

# GYN Surgical Home

A Guide to Surgery and Recovery



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## What is GYN Surgical Home?

GYN Surgical Home is a care initiative developed using the latest technology and research to improve surgical care and outcomes. This pathway of perioperative care encompasses preoperative, operative and postoperative techniques which result in fewer complications, less postoperative pain, reduction in hospital length of stay, and improved patient experience resulting in a quicker return to work and normal activities.

## Gynecologic Surgery

A team of health care providers is ready to help you during your hospitalization. **An important member of this team is the Surgical Nurse Navigator.** The navigator is a point of contact for surgical questions you may have before or after your surgery. **Ann Arbor Surgical Nurse Navigator: 734-712-8438**

This handbook will help you better understand gynecologic surgery, how to prepare for surgery, what to expect during your hospitalization and how to care for yourself when you go home. Your care team will work closely with you to plan your treatment. You are the most important part of the care team. By working together, we hope to make your hospitalization and recovery as smooth as possible.

Surgery is an option to treat many disorders of the gynecologic organs. These organs include the uterus, cervix, ovaries, fallopian tubes and vagina. The disease processes can be cancerous (malignant) or benign (non-malignant).

### Types of Surgical Procedures

**Hysterectomy:** Removal of the uterus

**Oophorectomy:** Removal of the ovary

**Salpingectomy:** Removal of the fallopian tube

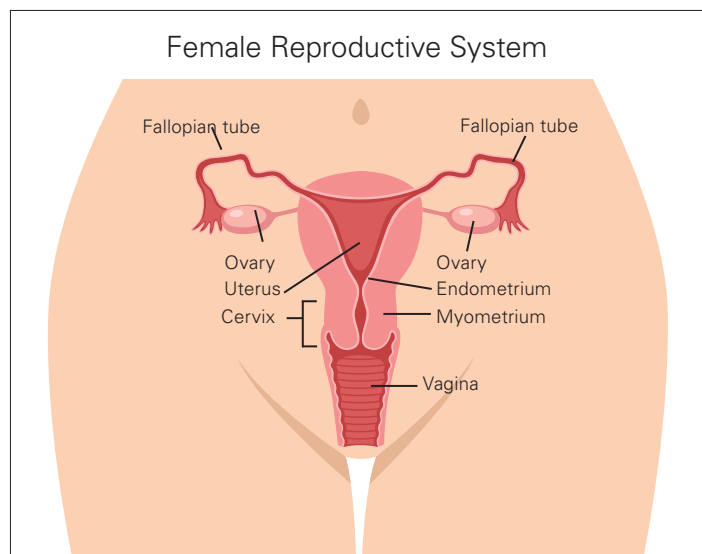
**Lymphadenectomy:** Removal of the lymph nodes. This is often done as part of staging for cancer.

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

**Laparoscopic and robotic surgery:** Sometimes referred to as Minimally Invasive Surgery (MIS), is done through small incisions in your abdomen. Your abdomen is filled with a gas called carbon dioxide. Your surgeon will put a thin video camera through one of the incisions and the surgery is projected onto a video monitor. Specialized instruments are placed through the other incisions to perform the surgery. Laparoscopic surgery may be done with the use of the DaVinci robot.

**Vaginal Surgery:** This surgery is performed through the vagina with no incisions on the abdomen. We are able to remove the uterus, ovaries, fallopian tubes and correct vaginal prolapse.

The type of operation you undergo depends on the reason for your operation and the surgeon's preference.



## Preparing for Surgery

Once you have met with the surgeon and it has been determined you need surgery, a preoperative evaluation will be scheduled. This will include reviewing your medical and surgical histories. You may be scheduled for additional testing based on your history. These tests may include a physical examination, blood tests, an EKG, radiology studies and/or specialist consultations.

### Attend Education Class

Register for the pre-operative class and additional information regarding surgery by scanning the QR code or visiting: [stjoeshealth.org/surgeryeducation](http://stjoeshealth.org/surgeryeducation).



### Identify your support person

This should be someone that can drive you home from surgery and assist you with meals, medications and daily duties that may involve heavy lifting, pulling and pushing.

### Identify your discharge destination

If you are not able to return home, talk to your surgeon prior to surgery. A case manager or social worker can discuss your options with you while you are in the hospital.

### Medications

You will receive a call from a nurse one to five days before your surgery. They will tell you what medications you should or should not take the morning of surgery. Vitamins and supplements should be stopped two weeks before surgery. Blood thinning medications, such as Coumadin, Lovenox, Plavix and Xarelto should be discussed with your surgeon at least two weeks before your surgery.

## Patient Financial Services

### (registration and billing)

Registration information, including medical insurance information, will be obtained by phone before your surgery. If a patient financial services representative is unable to reach you by phone, please call **877-791-2051** or toll-free **800-676-0437** prior to your surgery.

## Smoking

Smoking is known to slow the healing process and can increase your risk for surgical complications like infection and blood clots. Quitting smoking is the single most important thing you can do to improve your overall health. There are a number of ways to stop smoking, including smoking aids such as the nicotine patch and other medications to help reduce cigarette cravings and help ease withdrawal symptoms. The hospital campus is smoke free (including e-cigarettes). You will be unable to smoke while you are a patient here. Call 1-800-QUIT-NOW for resources and support within your community.

### Other resources are available at:

- American Lung Association: 800-LUNG-USA
- [cdc.gov/tobacco](http://cdc.gov/tobacco)
- American Cancer Society: 800-227-2345
- [smokefree.gov](http://smokefree.gov)

## Strategies to help reduce your risk of complications

**De-stress.** Research has shown a daily practice of 10 minutes of a relaxing activity can improve your healing and help you recover more quickly. Choose whatever calms you. For some, this could be listening to soothing music. For others, it could be reading a novel. Be sure to bring any books or music on the day of surgery to help you relax during your hospital stay.

**Increase activity.** Slowly increase your activity every day leading up to your day of surgery. This might mean walking and increasing the number of steps you take every day.

## Shopping List



### Feminine hygiene pads – any brand

Available at most pharmacies. Purchase feminine hygiene pads for use after discharge from the hospital

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### Acetaminophen 500 mg (Tylenol®)

Available at most pharmacies

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### Ibuprofen 200 mg (Motrin®)

Available at most pharmacies

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### Simethicone 80 mg

Available at most pharmacies

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### Colace and Senna

Available at most pharmacies

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### Antibacterial Soap

Available at most pharmacies  
(for example, Dial®)

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## Day Before Surgery

- You will receive a call with the arrival and time of your surgery

## Eating/Drinking

Follow the instructions for eating and drinking you have been provided in your preoperative phone call.

## Bathing/Showering

- Paying attention to personal hygiene before and after your surgery is critical to preventing infections.
- Shower or bathe with antibacterial soap (example: Dial®).
- Wait until your skin is dry and cool. Then wipe your body with the Chlorhexidine wipes (see page 7 for instructions).
- Wash hair with any shampoo and towel dry with a clean towel
- DO NOT shave your abdomen or genitals
- DO NOT apply any makeup, lotions, oil, powders or deodorant on your skin
- After showering, put on clean underwear and sleepwear
- Place clean sheets on bed so you will arrive home after surgery to clean sheets

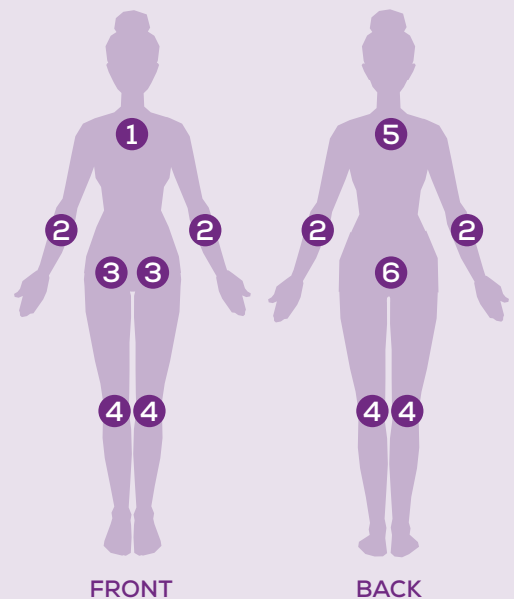
## Day Before Surgery - continued

### Preoperative Skin Preparation Instructions

#### Proceed with using Chlorhexidine Gluconate cloths

- Wash and dry hands prior to use. Open the packages and remove the cellophane film and discard.
- Using scissors cut off the end seal of all three packages.
- Use one clean cloth to prep each area of the body in order as shown below.
- Wipe each area in a back-and-forth motion and thoroughly. Assistance may be required.
- Use all cloths in the packages and discard in trash.
- Allow your skin to air dry. Skin will feel sticky/tacky – DO NOT WIPE OFF
- Cloths will not stain fabrics
- Keep pets out of bed
- Relax or sleep

- 1** Wipe your neck and chest.
- 2** Wipe both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas.
- 3** Wipe your abdomen and right and left hip including thigh creases.
- 4** Wipe both legs, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.
- 5** Wipe your back starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.
- 6** Wipe the buttocks.



**Note: Do not use chlorhexidine wipes on your face or private areas.**



## Surgery Day

### Morning

- You can drink a total of four ounces clear liquids up to two hours before surgery (water, black coffee, apple or grape juice or broth)
- DO NOT shower, bathe or shampoo hair
- DO NOT apply any makeup, lotions, oil, powders or deodorant on your skin
- Wash face and private areas
- Brush teeth and rinse mouth
- Wear loose comfortable clothing to hospital

### Items to REMOVE BEFORE SURGERY

- Dentures or any removable dental work
- Glasses and contact lenses
- Hairclips, hairpins
- Jewelry, including all piercings
- Nail polish
- Tampons
- Wigs

### Items to Bring with you:

- Driver's license/photo identification
- Insurance information/card
- Cell phone and charger
- Copy of your advance directive/living will (if you have one)
- Glasses case or contact lens case/solution
- Sturdy walking shoes
- Feminine hygiene pads
- Wheelchairs are located at the front entrance, if needed
- Denture case
- CPAP machine

### Optional Items to bring with you:

- Pajamas, robe and slippers
- Personal toiletries

Leave your suitcase in the car  
(your family can bring it to your room after surgery)

### Items NOT to bring

- Large sums of money
- Jewelry
- Home medications
- Opioid prescriptions

*The hospital is not responsible for lost items*



## Surgery Day - continued

### Arriving at the hospital

- **Illness.** Notify your surgeon's office immediately if you develop any kind of illness the morning of your surgery or within ten days before surgery (cold, flu, fever, herpes outbreak, skin rash or infection, or "flare-up" of a health problem). Sometimes, even minor health problems can be quite serious when combined with the stress of surgery.
- **Eating and Drinking.** Follow the instructions you received regarding eating and drinking prior to surgery, including when to drink the Ensure® Pre-Surgery Clear Nutrition drink.

Ensure® Pre-Surgery is a carbohydrate rich beverage, with added supplements that you will drink the day of your surgery - no substitutions. It improves your comfort, hydration, hunger and thirst and provides nutrients to aide in your post-op recovery. You will receive this drink from your surgeons office.



### Patients with Diabetes

**Ensure® Pre-Surgery Clear Nutrition Drink is not for patients who take insulin.** If you take insulin, you may drink 16 ounces of clear fluid up to four hours before surgery.

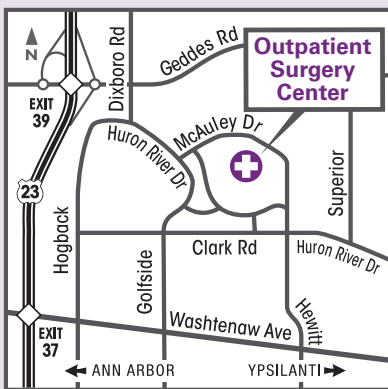




**Trinity Health Ann Arbor  
Main Surgery Center**

Check-In at Guest Services  
Main Hospital Entrance

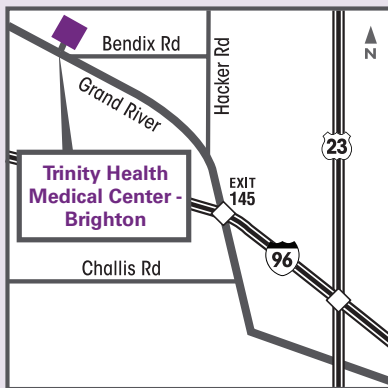
5301 McAuley Drive, Ypsilanti, MI 48197  
734-712-3622



**Trinity Health Ann Arbor  
Outpatient Surgery Center (OSC)**

Check-In First Floor, Reception Desk

5360 McAuley Drive, Ypsilanti, MI 48197  
734-712-5000



**Trinity Health Medical Center - Brighton**

Check-In Second Floor, Suite 200

7575 Grand River, Brighton, MI 48114  
810-844-7705



**Trinity Health Livingston**

Check-In Second Floor, Waiting Room

620 Byron Road, Howell, MI 48843  
517-545-6323

## Preoperative Holding

In the preoperative holding area, you will meet your surgical team and complete mandatory surgical and anesthesia consent authorization forms. Small sticky pads will be placed on your chest to monitor your heart throughout the procedure. A blood pressure cuff will be placed on your arm to check your blood pressure every few minutes. A probe will be placed on your finger to check how much oxygen is in your blood.

## Surgery Family Room

Your family or companions will be asked to provide a cell phone number so they can be notified when to return to the surgery family room. After surgery, your doctor will talk to your family or companions. Your family will be informed when you are assigned a hospital room. They can meet you in your hospital room after you come out of recovery.

## The Operating Room

The lights will be bright and the room temperature will seem cool. You will be given extra oxygen to breathe through a mask. The anesthesiologist will give you medicine through your IV that will make you go into a deep sleep. Your nurse will be near you as you go to sleep. Warm blankets are available for your comfort.

## After Surgery

When you wake up, your surgery will be finished and you will be in the Post Anesthesia Care Unit (PACU). Your first memory after surgery will likely be in the PACU. This is where you will recover from the effects of anesthesia. The PACU nurse provides constant care. They will take your blood pressure and pulse every 15 minutes, check your dressing (if you have one) and your IV. Oxygen will be given by way of a small short tube placed under your nose or an oxygen mask. The PACU nurse will ask you to take deep breaths and cough. This will help expand your lungs to prevent complications such as pneumonia.

## Pain and Comfort Measures

There are several options for treating pain. Each has its benefits and potential side effects. You and your physician will decide which one is best for you. The options include non-pharmacologic methods, oral medicines, TAP block and epidural analgesia.

**Non-Pharmacologic Methods.** Some postoperative pain can be managed without pain medicine. These methods include: ice packs, heating pads, warm compresses, gentle stretching, relaxation techniques, spiritual activities, and many others.

**Non-Opioid Medicines.** Acetaminophen (Tylenol) will be started before surgery. A medicine like ibuprofen (Motrin) will be given to you in the operating room while you are asleep. Acetaminophen and ibuprofen will start after surgery as soon as you are awake, alert and able to take medicines. You will receive Acetaminophen and Ibuprofen three or four times a day on a scheduled basis. This is very important and helps give you steady pain control.

**Oral Opioid Medicines.** This refers to a class of medicines, also known as narcotics (Norco, Oxycodone). These medicines will be used for pain not controlled by the non-opioids and other pain control methods described below.

**TAP Block.** The doctor will inject the medicine into the left and right side of the abdominal wall. The pain medicine is placed at the nerves that relays pain signals to the brain from the surgical incision and stops or decreases the signal to the brain. Like the epidural, the TAP block is an option that provides great pain relief, especially for those having laparoscopic or robotic surgery.



## Pain Management

We will manage your pain during your hospital stay, and then, upon discharge, provide you with a plan for pain management at home. This plan will include the same medicines that controlled your pain in the hospital.

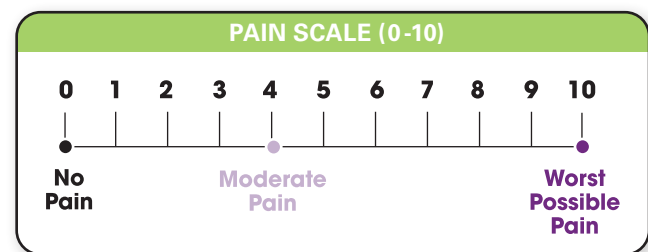
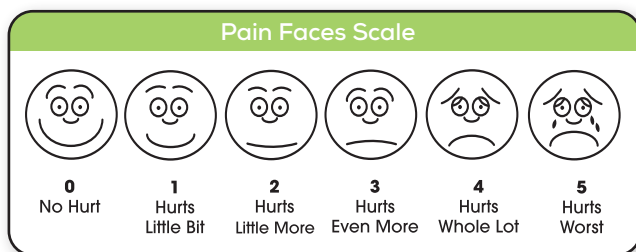
The best strategy for controlling your pain after surgery is around-the-clock pain control with Tylenol (acetaminophen) and Motrin (ibuprofen). These medications can be taken together every six or eight hours, depending on the directions from your provider.

### Do not take more than 4,000mg of Tylenol or 3,200mg of Motrin in a 24-hour period

However, you may still have pain after taking Tylenol and Motrin. This is called “breakthrough pain.” Your surgeon will prescribe an opioid medicine to use at home, and this medicine should only be used for pain not controlled by Tylenol and Motrin.

### Goals for Pain Management

The goal of pain management is to keep you comfortable. Your pain needs to be controlled so that you are able to participate in activities that help you recover quickly, such as walking. Your nurses will ask you to rank your pain on a scale of zero to 10. Zero means that you have no pain and 10 means that it is the worst pain that you can imagine. If you do not feel your pain is controlled, please tell your nurse and adjustments will be made.



Your pain will get better as you begin to heal after surgery. As your pain improves, you can begin to take less pain medicine. This will start by taking less of the opioid pain medicine, and then taking less of the Tylenol and Motrin. You should still be taking the Tylenol and Motrin around-the-clock while you are decreasing the amount of opioid medicine. Usually within two to five days, you will no longer need opioid pain medicine for your surgical pain. Usually within seven days, you will no longer need Tylenol and Motrin for your surgical pain.



## Daily Checklist Goals

Some patients will go home the Day of Surgery and some will be discharged the Day After Surgery.

### Day of Surgery

- You will be given food and liquids when awake and alert
- Continue oral pain medications
- Sit in a chair for two hours
- Walk in the hallway with assistance
- Cough and take deep breaths each hour using deep breathing tool (incentive spirometer)
- Receive injections to prevent blood clots
- Wear inflating leg wraps to prevent blood clots (when you are not walking)

### First Day After Surgery

- Continue a regular diet
- Walk around every few hours
- Sit in the chair most of the day
- Cough and take deep breaths 10 times each hour

If still in hospital

- Receive injections to prevent blood clots
- Wear inflating leg wraps to prevent blood clots (when you are not walking)
- Remove vaginal pack, if in place
- Oral medications

## Incentive Spirometer

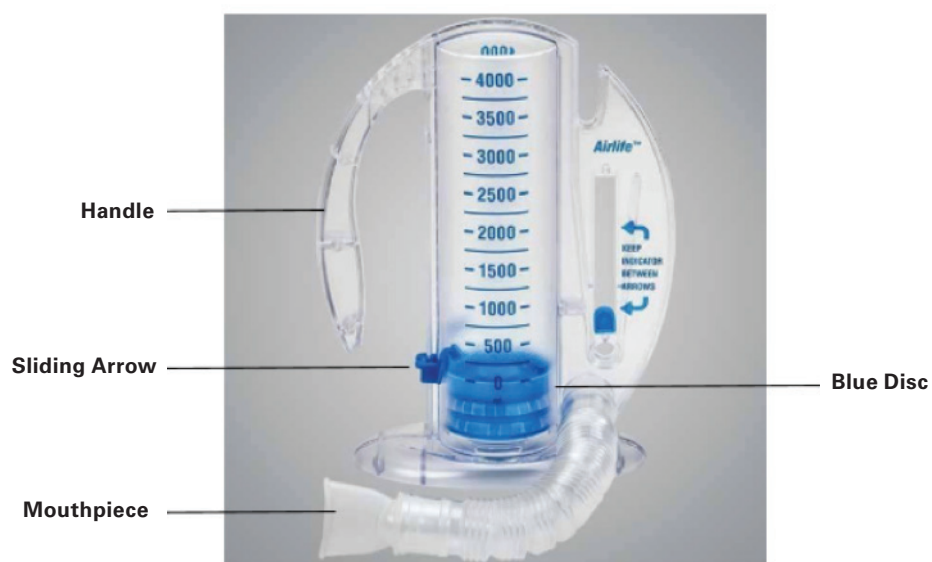
The incentive spirometer is a plastic device that helps you to breathe deeply. It encourages you to take deep breaths and gives you instant feedback on how well you are doing. Read these instructions before your surgery so that you will be prepared to start these exercises as soon as possible after your surgery.

- Take at least 10 breaths every hour, resting after each breath.
- Continue using the Incentive Spirometer for one to two weeks after your surgery.
- **Deep breathing is very important after surgery.**  
It expands the lungs, helps circulation and helps prevent pneumonia.

### How Do I Use the Incentive Spirometer?

Sit up as straight as possible so that your lungs can fully expand. Hold the spirometer's mouthpiece with one hand and the spirometer's handle with your other hand. Keep the spirometer level with your mouth.

- Exhale normally, and then place your lips tightly around the spirometer's mouthpiece.
- Slowly inhale through the mouthpiece as much air as you can. Give this your best effort! Watch the blue disc in the spirometer rise to see how deeply you inhaled. The deeper you breathe, the higher the blue disc rises. Hold your breath and count to five. Try to keep the disc elevated in the spirometer if you can.
- Finally, remove the mouthpiece from your mouth and exhale normally. Rest for a moment and the repeat the exercise. Rest in between each deep breath. As you fully expand your lungs you will see the disc rise higher. You can track your progress on the spirometer with the sliding arrows. As you master one level, aim to move the disc higher with the next set of deep breaths.



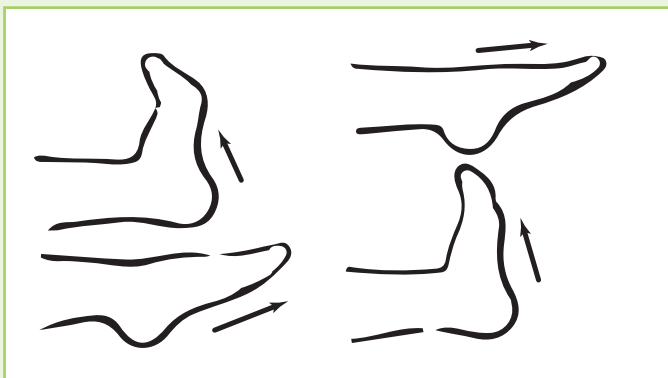
## Leg Exercises After Surgery

These exercises will help return blood from your legs to your heart. This improves circulation and helps prevent blood clots. You should do these exercises when you are in bed after your operation. You can practice these at home as well.

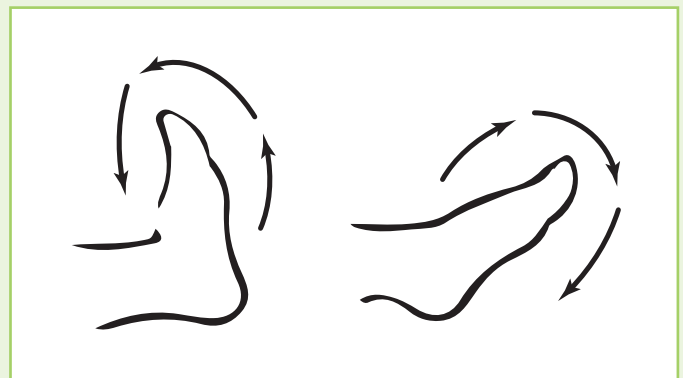
### Doing the Leg Exercises

- Push toes of both feet toward the end of the bed. Relax both feet. Pull toes of both feet toward your chin. Relax both feet.
- Point your toes and draw a circle with them, first to the right and then to the left.
- **It is important that you exercise your legs every hour while you are awake.**

### Leg Exercises



Push toes of both feet toward the end of the bed. Relax both feet.  
Pull toes of both feet toward your chin. Relax both feet.



Point your toes and draw a circle with them,  
first to the right and then to the left.

### Walking

- Walking involves all your systems, promotes normal body functions, helps you take deep breaths, improves your circulation and helps relieve any gas pains or muscle spasms you might have. Ask for help getting out of your bed until your nurse tells you it is safe for you to do this alone or with a family member.
- You should take a short walk with help on day of surgery. Starting the day after surgery you should take a walk out in the hall at least five times each day. Try to walk a little farther each time you walk.

## Discharge Information

### You will be discharged when you:

- Are controlling your pain with oral medications.
- Have identified a support person. This person should be able to drive you home from surgery and assist you with meals, medications, and daily duties that may involve heavy lifting, pulling and pushing.
- Have identified your discharge destination. If you are not able to return home, talk to your surgeon prior to surgery. A case manager or social worker may discuss your options with you while you are in the hospital.
- Drinking all the liquid your body needs without feeling sick.
- Getting out of bed and walking without help.

### Possible issues after surgery

Most people who have gynecological surgery recover without complications and go home within one to two days, especially those who have vaginal, laparoscopic or robotic surgery. A small number of patients may have a slower recovery and need to stay a little longer.

- About 10 percent of patients develop trouble eating, drinking or have nausea. After surgery, food and liquids may move slowly through your intestines and usually does not last long.

### Important Guidelines

- Avoid heavy lifting, pushing and pulling (no more than 10 pounds) for six weeks.
- You may use stairs and take short walks.
- Gradually increase your walking distance but stop before you think you've reached your limit. If you feel fine the next day, increase the distance a little bit.
- If you had a hysterectomy, there will be an incision at the top of the vagina. This incision takes up to two months to heal. Do not have vaginal intercourse until your physician gives you clearance. Use a pad rather than a tampon if you have any spotting. Do not douche.
- You should be able to return to work four to six weeks after your surgery. If you have a job that requires heavy physical work or exertion, you should not perform these duties until six weeks after your surgery. Check with your employer on the rules and policies of your workplace, which will be important for returning to work.
- After a hysterectomy, your pelvic muscles may be weak. Your surgeon will determine when you are safe to participate in physical exercise. Kegel exercise, pelvic tilting and pelvic floor exercises are an excellent way to gradually strengthen your pelvic muscles.



## Recovering at Home

### Bowel Function

You should have a bowel movement within two to three days after surgery. After you begin having bowel movements, if you notice they are slowing down or have stopped, and you are feeling nauseated, stop eating regular food and begin clear liquids again. This should subside, and regular bowel movements should return. If they do not, or if you begin vomiting, notify your surgeon.

Walking is the best way to get your bowels moving. Constipation is a possible side effect of opioid pain medication. Increase your fluid intake and take a daily stool softener or laxative as prescribed to keep your bowels moving. Look at your discharge instructions for more information on how to take these medications. As you decrease the number of opioids you are taking you will need less softener or laxatives.

### What to do for Common Bowel Problems

#### Constipation

- Increase your fluids, especially water
- Increase walking as tolerated
- Eat more fiber (add slowly, one at a time) such as bran or whole grain cereals, fresh fruit, vegetables, whole wheat bread.
- Slowly work to decrease the amount of opioid pain medications you are taking if pain is getting better.
- Continue taking stool softeners until you are no longer taking opioid pain medications and normal bowel movements resume.
- Drink prune juice

#### Diet

Eat your usual diet or whatever appeals to you. Drink plenty of liquids each day to help avoid dehydration and constipation. Aim for at least six and a half to eight cups (54 to 64 ounces) of fluid or more per day. Limit the amount of caffeine you drink such as coffee, tea and soda. Do not drink alcohol while taking pain medications.

Signs of mild dehydration are thirst, dry mouth, headache and dizziness. If your urine is dark yellow, increase the amount of liquids you are drinking. When you are well-hydrated, urine should be very light yellow or have almost no color at all. If symptoms don't improve after drinking more liquids or if signs of dehydration worsen – such as severe dizziness that prevents you from walking, no urine at all or very low amounts of urine that is dark, yellow, orange, or brownish in color, call your doctor or go straight to the Emergency Department.

#### Driving

You may drive when you are off opioids for at least 24 hours and pain-free enough to react quickly with your braking foot. For most patients, this occurs one or more weeks following surgery. For minimally invasive surgery patients, this may occur earlier. If you have questions or concerns about driving, contact your surgeon's office.

#### Follow-up Care

- A couple of days after your discharge, a nurse will call to see how you are recovering at home
- If you are having problems or concerns prior to receiving your call, call the surgeon's office

You will have an appointment to see your surgeon approximately two to six weeks after discharge.

#### Gas

Gas production is a normal part of intestinal function. However, excessive gas can be uncomfortable. The following foods may produce more gas:

- Apples
- Apricots
- Bagels
- Beans
- Bread
- Brussels sprouts
- Cabbage
- Carrots
- Celery
- Citrus fruits
- Eggplant
- Lettuce
- Milk and milk products
- Onions
- Pastries
- Potatoes
- Pretzels

## Medications

Continue taking any other medications that you normally take unless instructed otherwise.

## Wound Care

- The strong layers under your skin will be closed with sutures.
- Your skin is closed with dissolving sutures, staples or glue and may be covered with a gauze dressing and tape. The outer dressing can be removed after 24 hours.
- If you have staples, they may be removed before you leave the hospital and steri strips (small pieces of tape) will be placed across your incision. You may have a scheduled appointment to have them removed in the office, usually three to seven days after surgery.
- You should leave steri strips in place for seven days after your surgery. If the edges lift from your skin, you may trim the edges off with clean scissors. Remove steri strips at day 10 if still in place.
- If you notice increased redness, swelling, or foul odor at your incision site, contact your surgeon, as these may be signs of infection.
- No tub baths, hot tubs, Jacuzzis, or swimming until your wound is completely healed.
- You may shower and wash over the incisions with a clean washcloth and soap, unless your surgeon advises otherwise.
- You may have light vaginal bleeding or spotting for up to six weeks following your surgery. Use only a feminine hygiene pad, not a tampon during this time. You should call your physician if this is a heavy menstrual period.
- If vaginal surgery, you may use a clean squirt water bottle with warm water to clean area.
- Maintain your personal hygiene, change your underwear daily, and wear clean clothes.
- Wash your hands often and remind visitors to do the same.

### When should I call my surgeon?

#### Contact your surgeon for any of the following symptoms:

- If you notice separation of wound edges, thick green or yellow drainage from the wound, foul odor or increasing redness, swelling, warmth or pain around the incision area
- Increased abdominal pain that is not relieved by pain medication
- Pain with urination or blood in urine
- Severe nausea or vomiting
- Shortness of breath or chest pain. **Call 911** or go to the nearest emergency room
- Swelling, pain, tenderness, or warmth in your leg
- Temperature above 100.5°F
- Vaginal bleeding that is more than light spotting
- Any other new symptoms





**Trinity Health Ann Arbor**

5301 McAuley Drive, Ypsilanti, MI 48197

**Chelsea Hospital**

775 S. Main Street, Chelsea, MI 48118

**Trinity Health Livingston**

620 Byron Road, Howell, MI 48843

**Trinity Health Oakland**

44405 Woodward Avenue, Pontiac, MI 48341

**Trinity Health Livonia**

36475 Five Mile Road, Livonia, MI 48154



[TrinityHealthMichigan.org](http://TrinityHealthMichigan.org)