

*Lake of the Woods District Hospital*

# A Guide to Your Hospital Stay When Having a Hysterectomy

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*For all your visits and on the day of your surgery, please bring with you:*

- Ontario Health Registration Card
- Any other health coverage cards such as provincial, medical or hospital plans. This would include Blue Cross or other private insurance

# **IMPORTANT INFORMATION TO REMEMBER**

**When your surgeon’s office phones, you should write down:**

**Name of your doctor:** \_\_\_\_\_

**Type of surgery:** \_\_\_\_\_

**Surgery Date:** \_\_\_\_\_

**Arrival Time to Hospital:** \_\_\_\_\_



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## 1. WELCOME

You are going to have a hysterectomy. This booklet will outline what you need to know to help you get ready for your procedure and discharge. If you get your period or cannot keep your appointment, please call to reschedule.

### ***What is a hysterectomy?***

An **abdominal hysterectomy** is the removal of the uterus through an incision in the abdomen. Hysterectomies are performed for a variety of reasons, such as fibroids, heavy bleeding that does not respond to therapy, pelvic pain, infection, or cancer. Following the procedure, you will no longer be able to become pregnant, and you will no longer get your period. Sometimes the cervix is also removed. This is called a total abdominal hysterectomy. If the cervix is left in, the surgery is called a subtotal abdominal hysterectomy. When the ovaries and fallopian tubes are removed, this part of the surgery is called a salpingo-oophorectomy.

Your hysterectomy may be performed Laparoscopically. A **laparoscopic Hysterectomy** means the surgeon makes one or more small cuts in the belly. These cuts are called incisions. They let the doctor insert tools to do the surgery. One of these tools is a tube with a light on it. It's called a laparoscope, or scope. The scope and the other tools allow the doctor to free the uterus. The doctor then removes the uterus through the small cuts.

A **vaginal hysterectomy** is another surgical approach hysterectomy to remove the uterus through the vagina. During a vaginal hysterectomy, the surgeon detaches the uterus from the ovaries, fallopian tubes, and upper vagina, as well as from the blood vessels and connective tissue that support it, before removing the uterus.



## **2. RISKS OF SURGERY**

### ***What are the risks of this surgery?***

The risk of developing a problem that is related to having an abdominal hysterectomy is low compared to other major surgeries. However, problems can occur. Problems that may develop could include:

- A bad reaction to anesthetic. This is minimal in an otherwise healthy person.
- Blood clots in the deep veins of the legs or lungs. These can be prevented by early ambulation and short-term use of anti-coagulation medication.
- Infection. This is can usually be successfully treated with antibiotics.
- Bleeding. There will be minimal blood loss during surgery. In extremely rare cases, if there is a large amount of blood lost, a blood transfusion is required.
- Injury to nearby organs, the urinary tract, or bowel. If these injuries do occur, they are usually addressed at the time of the surgery without any significant long-term problems.
- Surgical Menopause. This will occur if the ovaries are removed as part of your surgery. Please discuss with your surgeon what your options are regarding Hormone Replacement Therapy (HRT). If you have any other questions or concerns regarding the risks of your surgery, please discuss these with your surgeon.

Your care team may include surgeons, anesthesiologists, nurses, and other health care workers who will help to provide you with the best care. The information in this booklet is for educational purposes. It is not intended to replace the advice or instruction of your healthcare provider. Contact your surgeon if you have any questions about your care.

## **GETTING READY FOR YOUR SURGERY**

### **Surgery Date and Time**

The pre-operative (pre-op) clinic will phone you with the date and time of your surgery.

If there are any changes, the pre-operative office will call you to let you know.

They will give you an **arrival time**. (Note that this is not your actual surgery time).

Please ensure your contact numbers are kept up to date with the office.

### **Call the pre-op clinic if:**

- You need to change your surgery date.
- You get a cold, illness, or a fever within two days of your planned surgery, as your surgery may need to be changed until you are feeling better.
- You have your period.

## **Your Personal Information**

You have been given a Lake of the Woods District Hospital (LWDH) “Surgical Services Patient Assessment and Questionnaire” to fill out. This form helps us to know more about your medical history.

**Please fill it out and return it to the pre-op clinic within 3-5 days.**

## **Your Medications**

We need to know all medications that you are taking. We also need to know if you take any over the counter medicines including herbal or vitamin pills. There is a chance for a reaction between these and the medicines that may be used while you are in the hospital.

Stop taking herbal and vitamin pills at least 7 days before your surgery unless your surgeon tells you to continue taking them.

## **Alcohol and Tobacco**

It is recommended that you stop drinking alcohol and using tobacco products 4 weeks before your surgery date. There are many resources available to help you. Talk to your doctor, nurse, or pharmacist if you would like information to help you quit smoking.

## **Informed Consent**

It’s important that you know all about your surgery. After your doctor has explained why you need the surgery and what will be done, you will be asked to sign a consent form saying that you understand your surgery and agree to have it done.

Make sure you ask your doctor all your questions before you sign the form. Surgery will not take place unless the form is signed.

## **3. PREPARATION GUIDELINES**

### **Prepare for Home**

Prepare your home beforehand having surgery, so that you have everything you need, and you can return home to relax.

### **Pack for Hospital**

Pack a bag for the hospital with a housecoat, non-slip slippers, pajama pants and your toiletries, including soap, shampoo, comb/brush, feminine pads, body lotion, facial tissue, lip balm, and even “baby wipes” for convenient hand washing when you are in bed.

### **Personal Care**

Take a bath or shower. Remove all nail polish.  
Do not wear makeup, lotion, powder, perfume, or deodorant.

### **Contact Lenses**

Take out your contact lenses before your procedure and leave them at home.  
Wear your glasses only.

## **Medicines**

If you are not sure if you are to take your medicines, please ask your doctor or preop clinic.

## **Valuables**

Do not bring items of value to the hospital. The hospital is not responsible for loss. For safety reasons, all jewelry must be removed before surgery such as rings, chains, watches, and body piercings. If you cannot remove jewelry, it may need to be cut off.

## **4. ON ARRIVAL**

Your safety is important to us. On your day of procedure, you will be asked your name and birthdate often. On admission, an identification bracelet will be placed on your wrist, and you will be told where to go next. There is a surgical waiting room for families to wait while you have your procedure. Please ask the team.

### **Arrival to the Pre-Operative Area**

In the Preoperative Area, an intravenous or IV (needle in your vein) may be started to give you fluids and/or medications before and during your procedure. The nursing staff will also ask you several questions to ensure you are safe to go through with the procedure.

## **5. DURING YOUR PROCEDURE**

### **Surgical Safety Checklist**

Before your procedure, the surgeon, nurses, and anesthesiologist will do a safety check in the operating room with you. If you have further questions, you may ask them at this time.

**Anesthesia** helps keep you pain free during surgery. *There are many types of anesthesia used including:*

**General Anesthesia:** means that you are given drugs to keep you deeply 'asleep' during your surgery. Sometimes a tube is put into your throat to help you breathe during your surgery. Tell your nurse or doctor if you have any loose teeth, dental caps and /or bridgework. The hospital is not responsible for any injury to dental work or teeth.

**Local Anesthesia:** means that you are given a drug, commonly called 'freezing'. Local anesthetics 'block' the feeling of pain from the site of surgery. Although you are awake for the surgery, you may be given some drugs through your IV to relax you.

**Regional Anesthesia:** (spinal, epidural, or nerve block) means that you are given an injection of a drug close to a group of nerves to 'freeze' the whole area where you are having surgery. Although you are awake, you may be given some drugs to relax you. The freezing will last for a few hours. The nurses will check often to make sure the freezing has worn off before you get up.



Some drugs may stay in your body for up to 24 hours. The side effects of these drugs can change your short-term memory, judgement, and response time. You may feel sick to your stomach (nauseated) from these drugs. You can be given medicines that will lessen this feeling.

## **6. AFTER YOUR PROCEDURE**

### **Recovery Room**

After your surgery is over, you will be taken to a recovery area. You will feel sleepy. Nurses will be checking on you every few minutes. You will have an IV to give you fluid and medicine if needed. You will also be offered juice, and/or water when you're more wakeful.

You will be assessed for nausea and pain. Please tell the nurse if you're experiencing any discomfort. Patients usually stay in recovery for one hour or more. Visitors are not allowed in this area.

When ready for discharge from the recovery area, and if you are scheduled to go home the same day that you have your procedure, you will need to arrange to have a responsible adult available to come to the hospital and take you home, either by car or taxi. **You cannot drive yourself home after the procedure.** Please arrange to have a responsible person stay with you overnight after your procedure. OR you may be scheduled to stay in the hospital after your surgery, which in this case, your nurse will transport you to an inpatient unit for the remainder of your post-op recovery and hospital stay.

The drugs used to put you to sleep or to relax you during your surgery stay in your body for 24 hours.

### **IN THE 24 HOURS AFTER YOUR PROCEDURE, DO NOT:**

- Drink any alcohol
- Take any pills that will make you feel sleepy. Check with your doctor if you are unsure.
- Drive a car, use machinery, power tools or appliances
- Make major decisions or sign legal papers.

## **WHAT CAN I EXPECT AFTER SURGERY?**

### **What can I eat?**

At first, you will not be able to eat. The doctor will let you have clear fluids until you pass gas. Once you are passing gas rectally, you may have a light diet. You may then progress to a normal diet for your discharge home.

Once you go home, you will be able to return to a normal diet. It is wise to eat more dietary fiber such as raw fruits, vegetables, and whole grains to help prevent constipation. It is very important to drink one (1) to two (2) litres (35 to 70 ounces) of fluid (especially water) each day.

### **How will I feel?**

You may feel sick or vomit because of the anesthetic. This feeling often passes quickly. If not, be sure to tell your nurse because there are medications that can help settle your stomach.

You will feel tired and not very energetic. This is normal and you will feel better with time.

You may wake up with pain or discomfort. This is normal and, if needed, the nurse in the PACU will give you medication to help ease your pain. The Anesthetist will set a plan to manage your pain. This can involve needles from time to time, or a computerized pump called a Patient-Controlled Analgesic (PCA) or pills once you can have something to eat or drink.

### **When will my intravenous (IV) come out?**

Your IV will stay in place until the health-care team involved with your care are confident that you are drinking well enough on your own and you do not need it for any further medications.

### **How will I empty my bladder?**

Immediately after surgery, you will have a catheter in your bladder. This is a tube that is put in place while you are asleep. It is used to keep your bladder empty and to monitor your body functions while you sleep.

Usually, this tube is removed the morning after surgery. When you urinate for the first time on your own, you may experience some burning. This should go away.

For the first while after surgery, the nurses will ask you to urinate into a collecting container for measurement to ensure that your kidneys and bladder are working properly.

### **Will I get constipated after surgery?**

It is common to become bloated with gas or constipated after having abdominal surgery. If needed, you will be given a suppository, fleet enema or a mild laxative to relieve this condition. You will also be encouraged to walk because this will help get your bowels moving and help you pass gas through the rectum.

### **What about the incision?**

You will have an incision that goes up and down or side to side (bikini style) depending on the surgical approach and your body type. This decision is usually discussed with you prior to your surgery.

Your surgeon will use internal stitches to bring your tissues together and then external stitches, staples, or skin glue to bring your skin together.

Your incision will be covered with a bandage when you wake up. The bandage is usually removed two days after surgery.



It is important to keep this area dry while it is healing. It is normal to experience a small amount of clear, yellow-pink drainage. If you are experiencing this, the nurse will put some gauze over the incision. If there is no drainage, the incision will be left uncovered.

Watch your incision for signs of infection. It is normal for the incision to get a little red. If the redness is excessive or you notice cloudy, pus-like drainage, you should tell your doctor.

### **Can I expect any vaginal discharge or bleeding?**

Yes, you will need to wear a pad. You may experience bleeding or discharge for a few weeks. This is normal, but the bleeding should never be more than what you would have with a normal period. If it is more, you should call your doctor immediately.

### **How much activity can I do?**

It is important to do deep breathing and coughing exercises every hour after surgery to help prevent any lung congestion.

It is also important to move around in bed and do leg exercises (point and flex your toes and do ankle circles) to promote blood circulation and prevent complications related to blood clots.

The night after surgery or the next morning, the nurse will assist you out of bed; after that, you will be encouraged to increase the activity you do each day (for example, walking in the hallway).

You should not do anything strenuous for six weeks after surgery. This means no heavy lifting or straining (do not lift grocery bags, vacuum cleaners, suitcases, children). Light housework (dusting, cooking) is okay. A general rule is not to lift more than 10 to 20 lbs.

### **Are there any special precautions?**

Do not have sexual intercourse or insert anything into the vagina for six weeks or as instructed by your surgeon. This includes tampons, menstrual cups, or douches. For vaginal discharge, use pads and remember to change them at least once every four hours.

You should avoid swimming or tub bathing until you see your doctor.

You can take a shower as long as your incision is dry. Turning your back to the shower will be more comfortable for your abdomen, which will still be tender. Pat your incision dry after your shower.

If you have had both your ovaries and fallopian tubes removed (and you have not already experienced menopause), you will experience a surgically induced menopause. Some women, but not all, may experience hot flashes, mood swings, sleep disorders, migraines, or other symptoms. Speak to your surgeon about the possibility of hormone replacement therapy, if needed.

### **How will I feel after surgery and when I go home?**

Many people feel tired following surgery. It is important to get plenty of rest at home, but it is also important to do activities as mentioned above. Slowly, try to resume your normal activity level.

You may still have some pain or discomfort and will be given a prescription for pain medication. Some of these pain medications can add to constipation.

### **What warning signs should I be concerned about and report?**

Persistent fever (greater than 38 degrees Celsius or 100.4 degrees Fahrenheit), chills or sweating

Increasing redness and/or tenderness or foul-smelling fluid (pus) around or from the incision site

Increased abdominal pain, tightness and feeling of fullness

Vomiting and inability to drink fluid for greater than four hours

Increased vaginal bleeding (soaking sanitary napkin every hour), foul-smelling discharge and large blood clots

Shortness of breath or chest pain

Swelling and redness of the lower legs or calves

### **Follow up**

Call your doctor to make an appointment for follow-up. If you still have stitches or staples in place when it is time to go home, make arrangements with your surgeon for when and where to go for removal.

## **7. GOING HOME**

Please arrange to have a responsible adult to pick you up when you are discharged home, if you are receiving and sedation.

The patient care team will provide information about how to care for yourself when you are at home. You will be given a prescription if necessary.

### **Contact us in the Preoperative clinic**

(807)468-9861 ext. 2459  
[preopclinic@lwdh.on.ca](mailto:preopclinic@lwdh.on.ca)