



The Women's *Cancer Center* **Deaconess**



Enhanced Recovery After Surgery (ERAS)

**Gynecologic Oncology and
Breast Surgical Oncology**

4055 GATEWAY BLVD. | NEWBURGH, IN 47630
PHONE: 812-842-2210 | FAX: 812-842-4599

Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing The Women's Cancer Center 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 handbook should be used as a guide to help you through your surgical journey and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- ☐ Every office visit
- ☐ Your admission to the hospital
- ☐ Follow up visits

Not all procedures will require all aspects of the ERAS protocol. The office staff will make you aware of what applies to you and your procedure.

Contact Information

The main hospital address:

The Women's Hospital
4199 Gateway Boulevard
Newburgh, Indiana 47630

Contact	Phone Number
The Women's Cancer Center	812.842.2210
Fax- The Women's Cancer Center	812.842.4599
TWH Main Hospital Phone Number	812.842.4200
Pre-Admission Surgical Nurses	812.842.4345
Hospital Billing Questions	812.842.4260

For more information on ERAS, helpful links for getting ready for surgery, and to view this booklet online, visit:

<https://www.deaconess.com/womenscancer>

Table of Contents

Section 1:

What is ERAS?	5
Before Your Surgery	7
Preparing for Surgery	9
Days Before Surgery	11

Section 2:

Day of Surgery	13
After Surgery	15

Section 3:

After Discharge	20
-----------------------	----

Section 4:

Campus Map	26
Lab Locations/Notes	27

Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



There are four main stages:

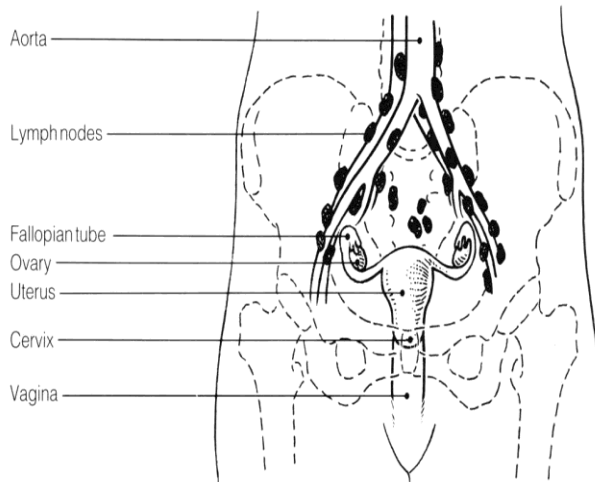
1. **Planning and preparing before surgery** – giving you plenty of information so you feel ready.
2. **Reducing the physical stress of the operation** – allowing you to drink up to 4 hours before your surgery.
3. **A pain relief plan** that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. **Early feeding and moving around after surgery** – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the center of the care team.

Not all procedures will require all aspects of the ERAS protocol. The office staff will make you aware of what applies to you and your procedure.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Gynecologic Surgery



Types of Surgical Procedures:

Hysterectomy: Removal of the uterus

Oophorectomy: Removal of the ovaries

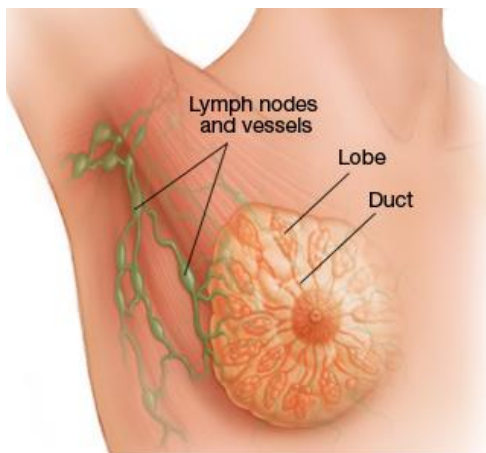
Salpingectomy: Removal of the fallopian tubes

Lymphadenectomy: Removal of the lymph nodes. This is often done as part of staging for cancer.

Open surgery (laparotomy): An incision (cut) made through the abdomen. This could be up and down or across the abdomen. The surgeons use their hands and instruments to do surgery through that opening.

Minimally invasive surgery (M.I.S.): This type of surgery is done through small incisions (cuts) in your abdomen. Your abdomen is filled with a gas called carbon dioxide. Your surgeon will put a long camera and other tools inside your abdomen to perform the surgery. This may be done with the use of the robot (DaVinci) or laparoscopy.

Introduction to Breast Surgery



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH.
ALL RIGHTS RESERVED.

Types of Surgical Procedures:

Lumpectomy (breast conserving surgery): partial removal of the breast

Mastectomy: removal of the breast tissue

Excisional biopsy: larger biopsy of breast tissue

Sentinel lymph node biopsy: biopsy of lymph node(s) in the armpit that drain from the breast, done as part of staging for cancer

Axillary lymphadenectomy: removal of lymph nodes in the armpit

Before Your Surgery

Clinic/Office

During your clinic visit we will check to see if you need surgery and what type you will need. You will work with our entire team to prepare for surgery:

- Surgeon
- Clinical nurse coordinators
- Surgery scheduler
- Administrative assistants



During your clinic visit, you will:

- ☐ Answer questions about your medical history
- ☐ Have a physical exam
- ☐ Sign the surgical consent forms

You will also receive:

- ☐ Instructions on preparing for surgery
- ☐ Special instructions for what to do before surgery

Write any special instructions here:

Pre-Testing

After your clinic/office visit, you may need to have tests done before your surgery. A list of the possible tests needed is below:

- ☐ Bloodwork (CBC, CMP, PT, PTT, tumor markers, etc.)
- ☐ Urinalysis
- ☐ EKG
- ☐ Chest xray

Surgical clearance from your physician(s) may be necessary to verify that you are healthy enough for surgery. A physician will review your history and may order additional tests to assess your health. The following surgical clearances may be required prior to surgery.

Surgical clearance:

- Medical Clearance from your primary care doctor
- Cardiac Clearance from your heart doctor (cardiologist)
- Pulmonary Clearance from your lung doctor (pulmonologist)
- Endocrinology Clearance from your endocrinologist
- Other: _____



If you have any abnormal pre-operative testing results, it may be necessary for you to see additional specialty doctors. The office will inform you if this is necessary.

A nurse from the hospital will call you approximately two weeks prior to your procedure to review your medication list, allergies and health history. The nurse will provide you with instructions regarding what medications to continue and which medications to stop.

Write any special medication instructions here:

Preparing for Surgery

You should expect to be in the hospital for about _____ days. When you leave the hospital after your surgery, you may need some help from family or friends, however we expect you to be able to do all your activities of daily living.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs. But remember that you WILL be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be difficult when you first go home.
- Cut the grass, tend to the garden and do all house work.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- **Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.**
- **Stop taking aspirin, ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) or anything that thins the blood 10 days before surgery.**
- **If you are taking additional medications for chronic pain, please continue those up until your surgery.**



Other Helpful Tips:

- Eat healthy food before your surgery - this helps you to recover faster. Focus on proteins.
- Get enough exercise so you are in good shape for surgery.
- Stop or cut back your smoking with the assistance of your primary care physician before surgery.
- Follow the orders you were given regarding blood thinners and diabetes medicines.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- A list of your current medications.
- Any paperwork given to you by the doctor
- A copy of your Advance Directive form, if you completed one
- A pack of your favorite gum
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- **Your CPAP or BiPAP, if you have one**



What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to “safe keeping.”

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital.
- Have a responsible adult with you to hear your discharge instructions and drive you home (If you are going home the same day). If you plan to take public transportation, a responsible adult should travel with you.



Days Before Surgery

☐ **Miralax Bowel Preparation**



In order to prepare your bowels for surgery, we ask that you take 1 dose (1 heaping capful) of Miralax daily on each of the **5 days before** you come in for surgery. This will help to get your bowels regular.

We will also ask you to continue taking this **after your surgery** so please purchase a large bottle.

Use the calendar below to mark the five days prior to your surgery.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

☐ **Robotic Assisted Procedures**

Please purchase a 10 oz. bottle of magnesium citrate from your local pharmacy/Wal-Mart/Target/Dollar Store. Drink this bottle the evening before surgery between 5:00 pm - 6:00 pm.

☐ **Type & Screen blood test **Date:****

You may be required to go to a Deaconess laboratory for a special blood test 48 hours prior to your surgery. This test is used to make sure that the hospital has blood products available for your surgery, if needed. A list of the Deaconess approved laboratories is on page 27.

Scheduled Surgery Time

The surgery scheduler will call you to tell you the date and time of your surgery. You will be given instructions on what time to arrive at the hospital.



Please write what time the surgery scheduler tells you to arrive on page 2 of this handbook in the space provided.

The night before surgery

- ☐ If instructed, drink the bottle of magnesium citrate between 5:00 pm - 6:00 pm.
- ☐ **Do not eat solid foods 8 hours prior to your surgery time.** We suggest avoiding fatty, fried foods the day before surgery.
- ☐ Be sure to have a 20-ounce Gatorade™ (any flavor) **ready for the morning of surgery.** Drink this 4 **hours before your scheduled surgery time.** If you are diabetic, you will not drink Gatorade™.
- ☐ If you were given a prescription for a scopolamine patch. Place the patch on your neck, behind the earlobe.



Other important reminders:

- ✓ Follow the instructions you were given regarding blood thinners and diabetes medications.

Day of Surgery

Before you leave home

- ☐ Remove nail polish, makeup, jewelry and all piercings.
- ☐ Remember to drink your Gatorade™ 4 **hours before your scheduled surgery time**. Do NOT drink any other liquids. If you do, we may have to cancel surgery.



Hospital arrival (campus map on page 26)

- Arrive at the hospital on the morning of surgery at the time you wrote on page 2. (this will be approximately 2-**3 hours before surgery**)
- Check in at your scheduled time at The Women's Hospital Surgery Entrance or Deaconess Gateway main registration. Be sure to bring your medication list and Advanced Directive, if you have one.
- Your family is welcome to stay with you prior to surgery.

Surgery

You will be brought back to the pre-operative unit.

In Pre-Op, you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- Be given several medicines that will help keep you comfortable during and after surgery.
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time.



A physician may also mark your abdomen or breast depending on the type of surgery you are having.

In the Operating Room

From Pre-Op, you will then be taken to the operating room (OR) for surgery and your family will be taken to the waiting room.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- ☐ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☐ You will lie down on the operating room bed.
- ☐ You will be hooked up to monitors.
- ☐ Boots will be placed on your legs to circulate your blood during surgery.
- ☐ You may also be given a blood thinner shot to prevent blood clots.
- ☐ We will give you antibiotics, if needed, to prevent infection.
- ☐ Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- ☐ Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery.

If you are having an open surgery, the anesthesia doctor may place a small needle into your back where we can give you a *small* amount of morphine (a narcotic medicine). This will help us to decrease the amount of oral pain medicine you will need to take after surgery which could delay your recovery.



After this, your surgical team will perform your operation.

After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours, and then go to the Medical-Surgical Unit.

Once you are awake:

- You will be given clear fluids to drink.
- You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and prevents you from getting blood clots and pneumonia.

The surgeon will talk with your family after surgery to give them an update.



Medical-Surgical Unit

From the recovery room, you will be sent to the surgical floor. The staff in the family lounge will tell your family your room number so they can join you.

Once to your room, you:

- You may have a small tube in your bladder called a Foley catheter. We can measure how much urine you are making and how well your kidneys are working.
- Will be given oxygen and have your temperature, pulse, and blood pressure checked after you arrive.
- Will have an IV in your arm to give you fluid.
- Will be allowed to drink fluids.



- Will likely receive a blood thinner injection every day to help prevent blood clots.
- Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- Will be placed on your home medications (with the exception of some diabetes and blood pressure medications).
- Will get up and out of bed on the day of your surgery, with help from the nurse.



Your Care Team

In addition to the great nursing staff, members of The Women's Cancer Center team will care for you during your stay. This team is led by your surgeon and includes our Advanced Practice Providers.

Pain control following surgery

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. 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.

- ☐ We will treat your pain during surgery with an injection at the surgery site.
- ☐ You will get several other pain medicines around-the-clock to keep you comfortable.
- ☐ You will have narcotic pain pills as needed for additional pain.

This plan will decrease the amount of narcotics we give you after surgery. Narcotics can significantly slow your recovery and cause side effects, like constipation.

If you have a contract with a physician for pain management, we will work with your pain management physician to develop a plan for managing your pain.

First Day After Surgery

On the day after your surgery, you:



- ☐ Will be able to eat regular foods as soon as you are ready. You will eat sitting up in a chair.
- ☐ Will be encouraged to drink.
- ☐ Will likely have your IV stopped and removed.
- ☐ May have the catheter removed from your bladder (unless you had a radical hysterectomy).
- ☐ Will be asked to get out of bed 8 or more times per day and sit in the chair for a minimum of 6 hours.
- ☐ If you had minimally invasive surgery (laparoscopic or robotic), you will likely go home on this day.

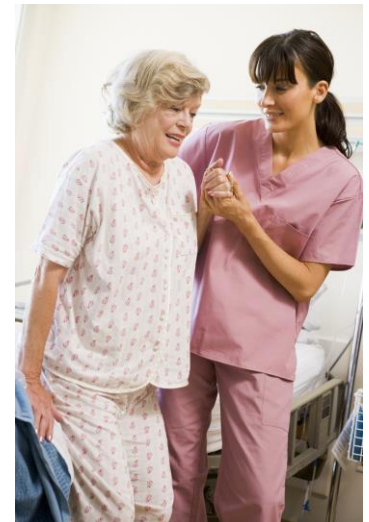
Second Day after Surgery

Two days after your surgery, you:

- ☐ Will eat regular foods, if you haven't already been eating them. Choose small, frequent and easy-to-digest meals.
- ☐ Will have the dressing removed from your wound.
- ☐ Will have the tubing disconnected from your IV.
- ☐ If you have an ostomy you will receive ostomy instructions,
- ☐ Will be asked to be out of bed for the majority of the day and walking 3 times with help.

You may be able to go home on Day 2 if you:

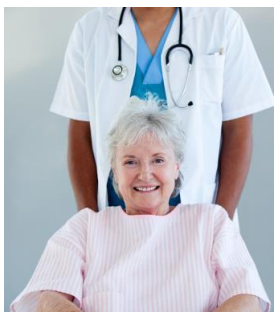
- ☐ Are off all IV fluids and drinking enough to stay hydrated.
- ☐ Are comfortable and your pain is well controlled.
- ☐ Are not nauseated or belching (burping).
- ☐ Are passing gas.
- ☐ Do not have a fever.
- ☐ Are able to get around on your own.



Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital.

Discharge

Before you are discharged, you will likely be given:



- ☐ A copy of your discharge instructions.
- ☐ A list of any medications you may need.
- ☐ A prescription for pain medicine and a blood thinner.
- ☐ Ostomy supplies, if you have a new ostomy.
- ☐ Instructions on when to return to see your surgeon (2-4 weeks), depending on your surgery.
- ☐ If you have staples, instructions on when to return to have your staples removed (in 7-14 days) will be given to you.

Before you leave the hospital

- ☐ We will ask you to identify how you will get home and who will stay with you.
- ☐ If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home.
- ☐ Be sure to collect any belongings that may have been stored in "safe keeping."

Our social workers will help with discharge needs. Please let us know the names of:

- ☐ Your home pharmacy:

- ☐ Your home healthcare agency (if you have one):

- ☐ Any special needs after your hospital stay:

Complications Delaying Discharge

Bowel Function

Following surgery, your bowel can shut down, so food and gas have trouble passing through the intestines. This is called an ileus. It is a common and frustrating complication following surgery. We have designed the ERAS program to do everything possible to reduce the chance of an ileus.

If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid it is to decrease the amount of narcotic pain medications you take, get up as much as possible after your surgery, and eat small amounts of food and drinks.



Post-operative nausea and vomiting

It is very common to feel sick after your surgery. We give you medication to reduce this. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.



After Discharge

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- **You have a fever greater than 100.5°F**
- **You are vomiting and cannot keep down liquids**
- **You have severe abdominal pain or severe diarrhea**
- **You are unable to pass gas for 24 hours**
- **You have pus or flow of fluid coming from your incision. Some clear drops of fluid or blood can be normal.**
- **Unequal swelling in your calves**
- **You have bleeding that is heavy enough to soak a maxi pad in 1 hour or 6 per day**



The Women's Cancer Center has a provider on call twenty-four hours a day, please call 812.842.2210 to report any of the symptoms listed above.

Your post-operative appointment with The Women's Cancer Center is scheduled for:

Your pathology and laboratory reports will be available to you through MyChart. These reports will be written with medical terminology that you may or may not understand fully. Please know that your Women's Cancer Center provider will go through your pathology/laboratory results with you in detail during your post-operative appointment and will be able to explain the information in a way that you will understand and you will be given the opportunity to ask questions at that time.

As a patient, you have the choice to open and review this information or wait until your post-operative appointment with The Women's Cancer Center.

Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Patients can have a variety of bowel complaints, including:

- Irregular bowel habits
- Constipation
- On rare occasions, loose stool

Make sure you eat small, frequent meals, drink a minimum of 64oz of fluids and take regular walks during the first two weeks after your operation.

If you are having very watery diarrhea more than four times each day call your surgeon's office.



Constipation

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery. Excessive straining will cause pain and possible harm to the surgery site.



- Take one dose of Miralax powder and a stool softener daily.
- Drink a minimum of 64oz (8 cups) of fluid per day.
- If no bowel movement in 2 days, increase Miralax to three times a day.
- If no bowel movement by the third day, call your surgeon's office.

Abdominal Pain

It is not unusual to suffer gas pains during the first week following surgery. This pain usually lasts for a few minutes but goes away when the bowels normalize.

Call your surgeon's office if:

- ☐ you have severe pain for more than 1–2 hours that doesn't go away with your pain medicine



Urinary Function

After surgery you may get a feeling that your bladder is not emptying fully. This usually resolves with time. However, if you are not urinating or if there is any concern, contact us.

If you have severe stinging or burning when passing urine, please contact us as you may have an infection.

Wound Care

For the first 1–2 weeks following your surgery, your surgical incision may be slightly red and uncomfortable. If your surgical incision opens up, drains fluid, or has redness that spreads, call the office.

- ☐ You may shower and let the soapy water wash over your incision.
- ☐ Avoid soaking in the tub for 1 month following surgery or until the wound is well healed.
- ☐ The wound will "soften up" in several months.
- ☐ It is common to have lumpy areas in the wound near the ends of the incision.
- ☐ If you have staples, we will arrange for them to be removed 7-14 days after discharge.
- ☐ If your incision is closed with skin glue, it will come off on its own in a few weeks.



Diet

Some patients find their appetite is less than normal 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.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.

You should try to eat a balanced diet, including:

- ☐ Foods that are soft, moist and easy to chew and swallow
- ☐ Foods that can be cut or broken into small pieces
- ☐ Foods that can be softened by cooking or mashing
- ☐ Eating 4-6 small meals throughout the day to reduce gas and bloating
- ☐ Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower-fiber varieties may be tolerated better initially, below)
- ☐ Drinking plenty of fluids. Aim for at least 64oz per day - water, fruit juice, teas/coffee and milk (regular milk is encouraged as a good source of nutrients to aid your recovery).

Be sure to:

- ☐ Chew food well – take small bites!
- ☐ Get enough protein, consume high protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Resource Breeze, Carnation Instant Breakfast, Boost, etc.
- ☐ Replace hard raw fruits and vegetables with canned or soft cooked fruits and vegetables



Avoid:

- ☒ Carbonated beverages in the first couple weeks
- ☒ Tough, thick pieces of meat, fried, greasy and highly seasoned or spicy foods
- ☒ Gas forming vegetables such as broccoli and cauliflower, beans and legumes

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly. If you are vomiting, call the office.

Hobbies and Activities

Walking is encouraged from the day following your surgery.

Plan to walk three or four times daily.

You should NOT:

- ☒ Do any heavy lifting for 4 weeks.
(no more than a gallon of milk = 10 lbs.).
- ☒ Play contact sports until 6 weeks following your surgery.
- ☒ Insert anything into the vagina (no tampons, intercourse, etc) for 12 weeks after surgery.

You SHOULD:

- ☐ Be able to climb stairs from the time you are discharged.
- ☐ Return to hobbies and activities soon after your surgery. This will help you recover.

Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds in the inside and out.



Work

You should be able to return to work 4–6 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at 812.842.4599.

Driving

You may drive when you are off narcotics for 24 hours and pain-free enough to react quickly with your braking foot. For most patients this occurs at 2 weeks following surgery. For our minimally-invasive surgery patients, this may occur earlier.



Resuming Sexual Relationships

If you had your uterus removed, you will have an incision at the top of your vagina. This vaginal incision has stitches that will dissolve. This incision takes longer to heal than your skin incision.

While you are healing from surgery, you should avoid placing anything in your vagina including having intercourse, using tampons or douching for 12 weeks after surgery.



You should be able to resume a normal, loving relationship after you have recovered from your surgery and you are not feeling any discomfort.

Vaginal Discharge/Bleeding

You may have discharge or blood spotting for up to 8 weeks after surgery. Sometimes this isn't noted until 1 or 2 weeks after discharge. Call us if bleeding approaches the level of a period. Call your surgeon's office if bleeding is heavy enough to soak a maxi pad in 1 hour or 6 per day.



Deaconess Gateway Medical Campus

A Medical Office Building 1 4233 Gateway Blvd., Newburgh, IN

1ST FLOOR

- Neurology
- The Vision Care Center

2ND FLOOR

- Plastic and Cosmetic Surgery
- Podiatry
- ProgressiveHealth at Deaconess Hospital*

3RD FLOOR

- Family Medicine

B Medical Office Building 2 4209 Gateway Blvd., Newburgh, IN

1ST FLOOR

- Behavioral Health
- Pediatric Urgent Care
- Deaconess Riley Children's Specialty Center
- Deaconess Family Pharmacy*
- Lab and Radiology*
- Anticoagulation Clinic*
- Medication Management*

2ND FLOOR

- Endocrinology
- Nephrology
- Urology

3RD FLOOR

- Pediatrics

5TH FLOOR

- Deaconess Heart Group

C Medical Office Building 3 4015 Gateway Blvd., Newburgh, IN

1ST FLOOR

- Deaconess Home Medical Equipment*

2ND FLOOR

- Deaconess Heart Hospital Cardiac Rehabilitation*
- Pulmonary and Critical Care*
- Deaconess Comprehensive Pain Center*
- Audiology
- Ear, Nose and Throat (ENT)
- Family Medicine
- Internal Medicine

3RD FLOOR

- Family Medicine

4TH FLOOR

- Audiology
- Ear, Nose and Throat (ENT)
- Family Medicine
- Internal Medicine

D GI Specialty Center **Medical Office Building 6** 4219 Gateway Blvd., Newburgh, IN

1ST FLOOR

- Procedure Center*
- GI Quick Care
- Lab/Radiology*

2ND FLOOR

- Specialty Clinic—MOB6*
- Weight Loss Solutions*
- Dr. Gregory McCord*
- Research Institute

E Deaconess Gateway Hospital* 4011 Gateway Blvd., Newburgh, IN

F Deaconess Heart Hospital 4007 Gateway Blvd., Newburgh, IN

- Deaconess Heart Group
- Deaconess Heart Hospital Outpatient Services*

G The Orthopedic and Neuroscience Hospital* 4011 Gateway Blvd., Newburgh, IN

- Deaconess Clinic Neurology

H Deaconess Urgent Care and COMP Center 4011 Gateway Blvd., Suite 100, Newburgh, IN

I Deaconess Gateway Hospital Emergency Department* Emergency Entrance

J Chancellor Center for Oncology 4055 Gateway Blvd., Newburgh, IN

- Deaconess Cancer Services*
- The Women's Cancer Center

K Medical Office Building 4 4087 Gateway Blvd., Newburgh, IN

- Deaconess Radiology EXPRESS* at MOB 4
- Medication Assistance Program*
- 4107 Gateway Blvd., Newburgh, IN
- Deaconess Infusion Center*
- 4111 Gateway Blvd., Newburgh, IN
- Oral Surgery Group
- 4121 Gateway Blvd., Newburgh, IN

L Medical Office Building 5 4133 Gateway Blvd., Newburgh, IN

1ST FLOOR

- Evansville Surgery Center at Gateway
- Deaconess Regional Lab EXPRESS*

2ND FLOOR

- Deaconess Hospital Specialty Clinic—MOB 5*

- Ronald McDonald House—Gateway

The Women's Hospital 4199 Gateway Blvd., Newburgh, IN

- Surgery Entrance

- Main Entrance

FIRST FLOOR

- The Boutique
- Great Beginnings
- Patient Care Areas

SECOND FLOOR

- Boston IVF at The Women's Hospital
- Women's Health Care, PC

THIRD FLOOR

- The Breast Center
- High Pointe Rehabilitation
- Tri-State Perinatology
- Pelvic Health and Wellness

- OB/GYN Emergency and Laboring Patient Entrance

Questions? Please call 812-842-2000

* A Department of Deaconess Hospital

Deaconess Laboratory Locations

Lab Location	Address	Hours of Operation	Phone Number
Gateway Outpatient Lab	4011 Gateway Blvd Newburgh, IN 47630	Monday - Friday 6:30am-6pm Saturday 7:00am-3pm	812-842-3447
Deaconess Lab Express - MOB 5	4133 Gateway Blvd, Suite 110 Newburgh, IN 47630	8:00am-5pm	812-858-6255
Henderson South Tower	Deaconess Lab Express - South Tower	7:30am-5pm	270-631-2348
Henderson Outpatient Lab	1305 N Elm Street Henderson, KY 42420	Monday - Friday 7:00am-5pm Saturday 7:00am-12:00pm	270-827-7700
Midtown Outpatient Lab	600 Mary Street Evansville, IN 47747	Monday - Friday 6:00am-6pm Saturday 7:00am-3pm	812-450-3440
Deaconess Lab Express Downtown	120 SE Fourth Street Evansville, IN 47713	7:00am-5pm	812-426-9327
Deaconess Gibson Outpatient Lab	1808 Sherman Drive Princeton, IN 47670	6:00am-6pm	812-385-3401
Deaconess Union County Outpatient Lab	4604 US Hwy 60 West Morganfield, KY 42437	6:00am-6pm	270-389-5000

Notes

