will go away.

A small amount of straw-colored discharge from the incision is normal. If your wound is inflamed, painful, swollen or leaking milky fluid, please contact your surgeon.

A small amount of bleeding or a small spot of blood on the bandage which does not increase in size should not raise concern. If present, Steri-Strips™ should be gently peeled off in seven days.

Your incision(s) may have been closed with suture or staples. Some surgeons also place a layer of surgical glue (Dermabond™) over the incision. Sutures slowly dissolve on their own over a few weeks and do not need to be removed. If you have staples, we will arrange for them to be removed three to seven days after discharge, depending on the type of surgery.

Dermabond will loosen on its own and fall off as the wound heals.

If you do not have an incision you may shower the same day as your surgery.

If you do have an incision, you may remove the bandage and shower the day after your procedure.

Do not pick, scratch or rub the incision, especially if your surgeon has placed a layer of surgical glue.

It is important to remember the following when showering after surgery:

- Use only an antibacterial soap (no dyes or perfumes) when showering during the first week after surgery. Let the soapy water wash over your incision.
- Pat the incision dry with a soft towel.
- Do not apply lotion or powder to the incision.

Note: *Showers are preferred over bath until seven days after your surgery or until the incision is well healed.*

Helpful hint: *The scar will “soften up” over the next several months.*

Bowel function

After your operation, your bowel function may take one to two days to normalize and may be slightly unpredictable at first. For most patients, this will resolve with time.

Sometimes your bowels may temporarily stop working, which may cause you to feel bloated and have nausea and vomiting. Both narcotic pain medication and reduced physical activity increase the chance of constipation. Walking and chewing gum will help the bowel recover faster and may speed recovery. Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Bowel movements that are loose or constipated
- Feeling that you need to have a bowel movement even if you've had several in a row

If you are constipated, you may begin using a stool softener (Colace™). If this is unsuccessful, laxatives (Dulcolax™) can be used. If you are having multiple, watery bowel movements per day or are unable to have a bowel movement for two days, please contact your surgeon.

Urinary function

After surgery, you may feel that your bladder is not emptying completely. This usually resolves with time. However, if you are not urinating or able to urinate at any time after surgery, contact your surgeon. You may feel burning or stinging when you urinate if a urinary catheter was used to empty your bladder during or after surgery. This sensation should resolve within a day or so after surgery. Please alert your surgeon if burning with urination persists past 24 hours.

Medications & pain management

Your previous daily medications should be resumed after discharge unless you were instructed otherwise. In some cases, patients are asked to modify the dose or timing of certain medications after surgery. Please make sure you understand your post-operative medication instructions.

Medication	When To Start

You will be sore after surgery and may need to take pain medications. Your surgeon may prescribe or recommend medication for post-operative pain or medication to treat nausea. Other medications may be prescribed, as well. Do not take these medications more frequently or at higher doses than prescribed.

Depending on the type of surgery, your surgeon may ask that you use an injectable medicine at home to prevent blood clots. After your surgery, a nurse will instruct you, a family member or your care partner on how to give yourself these shots for four weeks after surgery.

Diet & nutrition

After your operation, you have to make some slight temporary adjustments to your diet, depending on your bowel function. Chew gum and move around to help your bowel function return.

You may eat whatever appeals to you; however, some post-operative patients are more comfortable if they begin with a clear liquid or bland diet and slowly add solid foods. Clear liquids include apple juice, Sprite, Gatorade, tea, broth, popsicles or Jell-O. For the first

few days after surgery, some patients prefer foods that are soft, moist and easy to chew and swallow. Eat four to six small meals throughout the day to reduce gas and bloating.

You may find that some foods cause loose stools. If this happens, avoid these foods for the first few weeks after surgery. Slowly reintroduce them, one at a time.

You should try to eat a balanced diet, including:

- Foods and beverages that are rich in protein, such as lean meats, fish, poultry, eggs and dairy.
- Plenty of fluids. Aim for at least six to eight cups per day of water, fruit juice, teas, coffee or milk. Regular milk is encouraged as a good source of nutrients to aid in your recovery.

Be sure to:

- Chew food well – take small bites!
- Limit foods that are that are fried, greasy, spicy or have a lot of added sugar.
- Avoid alcohol until no longer taking prescribed pain medications.

Some patients find their appetite is decreased 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.

Some patients feel nauseated. Pain medication can make this worse. To minimize this feeling, avoid having an empty stomach. Eat small amounts of food and eat slowly. If your appetite is poor, make the most of mealtime by choosing high-calorie foods.

PHYSICAL ACTIVITY FOR PATIENTS AFTER DISCHARGE

Before you are discharged you will:

- Stand next to your bed in the recovery room
- Walk to the bathroom
- Dress yourself with assistance

After discharge on the day of your surgery:

Some patients feel the need to rest during the first 24 hours after surgery. Periods of rest during the first day after surgery in patients with incisions are acceptable, but staying in bed for long periods of time increases the risk of post-operative complications.

To improve your recovery, getting out of bed and walking is very important. Moving and walking will help your muscles stay strong, prevent blood clots, allow for normal digestion and help your breathing. The body mechanics recommendations on the following pages will help decrease pain and stress on your surgical site when you change positions. Once home, you should sit in a chair for all meals. Please perform the exercises after surgery listed in the next section.

The day after your surgery, you should:

- Be out of bed eight hours a day
- Walk a short distance out of the room three times a day
- Be able to dress yourself
- Perform exercises 1-8 (listed in the next section) after surgery

Two weeks after your surgery, you may begin the following:

- Walking (up to 30 minutes per day)
- Increase standing time up to two hours with short breaks
- Lifting up to 10 pounds (approximately a gallon of milk)
- Progress to exercises 9-12 (listed in the next section)

Four weeks after your surgery, you may begin the following:

- Walking (with no restrictions)
- Increase standing time up to four hours with breaks
- Slowly increase the amount you are able to lift if there are no restrictions from your surgeon and if you are not having pain with lifting.

Six weeks after your surgery, you may begin the following:

- Resume normal exercise activities at 50 percent volume/intensity if there are no restrictions from your surgeon*

Eight weeks after your surgery, you may begin the following:

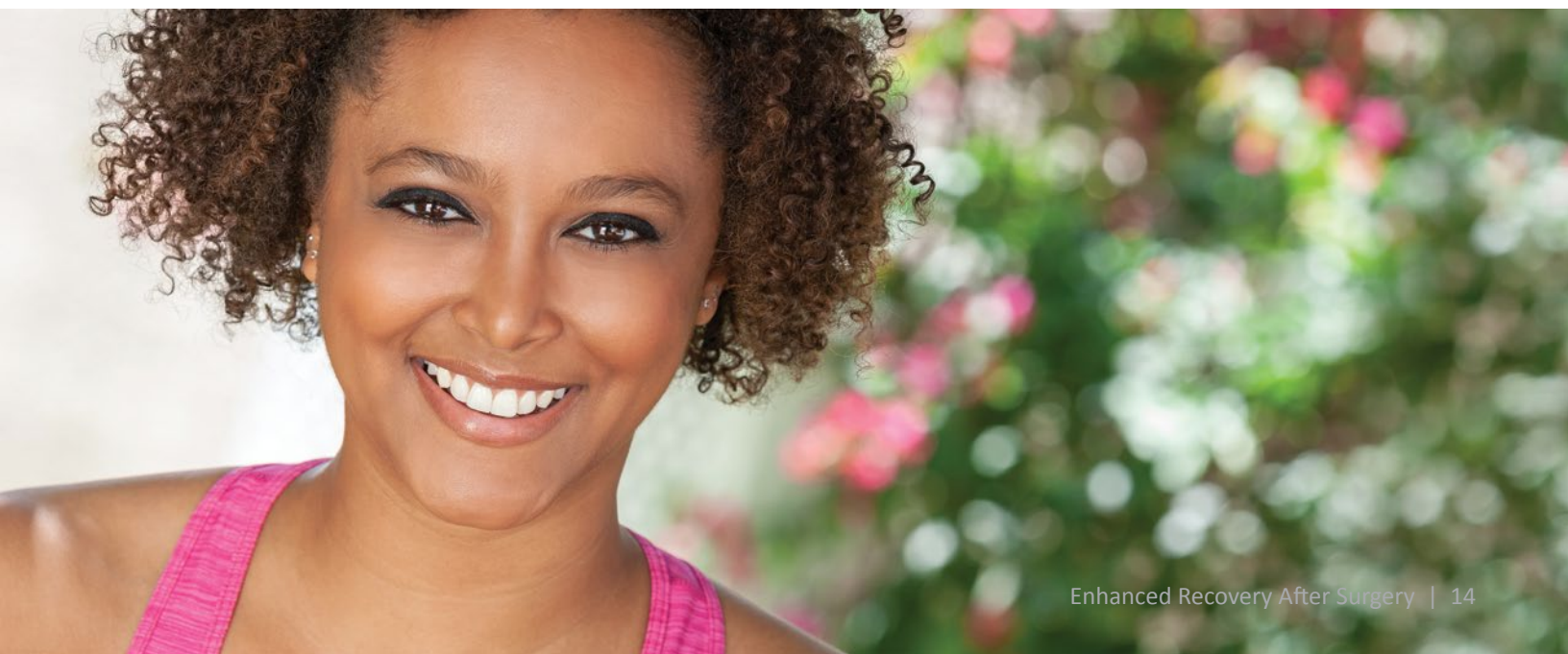
- Resume normal exercise activities at 75 percent volume/intensity if there are no restrictions from your surgeon*

Ten weeks after your surgery, you may begin the following:

- Resume normal exercise activities at 100 percent volume/intensity if there are no restrictions from your surgeon*

** Resume exercise at appropriate level only if no increased pain, no feeling of heaviness in the pelvis and normal bladder and bowel function. If symptoms present, please contact your surgeon and your women's health physical therapist.*

Helpful hint: Remember, it can take up to six weeks to fully recover from a surgical procedure. It is not unusual to feel tired. Your body is using its energy to heal.



BODY MECHANICS RECOMMENDATIONS



Getting in and out of bed

Lower self to lie down on one side by raising legs and lowering head at the same time. Use arms to assist moving without twisting. Bend both knees to roll onto back if desired. To sit up, start from lying on side, and use same movements in reverse. Keep trunk aligned with legs.



Turning in bed

Log roll to turn in bed, don't twist. Lying on back, bend left knee and place left arm across chest. Roll all in one piece.



Stand to sit/sit to stand

To sit: Bend knees to lower self onto front edge of chair, then scoot back on seat.

To stand: Reverse sequence by placing one foot forward, and scoot to front of seat. Use rocking motion to stand up.

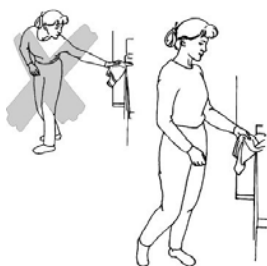
Getting in and out of a car

Lower self onto seat, scoot back, then bring in one leg at a time. Reverse sequence to get out.

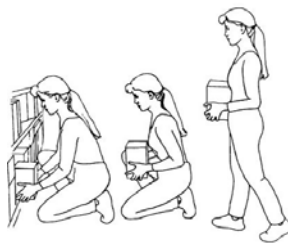


Avoiding twisting

Avoid Twisting



Lifting and bending principles



- Bend at hips and knees, not back.
- Maintain proper posture and head alignment.
- Slide object as close as possible before lifting.

- Move obstacles out of the way.
- Test before lifting; ask for help if too heavy.
- Tighten stomach muscles without holding breath.
- Use smooth movements; do not jerk.
- Use legs to do the work, and pivot with feet.
- Push instead of pull whenever possible.
- Squat down, and bring item close to lift.

EXERCISES AFTER SURGERY

Begin these exercises the day after your surgery.

If you have any difficulty at home, please contact your surgeon and request to see a physical therapist. If you are in the hospital and have difficulty, please alert your nurse for physical therapy consultation.



1) Abdominal bracing with pelvic floor contraction

Position: Lying on your back or sitting with a neutral spine. Inhale normally, then when you exhale, gently tighten pelvic floor (as if stopping the flow of urine) and abdominal muscles. Relax muscles on inhale. Repeat 15 times, 2 times per day. Only perform this exercise if it does not increase your pain.



2) Gluteal squeeze

Squeeze buttock muscles as tightly as possible for 10 seconds. Relax for 10 seconds. Repeat 5 times, 2 times per day.



3) Shoulder flexion

Raise both arms overhead with palm up. Reach back as far as you can without increasing pain. 15 repetitions per set, 2 times per day.



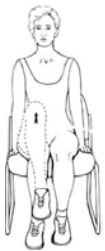
4) Ankle pump

With legs straight, bend foot toward floor, then toward ceiling. Repeat 15 times. Then repeat 15 times with the other foot, every hour while awake in the hospital and then 3 times per day with each leg after discharge. This exercise can be done while sitting or lying in bed and helps reduce your risk for blood clots.



5) Knee extension

While sitting, raise leg until knee is straight. Hold for 1-2 seconds at the top, slowly lower your foot to the floor. Do 15 repetitions per set, 2 sets per leg, 2 times per day.



6) Marching

Begin sitting tall, both feet flat on floor. Inhale, then exhale while lifting knee as high as is comfortable, keeping upper body straight and still. Slowly return to starting position.

Do 15 repetitions on each leg per set, 2 sets per session, 2 times per day.



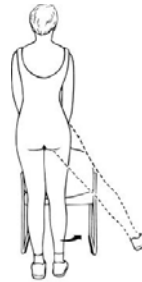
7) Clam shell 45 degrees

Lying with hips and knees bent 45°, you can place one pillow between knees and ankles for comfort if needed. Lift top knee. Be sure pelvis does not roll backward. Do not arch back. Do 15 repetitions, each leg, 2 times per day.



8) Heel raises

Stand with support holding on to chair or counter. Tighten pelvic floor and hold. With knees straight, raise heels off ground. Hold 2 seconds. Relax for 2 seconds. Do 15 repetitions, 2 times per day.



9) Standing hip abduction

Stand with support. Squeeze pelvic floor and hold. Lift right leg out to side, keeping toe forward. Hold for 3 seconds. Repeat 15 times. Repeat with other leg. Perform 2 sets, 1-2 times per day.



10) Marching in place

Standing straight, march in place, alternate bringing knees toward trunk for 30 seconds. Arms swing alternately. Do 2-4 sets, 1-2 times per day.



11) Bridge

Lying on your back with your knees bent and feet planted on the ground, exhale and lift hips. Inhale, release hips back to floor.

Repeat 15 times, 2 sets, 1-2 times per day.



12) Squats

Arms in front or hanging at sides, squat by dropping hips back as if sitting on a chair. Keep knees over feet. Hold on to chair or counter if you need support for balance. Repeat 15 times per set, 2 sets per session, 1 sessions per day. Use no weights or add 1-2 pound weights (or hold soup cans if no weight feels easy).

RESUMING SEXUAL RELATIONS

Do not insert anything into your vagina after surgery. This includes tampons, sex toys and intercourse.

You may resume sexual relations when cleared by your surgeon and when you feel comfortable doing so. If you are ready, you may resume sexual activity (intercourse) and tampon use _____ weeks after surgery. Discuss any questions, fears or concerns with your surgeon or nurse. If you don't ask questions, your health care team will assume that everything is fine and that there are no problems.

DRIVING

You may resume driving when you are off narcotics for 24 hours and you can react quickly and painlessly with your braking foot and are physically able to turn and twist without much pain. For most patients this occurs about two weeks following surgery. Remember, this is an important safety measure for you and those on the road around you.

RETURNING TO WORK

Your surgeon has determined that your anticipated return to work date is _____.

You may be able to return to work sooner if you feel up to it. If your job requires extensive manual labor, you should not perform heavy duty labor until _____. You should check with your employer regarding the rules and policies of your workplace, which may be an important factor in returning to work. Please discuss specifics with your surgeon.



RESOURCES

IMPORTANT CONTACT INFORMATION

In case of an emergency, call 9-1-1!!

CONTACT **PHONE NUMBER**
Texas Children’s Pavilion for Women Main Number 832-826-3000

FINANCIAL ASSISTANCE & COUNSELING

Texas Children’s Hospital’s Financial Assistance 832-824-2300
Texas Children’s Financial Counselors 832-824-5505

INSURANCE & BILLING

Anesthesia Services at the Pavilion for Women - US Anesthesia Partners 972-715-5080
Pathology Consultants 877-788-7814
Texas Children’s Billing Office 832-828-3600
Texas Children’s Physician Services Organization 832-824-2300

MEDICAL RECORDS

Medical Records/Health Information Management 832-824-1600
Sign-Up for MyChart 877-361-0111

REGISTRATION/ADMISSIONS

Texas Children’s Pavilion for Women Department of Admissions 832-826-3300

WOMEN’S ASSESSMENT CENTER (emergency care related to your surgery)

Pavilion for Women, 11th Floor 832-826-3155

WOMEN’S SURGERY

Texas Children’s Pavilion for Women Pre-Anesthesia Testing (PAT) 832-826-3631
Pre & Post Anesthesia Care Unit (PACU) 832-826-3505
Women’s Surgery Waiting Reception Desk 832-826-3553

OTHER

Guest Services 832-824-7827
Nutrition 832-824-5077
Pharmacy 832-822-3050
Physical Therapy 832-826-2135
Social Work 832-824-1570
Security 832-824-5400
Texas Medical Center Parking Services 713-791-6161



HOSPITAL ADDRESS

Texas Children's Pavilion for Women
6651 Main Street
Houston, Texas 77030

Visiting hours

8 a.m. - 8 p.m.

Visitors after 8 p.m. must check in with security located on each floor/unit.

PARKING INFORMATION

Valet parking is available 24 hours a day, seven days a week. There is a flat \$13 charge for each 24-hour period (in-and-out privileges are not permitted; additional charges would apply).

Should you choose to self-park, we have four levels of on-site parking underground in Garage 21.

In addition, Texas Children's Main Street lot, located at 6650 Main Street, is available for off-site visitor parking. The maximum daily rate is \$8. The lot is located directly across the street from Texas Children's Pavilion for Women.

For additional information, visit [texaschildrens.org/maps-and-directions/parking](https://www.texaschildrens.org/maps-and-directions/parking).

Once inside the hospital, take the elevator to the 5th floor Women's Surgery Department. It is a three minute walk from the parking garage, so if you need special assistance, Security can arrange for a mini cab or wheelchair.

PAVILION FOR WOMEN AMENITIES

Texas Children's Pavilion for Women offers a vast array of amenities to keep patients and their families comfortable during their stay:

- Bedside Spa Services
- Chapel
- Dining & Refreshments
 - Coffee Corner
 - Fresh Bistro Café
 - Patient & Guest Dining
- Massage Therapy
- Patient and Family Services
- Ronald McDonald® Family Room
- Shopping
 - Bella Luna Boutique
 - Gift Shop
- Wells Fargo Bank & ATM
- Valet Services

Ask your nurse or a member of our staff for more information about any of these amenities.

PATIENT SURVEYS

Texas Children's Hospital Pavilion for Women remains committed to improving our patients' experience by continuing to collect patient, family and care partner feedback in a variety of ways and by measuring against both our past performance and the performance of other leading women's hospitals. Our goal is to continuously improve and to provide each of our patients with the very best care. If you have any suggestions about how to improve your care or the care of others, we encourage you to speak with your care team or participate in the patient satisfaction survey.





Pavilion
for Women