

FAQ's for patients who are contemplating/require surgery:

*Please remember that everyone is different and the recovery time of one patient may not reflect that of another. That being said, the answers to these questions are approximations and estimations based on our overall client base. Please use these answers as an idea as to what to expect while keeping in mind that your recovery time/experience may differ from the answers provided on this page.*

**1. If I schedule an appointment, how long can I expect to be scheduled for surgery?**

- a. Our surgical coordinator does her absolute best to schedule surgeries on dates that are convenient to the patient. However, that being said it is ultimately dependent upon the volume of surgeries Dr. Shakiba is facing at that time and the availability of the OR. It is highly recommended that if you are expecting time off from work in the upcoming months, or have a specific time frame of which would be more convenient for you to undergo surgery to allow yourself to have necessary recovery time, to schedule your initial visit with Dr. Shakiba 2-3 months prior to the desired time frame. This is because depending on the procedure, Dr. Shakiba may require you to undergo additional testing prior to surgery and you will also need medical clearance from your primary care physician. It does not always take 2-3 months to schedule a surgery, but there are times of the year where patients are more inclined to want to schedule surgery (i.e. the end of the year, summer, holiday season) so by getting in early, you would be optimizing your chances to get your desired date.

**2. How long will I be out of work for surgery?**

- a. Depending on the complexity of the surgery, patients can expect to be out of work somewhere between 2-4 weeks. In most cases, patients undergoing a laparoscopic procedure can expect to be out of work 2 weeks while others undergoing a robotic-assisted procedure are more likely to require 4 weeks out of work.

**3. Do I have to come back to the office after surgery?**

- a. Yes. Patients are required to return to the office 2 weeks after surgery for their first post-op visit and then return for their 2<sup>nd</sup> post op visit about 4 weeks later, unless otherwise directed by Dr. Shakiba.

**4. I cannot tolerate narcotic pain medications. Will this be an issue during my recovery?**

- a. No. Fortunately, due to the minimal invasive approach Dr. Shakiba takes in most of his surgeries, the severity of post-operative pain as well as the amount of blood lost during surgery is minimized. Most of his patients find relief through OTC NSAIDS (i.e. Ibuprofen, Motrin) for the first few days after surgery and then no longer require any type of pain medication.

**5. What is the benefit of having my procedure performed robotically?**

- a. There are many benefits to robotic-assisted procedures. Some of the few include:
  - i. Shorter recovery time
  - ii. Less blood loss
  - iii. Less scarring
  - iv. Short hospital stays
  - v. Less post-operative pain

**6. Can I drive after surgery?**

- a. For patients undergoing minimally-invasive, robotic-assisted procedures, it is recommended to wait 1 week before driving on your own.

**7. Will I have a big scar after surgery?**

- a. Dr. Shakiba prefers to utilize a minimally invasive approach when performing surgery on his patients, which means no big scars going up and down or across your abdomen! For patients who are eligible to undergo the minimally invasive, robotic-assisted procedures, you can expect to have 3-5 small incisions on the abdomen, one of which is often placed inside the umbilicus making it unnoticeable. Each remaining incision measures no more than an inch and are virtually unnoticeable by 10 weeks post-operative time.

**8. Should I be concerned if I notice some spotting or bleeding after surgery?**

- a. Noticing small amount of blood after surgery is normal, and should diminish over time. The bleeding can be managed with the use of pads or panty-liners avoiding the use of tampons unless otherwise noted from Dr. Shakiba. However, if you are experiencing a large amount of blood or notice passage of clots with the bleeding, you should call the office immediately for reevaluation.

**9. Do I need to prep my bowel prior to surgery?**

- a. Usually bowel prep prior to any bowel surgery or endometriosis surgery is unnecessary. the patient will be notified for any exceptions.

**10. How will my bowel function be after surgery?**

- a. It is common for patients to encounter constipation after surgery, so we advise that the patient have a bowel movement one day prior to surgery and begin taking stool softeners, such as Colace, on day 1 after surgery. Patients are advised to continue taking stool softeners within 2-4 weeks unless bowel movements are loose enough that they are no longer needed. For a rectocele repair or other pelvic reconstruction surgery, constipation is to be expected on day 3 after procedure and is sometimes painful. If patient continues to have difficulty with bowel movements after day 3, patient advised to take Milk of Magnesia.

**11. Do I need antibiotics after surgery?**

- a. Patients will receive antibiotics during surgery and most patient do not require any antibiotics after procedure unless there is a specific condition, in you will be notified by Dr. Shakiba

**12. If I have a sling surgery, do I need a urinary catheter after the procedure at home?**

- a. Typically, after pelvic reconstructive surgery and urinary incontinence surgery with or without the use of mesh, a test will be done following the procedure to see if your bladder is ready to resume normal function. It is common that the bladder may not be ready to function and will require an additional day of rest. In this case, you will be sent home with a catheter for 1-2 days after procedure. This is temporary and we will instruct you how to remove the catheter at home by yourself. If you are still unable to void 4-5 hours after removal of the catheter, contact our office.