**Teaching to the Texts**

**Te Linde’s Chapter 8: Preoperative Care of the GYN Patient & Chapter 9: Postanesthesia and Postoperative Care**

CREOG Educational Objectives

*A. For the following perioperative considerations, describe your options and management in the days prior to, immediately before, and after surgery:*

1. Antibiotic prophylaxis
2. Thromboprophylaxis
3. Pain control
4. Bowel function
5. Consideration/Plans for ERAS protocol

*B. For patients requiring procedural intervention in each of the following areas, list the integral components and key considerations:*

1. Routine preoperative evaluation
2. Preoperative assessment with consideration of special populations and comor- bidities, including the following:
	1. Children/adolescents
	2. Geriatric women
	3. Diabetes mellitus
	4. Obesity
	5. Other medical conditions
3. Obtaining surgical informed consent

*C. Describe your considerations for and approach to the optimization of the following components of postoperative care:*

1. Assessment of postoperative milestones
2. Management of lines, tubes, and drains
3. Wound care
4. Discharge planning and coordination

*D. Understand risk factors, etiologies, signs and symptoms, evaluation, initial management, and indications for referral for the following complications:*

1. Fever
2. Ileus/obstruction
3. Wound complications (eg, infection, dehiscence)
4. Fluid or electrolyte imbalance, including abnormal urinary output
5. Injury to pelvic structures (eg, urinary tract, gastrointestinal tract, blood vessels, nerves)
6. Cardiovascular and pulmonary events (eg, deep vein thrombosis/pulmonary embolism, myocardial infarction, stroke, aspiration pneumonia)
7. Acute and chronic blood loss

Practice Questions

1. A 38 y.o. with well-controlled hypertension presents to your office 1 week after a total laparoscopic hysterectomy. She received preoperative prophylactic antibiotics. The surgery was completed in 90 minutes with an estimated blood loss of 250 mL. On postoperative day 1, she received 2 units of packed red blood cells for symptomatic anemia. She has been experiencing generalized abdominal pain for the past 2 days, along with fevers and chills. Examination reveals a tender, palpable mass at the apex of the vagina. Her temperature is 38.4 C, heart rate is 85 beats per minute, and blood pressure is 145/92. CT demonstrates a 5-cm fluid collection in the right lower quadrant. In this patient, the most pertinent historical factor associated with this complication is
	1. Age
	2. Blood transfusion
	3. Hypertension
	4. Length of surgery
	5. Route of surgery

From: Gynecology & Surgery Prolog, 8th Edition, Question 51

1. A 40 y.o. woman is scheduled to undergo a total abdominal hysterectomy for a large leiomyomatous uterus. She has type 2 diabetes, which is controlled on twice-daily injections of long-acting and short-acting insulin. The best preoperative management to optimize perioperative glucose control on the day before surgery is to
	1. Continue her current insulin regimen
	2. Decrease her nighttime dose of insulin
	3. Discontinue her nighttime dose of insulin
	4. Switch to a short-acting sliding scale

From: Gynecology & Surgery Prolog, 8th Edition, Question 35

1. A 60 y.o. woman, para 4, has complete procidentia. She would like to proceed with a laparoscopic hysterectomy and sacrocolpopexy. Her history is significant for hypertension, diabetes, and GERD. Her medications include insulin, lisinopril, omeprazole, and a daily multivitamin. She swims daily for exercise. A complete blood count and chemistry panel were normal. In preparation for surgery in 6 weeks, the best next step to evaluate her perioperative risk is to perform a
	1. Cardiac stress test
	2. Chest x-ray
	3. Echocardiography
	4. Electrocardiography (ECG)
	5. Pulmonary function test

From: Gynecology & Surgery Prolog, 8th Edition, Question 43

1. A 25 y.o. nulligravid woman is scheduled to undergo laparoscopic ovarian cystectomy for a presumed mature cystic teratoma. She reports an allergy to penicillin, which was discovered she developed hives after taking amoxicillin. The most appropriate approach to antibiotic prophylaxis for this patient’s surgery is
	1. IV cefazolin
	2. IV clindamycin plus gentamicin
	3. IV metronidazole plus gentamicin
	4. Oral doxycycline
	5. No prophylaxis

From: Gynecology & Surgery Prolog, 8th Edition, Question 106

1. A 53 y.o. G2P2 comes to your office for a preoperative visit to discuss her upcoming hysterectomy. She is healthy and has had two cesarean deliveries. Her BMI is 23. In counseling her regarding her risks, you inform her that the hysterectomy approach with the highest risk of vaginal cuff dehiscence is
	1. Abdominal hysterectomy
	2. Laparoscopic hysterectomy
	3. Laparoscopic-assisted vaginal hysterectomy
	4. Vaginal hysterectomy

From: Gynecology & Surgery Prolog, 8th Edition, Question 28

High-Yield Associated Resources

1. ACOG Committee Opinion No. 750. Perioperative Pathways: Enhanced Recovery After Surgery. September 2018.
2. UptoDate. Overview of preoperative evaluation and preparation for gynecologic surgery. Last updated February 2020.
3. UptoDate. Perioperative medication management. Last updated April 2019.
4. UptoDate. Complications of Gynecologic Surgery. Last updated August 2019.

Question Answers: 1-B, 2-B, 3-D, 4-E, 5-B