PREPARATION

How to prepare for planned surgery: what to do in advance and the day before

18 November 2026 · 5 min read

Stop smoking, check your haemoglobin, tell your doctor about all your medicines and supplements, and don’t fast for longer than necessary. A simple plan that helps you cope with surgery more easily and recover faster.

The outcome of an operation does not depend on the surgeon alone. Your condition at the time of surgery — weight, haemoglobin, lungs, muscles — has a noticeable effect on how your recovery goes. Medicine has a word of its own for this: prehabilitation, that is, preparing the body for the strain that an operation puts on it.

Below is a plan based on the international enhanced recovery (ERAS) guidelines and on a review by Ukrainian gynaecologists and surgeons whose authors include Artem Mykytiuk. We described how these principles work once you are in hospital in our article on fast recovery after gynaecological surgery.

A month or more before

Stop smoking

Nicotine and carbon monoxide reduce the oxygen supply to tissues, so wounds heal less well, and infections and lung and heart complications occur more often. According to the WHO, stopping smoking at least 4 weeks before surgery reduces the risk of complications, and every further week without cigarettes improves the outcome by roughly another 19%. Even if the operation is coming up soon, it is worth stopping: the earlier, the better.

Check your haemoglobin

Anaemia before surgery increases the risk of complications and of needing a blood transfusion. So it is best to have a full blood count as soon as the operation is planned. If your haemoglobin is low because of iron deficiency, the doctor will prescribe iron preparations: tablets take several weeks to work, and when time is short, iron is given intravenously. Where possible, a planned operation is postponed until the anaemia has been corrected.

Start moving

A large 2025 meta-analysis (186 studies, more than 15,000 patients) showed that exercise for at least a week before major surgery roughly halves the odds of complications and shortens the hospital stay by almost a day. The quality of the evidence is still low, and most of the studies concern major operations. But walking, simple strength exercises and breathing exercises are safe and beneficial before any procedure.

Look after your nutrition

Undernutrition and weight loss before surgery impair healing. Eat regularly, with enough protein. If you have recently lost weight for no apparent reason, be sure to tell your doctor. It is also worth limiting alcohol.

At the consultation: what you must tell your doctor

Do not stop any medicines on your own. Some medicines need to be stopped a few days before surgery, while others, on the contrary, should be taken as usual. The decision is made by the doctor or the anaesthetist. Tell them about everything you take, especially:

- blood-thinning medicines — anticoagulants and antiplatelets
- diabetes medicines — in particular gliflozins (SGLT2 inhibitors) and injections such as semaglutide
- hormonal medicines and blood pressure medicines
- dietary supplements and herbs. Garlic, ginkgo, ginseng and vitamin E can increase bleeding, while St John’s wort and valerian can affect anaesthesia. According to the American Society of Anesthesiologists, half of the people who take supplements do not tell their doctor.

Also mention any allergies, previous anaesthetics and operations, chronic illnesses, and whether you could be pregnant. The simplest thing is to bring all your medicine packs with you.

The day before and on the day of surgery

- Don’t fast for longer than necessary. Solid food is usually allowed up to 6 hours before anaesthesia, and clear fluids up to 2 hours before. Prolonged fasting does not make anaesthesia safer, but it does increase weakness and dehydration. Your anaesthetist will tell you the exact times — follow their instructions.
- A cleansing enema is not always needed. Current guidelines have abandoned it for gynaecological operations. Before operations on the rectum, bowel preparation may be needed — your doctor will tell you about this separately.
- Take a shower and don’t apply cream, make-up or nail varnish; remove your jewellery.
- Bring with you your documents, test results, a list of your medicines, comfortable clothes, and compression stockings if they have been prescribed.
- Arrange for someone to be with you. If the operation is a day case and you are discharged the same day, an adult should be there to take you home and stay with you for the first day. You must not drive after anaesthesia.

In brief: a checklist

- stop smoking — at least 4 weeks before
- have a blood test and, if needed, correct anaemia
- move every day: walking, simple exercises, breathing exercises
- eat regularly, with enough protein, and limit alcohol
- make a list of all your medicines and supplements and show it to your doctor
- check with the anaesthetist when to last eat and drink

- arrange who will collect you after the operation.

For planned operations at the clinic, see the surgery section; for gynaecological procedures, the gynaecology section. You can have your pre-operative tests done in our laboratory. To book, call the numbers in the contacts section.

Sources

- Proshchenko O., Govsieiev D., Vasyliuk S., Mykytyuk A. et al. Perioperative management for gynecological surgery in accelerated rehabilitation programme. HJOG. 2023;22(3):118–130. doi.org/10.33574/hjog.0533 (free access)
- Nelson G., Fotopoulou C., Taylor J. et al. Enhanced recovery after surgery (ERAS®) society guidelines for gynecologic oncology: addressing implementation challenges — 2023 update. Gynecologic Oncology. 2023;173:58–67. doi.org/10.1016/j.ygyno.2023.04.009 (free access)
- Smith I. et al. Perioperative fasting in adults and children: guidelines from the European Society of Anaesthesiology. European Journal of Anaesthesiology. 2011;28:556–569. doi.org/10.1097/EJA.0b013e3283495ba1 (free access)
- McIsaac D. I., Kidd G., Gillis C. et al. Relative efficacy of prehabilitation interventions and their components: systematic review with network and component network meta-analyses of randomised controlled trials. BMJ. 2025;388:e081164. doi.org/10.1136/bmj-2024-081164 (abstract)
- World Health Organization. Tobacco and postsurgical outcomes. 2020 (UN News report). news.un.org/en/story/2020/01/1055591 (free access)
- Meybohm P., Muñoz M. et al. Simplified international recommendations for the implementation of patient blood management (SIR4PBM). Perioperative Medicine. 2017;6:5. doi.org/10.1186/s13741-017-0061-8 (free access)

- American Society of Anesthesiologists. Herbal and Dietary Supplements and Anesthesia. madeforthismoment.asahq.org/wp-content/uploads/2020/10/ASA_Supplements-Anesthesia_Updated-1.pdf (free access)

This article is for information only and does not replace a consultation with a doctor. The treatment approach is decided by a doctor after an in-person examination and tests.