

Hysterectomy

Plan of Care

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

What is in this book?

Introduction	3
Female reproductive organs	4
Types of hysterectomy operations	5
• Abdominal Hysterectomy Operations	
• Vaginal Hysterectomy Operations	
• Laparoscopic Assisted Vaginal Hysterectomy	
Menopause	7
Before your operation	8
During your operation	11
After your operation	13
Before you go home	19
Follow-up clinic appointment	19
What to expect when you go home	20
Common questions	21
When should I call my doctor?	25
Information and Notes	26

Introduction

Welcome to Kingston Health Sciences Centre. This booklet tells you about your abdominal or vaginal hysterectomy operation and what to expect when you have the operation. You will be in hospital from 2 to 4 days depending on your type of hysterectomy and how you are doing after the surgery.

This booklet is yours. Please use it as a guide. It will answer some of your questions and tell you what you can expect before, during and after the surgery. On the last page there is space for you to write notes and questions. Please talk to your doctor if you have questions or concerns.

Female Reproductive Organs

A woman's reproductive organs are in her lower abdomen. The organs include the uterus, fallopian tubes, ovaries, cervix and vagina.

Types of Hysterectomy Operations

Abdominal Hysterectomy Operations

There are 4 types of abdominal hysterectomy operations. You and your doctor will discuss what type of abdominal hysterectomy is best for you. Some conditions are more suited to one type of surgery.

- Total abdominal hysterectomy: the uterus and cervix are removed.
- Sub-total abdominal hysterectomy: the uterus is removed but not the cervix.
- Total or sub-total abdominal hysterectomy with unilateral or bilateral salpingo-oophorectomy: one or both ovaries and fallopian tubes may be removed in addition to a total or subtotal hysterectomy. Removal of one ovary and fallopian tube is called a unilateral salpingo-oophorectomy. Removal of both ovaries and fallopian tubes is called a bilateral salpingo-oophorectomy.
- Radical hysterectomy: the uterus is removed along with the cervix, the upper part of the vagina, supporting tissues and usually pelvic lymph nodes.

Vaginal Hysterectomy Operation

During a vaginal hysterectomy operation, the uterus and cervix are removed through the vagina. If you have decided to have one or both of your ovaries and fallopian tubes removed, they also are removed through the vagina.

Total Laparoscopic Hysterectomy

A total laparoscopic hysterectomy is a way to take out the uterus, fallopian tubes and ovaries through the vagina. The doctor uses a laparoscope to help remove all the female reproductive organs including pelvic lymph nodes in cases of cancer.

A laparoscope is like a miniature telescope. It is inserted through a small cut in the abdomen. A laparoscope lets the doctor see the uterus, ovaries, fallopian tubes, lymph nodes and nearby organs without making a large cut.

Your abdominal peritoneal cavity (lining of your belly) is inflated with carbon dioxide gas. This expands your peritoneal cavity like a balloon and helps the doctor see your organs. A very small cut (puncture) is made in your abdomen and the laparoscope (a long narrow tube) is inserted.

Through two to four other small cuts in your abdomen, the doctor inserts a laser or electrocautery tool to cut the tissues and seal the blood vessels surrounding your uterus, ovaries and fallopian tubes.

A cut is then made in the vagina to free the uterus and then the uterus is removed through your vagina.

The top of the vagina is repaired so that the incision is closed laparoscopically.

Robotic-assisted Laparoscopic Hysterectomy

A robotic-assisted total hysterectomy is the same as a laparoscopic hysterectomy, but the tools are attached to a surgical robot. Your surgeon sits in the same room at a computer with a 3-dimensional view of the surgical site. The surgeon does the surgery from the computer, using a robot they control.

Menopause

The ovaries produce a hormone called estrogen. As women age, estrogen levels naturally drop in the body. When the ovaries stop producing estrogen, women experience menopause (end of menstruation). This usually occurs between the ages of 45 and 55.

Menopausal related symptoms that may happen when estrogen levels drop include:

- Hot flashes/ night sweats
- Vaginal dryness
- Mood swings
- Difficulty sleeping
- Urinary incontinence
- Lowered sexual drive

If you are pre-menopausal before your surgery and your uterus is removed you will no longer menstruate (bleed). If you have your ovaries surgically removed, your estrogen levels will drop suddenly and you may experience some or all of the menopausal related symptoms listed above. Talk to your surgeon or family doctor about treatment choices if your symptoms are serious. He/she/they will help you decide if hormone replacement is right for you.

If you are pre-menopausal and one or both of your ovaries are left, they will still make estrogen. You may still experience cyclic changes such as breast tenderness as you did before your surgery. Your body will experience menopausal related symptoms as you would have naturally.

If you are post-menopausal and are taking hormone replacement therapy, talk to your doctor about your medications. If you are not receiving hormone replacement, it is unlikely that you will develop new menopausal related symptoms after the operation.

Before Your Operation

Before you are admitted to hospital, you will see your surgeon in the clinic. Your doctor will examine you and go over your medical history. The doctor explains why the operation is needed and the risks related to the operation. Please bring all your medications in their original bottles with you to the appointment. This includes any prescription medications, over the counter

medications, supplements and any natural health or herbal preparations you take. You are asked to sign a consent form to give your permission for the operation, blood transfusions if needed and to take photos of surgical specimens to be used for education/research.

If you are taking aspirin or any blood thinning drugs, ask your doctor if you should continue taking these medications. The physician may also direct you to have only clear fluids for 1 day prior to surgery. You will also be asked to fast from midnight before your day of surgery.

Within 6 weeks of your operation, you will have pre-surgical screening done at Hotel Dieu Hospital.

Smoking

If you smoke, try to quit at least 2 weeks before the operation. If you cannot quit, try to smoke less. Smoking raises your chances of developing problems after the surgery. Smoking also delays wound healing.

Note: Kingston Health Sciences Centre is smoke free. Smoking is not allowed inside the hospital

Alcohol Consumption

If you drink heavily let your care team know and try to lower your amount of alcohol use before your surgery.

Fragrances

Do not wear perfume, cologne, and personal care scented products Kingston Health Sciences Centre is a scent free environment.

Hygiene

Please shower or bathe the night before or the morning of your operation.

The evening before your surgery:

The Operating room staff will call you the evening before your operation to tell you the time of your operation.

The morning of your surgery:

Please arrive at the Same Day Admission Centre (SDAC) 2 hours before your operation. The SDAC is on Connell 2.

Please bring the following with you to the hospital:

- Your Ontario Health Card
- Any private insurance cards
- Your current medications in their original bottles. Include any herbal or non-prescription medications.
- Your hearing aid(s) and eyeglasses
- Your housecoat and slippers

Do not bring any valuables to the hospital.
Your belongings will be sent home with your family if you are admitted to stay in hospital.

Before your surgery

- Remove any dentures. Tell the nurse and anesthesiologist if you have capped teeth, a dental bridge, or a dental plate.
- Do not wear make-up or nail polish. The doctor must be able to see the colour of your skin and nails during the surgery.
- Do not wear jewelry, including rings, to the hospital.
- Remove contact lenses.

On the day of your operation, the anesthesiologist will visit you in the Same Day Admission Centre. He/she will go over your medical history and discuss the type of anesthetic and pain management method with you.

Your nurse will help you to get you prepared for your surgery. You will have an intravenous started and an antibiotic will be given to help keep infection from happening.

During Your Operation

When you arrive in the Operating Room, a few members of your surgical team will meet you. A

Registered Nurse will fill out the necessary paperwork, making sure all the tests and orders are finished. He/she will be with you at all times, helping you and explaining everything before it happens. Devices, such as a blood pressure cuff, ECG leads, and pulse oximeter, (which measures the oxygen in your blood by a clip on the finger) will be put on.

Once in the operating room, a surgical safety checklist will happen. You will be asked your name, if you have any allergies, and the type of procedure you are having.

The anesthesiologist will then give you the anesthetic. The general anesthetic is given through your intravenous or through a mask. If you have an epidural (a small tube in your back which helps with pain management), you will be helped to sit on the side of the bed for its insertion and then helped to lie down again. You will be kept covered at all times and everything will be explained to you before it is done.

In most cases, a urinary catheter will be inserted into your bladder. This will happen after you have been given your anaesthetic and are asleep. The catheter drains urine from the bladder.

For an abdominal hysterectomy, your doctor does your operation through a cut in your abdomen. When the operation is over, a dressing is placed over the cut.

A vaginal hysterectomy does not need an abdominal incision. The surgery is done through the vagina.

Your surgery will take approximately 2 to 4 hours. While you are in surgery, the Operating Room team checks on you. This team includes your surgeon, anesthesiologist, resident doctors, nurses and operating room technicians.

Your family may wait in the waiting area near the OR. The surgical liaison nurse will keep your family informed during your procedure. Your family will be able to see you in the Same Day Admissions Centre if you are being discharged home the same day of surgery, or after you have returned to your hospital bed.

After Your Operation

After your operation, you are taken to the Post-Anesthetic Care Unit, also called the Recovery Room. The nurse watches you closely until you are awake. Then, you are discharged home or transferred to your hospital room.

Many staff are available to help with your care during your hospital stay. They include:

- Doctors
- Nurses
- Social workers

- Spiritual/religious care workers
- Pharmacists
- Patient care assistants

Doctors

You may see several doctors when you are in the hospital. Your gynecologist will oversee your care. You will also receive care from a resident or medical student working with your gynecologist. The resident is a doctor receiving specialized education in Obstetrics and Gynecology.

Nursing

- Makes sure that you are comfortable.
- Checks your temperature, blood pressure, heart rate and breathing.
- Checks your dressing, if you have an abdominal incision.
- Checks the amount of vaginal discharge/bleeding.
- Encourages you to do the deep breathing and ankle pumping exercises.
- Shows you how to support your incision with a pillow or folded sheet.
- Helps you sit up at the side of the bed shortly after your operation. Depending on how you feel, you may sit up in the chair.
- Helps you walk in the room the day after your operation.

- Provides medicine to control your pain.
- Ensures that you have a shower the first day after surgery.

You will have vaginal discharge and will wear a sanitary pad. During your hospital stay, the colour of the vaginal discharge lessens and changes from red to pink. The amount lessens. Tell your doctor or nurse if you notice more discharge or clots.

If you have a urinary catheter, it is usually removed the day after your operation. It is important to pass urine within 6 hours of the catheter being removed. The nurse will record the amount you drink and the amount of urine you pass for the first few days, so please make your nurse aware of how much you are drinking and peeing. You may have to urinate more often and with more urgency than before your surgery. This is normal and it will settle without any treatment. It may also take longer to void and more time needed to ensure that your bladder is empty. You may need to double void (void, then wait a few seconds, maybe bend forward a little bit). Do not strain forcefully.

If you have had an abdominal incision, your abdominal dressing will be removed two days after your operation. If there is drainage, the nurse will put on another dressing and this dressing should stay on until you are discharged home.

Your intravenous is usually removed 1 or 2 days

after your operation when you are drinking well. You will be able to eat solid foods when you are hungry, drinking well and passing gas.

Managing Your Pain

After your surgery, you may feel some pelvic fullness, bloating and pain in your incision and lower abdomen. If you stay in hospital after your surgery, for the first 24 to 48 hours, pain medication may be given through:

- An IV by a patient controlled analgesia (PCA) pump. The PCA pump lets you give yourself pain medication as you need it. A nurse will show you how to use it.
- An epidural, a patient controlled epidural analgesia (PCEA) is usually used for a long, midline incision.
- A subcutaneous or intramuscular injection, or by mouth.

Regardless of which type of pain medication you are getting, it should be taken regularly. If you are getting pain medication by injection, ask for the medication as soon as the pain starts. It is a good idea to take pain medication before any activity if it hurts to move.

Other Pain Medication

You may also receive anti-inflammatory medication and acetaminophen tablets or suppositories on a regular basis for a few days after the surgery. This

helps lessen the pain.

Managing Your Pain at Home

If you go home the same day as your surgery, you should take over-the-counter pain medication on a regular basis to help lessen the pain unless your surgeon tells you not to.

Ibuprofen (i.e. Advil): Take 2 extra strength tablets (total of 800 mg) every 6 hours for 48 hours after your surgery. Take this with a small snack or meal. You may decrease the amount as your pain gets better.

Acetaminophen (i.e. Tylenol): Take 2 extra strength tablets (total 1000 mg) every 6 hours for 48 hours after your surgery. Take this with a small snack or meal. You may decrease the amount as your pain gets better.

Narcotics (i.e. Hydromorphone, Morphine, Tylenol #3): If you are given a prescription for this, take **ONLY AS NEEDED** every 4 to 6 hours. This will help improve your pain effectively, but minimal use is advised due to the side effects of these medications (constipation, drowsiness, nausea).

Managing Your Nausea

Nausea is easiest treated when it is mild. Please let your nurse know when your nausea begins. He/she can provide you with medication through your intravenous (IV) if you are not able to swallow pills.

Deep Breathing

It is common after an operation to take shallow breaths. It is important to take deep breaths to keep your lungs clear. Taking deep breaths helps to prevent pneumonia. You can help prevent this from happening by practicing deep breathing before your operation. Follow these steps 3 to 4 times a day for 3 days before your operation.

Note: Stop doing the exercises if you have difficulty breathing.

1. Put a hand on your upper abdomen just under your ribs.
2. Take a slow deep breath through your nose. As you do, watch your abdomen. If you are doing this the right way, your abdomen rises and lifts your hand.
3. Hold your breath for 3 seconds.
4. Breathe out slowly through your mouth. Your abdomen should go back down.
5. Take 4 more deep breaths.

After your operation, you will be provided with an incentive spirometer and shown how to use it. The incentive spirometer will help you to breathe deeply. You should use your incentive spirometer every hour until you are able to spend most of the time out of bed.

Ankle Pumping

Because you are less active after your operation,

the blood flow in your legs slows down. This raises your risk of getting blood clots in your legs. You can help keep this from happening by being active and doing ankle pumping exercises after your operation. Practice the exercise before your operation until you are comfortable doing it.

2. Lie on your back with your legs out straight.
3. Pump your ankles up and down. You can also do this exercise while you are sitting in a chair.
4. After your operation do this exercise at least 5 times every hour while awake.
5. Keep doing it until you are able to spend most of the time out of bed.

After your surgery and while in hospital, you may be given an injection of a blood thinner. You may be told to continue this injection at home for four weeks. You will be taught how to self-inject. Your surgeon will explain the reason for the blood thinner.

Spiritual Care

You or your family may wish to have spiritual support while you are in hospital. There are spiritual care practitioners available 24 hours a day. The spiritual and religious care worker may be able to arrange for someone of your religion to visit you. If you want to see a spiritual and religious care worker, please tell any staff member. The chapel on Davies 2 is always

open for your use.

Before You Go Home

Your doctor and the nurses help you plan for going home. The doctor may give you a prescription for pain medication. You will receive an appointment to see the doctor in clinic in 4 to 6 weeks.

If you had an abdominal hysterectomy, you will be discharged home with stitches or staples in your incision. Stitches are usually dissolvable and do not need to be removed. If you have staples, they are usually removed by your family doctor 10 to 14 days after the operation. You and your doctor will discuss when to have them removed. If you have staples, you will be given a staple remover to take to your family doctor's appointment.

If you live alone, arrange for someone to stay with you for the first few days after you leave the hospital.

Follow-up Clinic Appointment

You will see your surgeon in the clinic in approximately 6 weeks after discharge. During this appointment, your doctor examines you. Talk to your doctor about any questions or concerns you may have.

If you had both ovaries removed, you and your doctor will discuss the need for hormone replacement therapy.

What to Expect When You Go Home

- You may have bleeding or spotting from your vagina for up to 6 weeks after your operation. It may be red or brown and it may have threads from dissolving stitches. This is normal while healing occurs. Use sanitary pads. Do not douche. Douches may cause infections. If the discharge becomes heavy or you notice an unpleasant odor, notify your doctor.
- You may feel numbness around the abdominal incision or numbness on your upper to mid-thigh after lymph node removal. This is normal. The numbness will improve over time.
- You will not have menstrual periods.
- If both ovaries were removed, you may have hot flashes. You also may have mood swings or feel "down", "blah", or "teary". If these feelings get worse or do not go away, talk to your doctor. You may feel this way because your hormone levels are low.
- You may feel tired and weak. This is because your body is using energy to heal. Take time to rest.
- You may have some discomfort in your lower

abdomen and pelvis. This may last for 1 to 2 weeks or longer. Take your pain medication as prescribed by your doctor. If your pain starts to get worse, tell your doctor.

- Some pain medications can cause constipation. Talk to your doctor about medications that may help. Your diet and fluid intake can also help.

Common Questions

How do I care for my abdominal incision?

Keep the incision clean and dry. If your clothes rub against the incision, cover it with a dry bandage, otherwise leave it uncovered. You can bathe or shower as usual. Change the bandage if it becomes wet or soiled. Stitches will dissolve in a few weeks.

How do I care for my incisions if the doctor used a laparoscope during the operation?

Keep your incisions clean. If your clothes rub against the incision, cover them with dry bandages. You can bathe or shower as usual. Change the bandage if it becomes wet or soiled. The stitches are dissolvable and do not need to be taken out. They may last a few weeks. Notify your family doctor if there is any redness or drainage at the incision site.

How might I feel after the operation?

Some women feel happy that the operation is over. Other women feel a sense of loss or feel less feminine after the operation. These feelings are normal. If you feel confused, angry or sad, talk to your nurse or doctor.

What about birth control?

After your uterus is removed, you are no longer able to get pregnant and birth control is not necessary.

What about sex?

Do not have sexual intercourse for six weeks. You will have a clinic appointment with your surgeon about 6 weeks after your surgery. He/she will talk to you about sexual relations at that time. You may find that deep penetration is uncomfortable at first. If you have vaginal dryness, talk to your doctor. Vaginal moisturizers or lubricants are available at any pharmacy. Try KY Jelly or other water based lubricant. Ask your pharmacist. **Do not use Vaseline.**

Some women notice a change in their sexual response after hysterectomy. In some cases women are more interested in sex than before. They may have less pain from the condition they were suffering from or they may no longer worry about an unintended pregnancy. Some women have reported lowered sexual pleasure. Every

woman is different. Talk to your doctor if you have questions.

What about activity?

For the first 6 weeks after your operation do not lift heavy objects. For example, do not lift a 10 pound bag of potatoes, a full laundry basket or bags of heavy groceries.

Also, do not vacuum or do any exercises that may strain your abdominal muscles. For the next 3 months, do not lift anything heavier than 20 lbs.

Slowly, raise your activity to your usual level. You are encouraged to walk, but be careful not to overdo it. It is important for you to "listen" to your body. If you are tired or are having pain, stop what you are doing and rest. You may use stairs but do not place yourself in a situation where a fall could happen.

You may want to avoid driving for the first 2 weeks if possible. If you plan on going on a long trip in the first month after surgery, take breaks often (every 1.5-2 hours). This will help blood circulation and help to prevent blood clots. Make sure you are drinking lots of fluids every day.

What about food?

You do not have to be on a special diet. Follow Canada's Food Guide unless you have been told differently. To help healing, eat foods high in protein,

Vitamin C and iron. Foods high in protein include meat, milk, cheese, dried beans and eggs. Foods high in Vitamin C include citrus fruits, green peppers and broccoli. Foods high in iron include liver, raisins, dried apricots, spinach and eggs.

Because of being less active, your digestive system slows down. This may cause you to be constipated. To reduce the risk of constipation, drink lots of fluids and eat foods high in fiber. Foods high in fiber include natural bran, fruits, vegetables, lentils and whole grain products.

When should I call my doctor?

Call your doctor if you have any of the following:

- If you are short of breath or have pain in your chest
- If you notice swelling, pain or redness in your one leg or calf
- More bleeding from your vagina
- Large clots passing from your vagina
- Bad smelling discharge passing from your vagina
- If you experience a fever, chills, sweating or flushing
- Blood or fluid draining from your incision
- More redness or pain in or around your incision or if the incision feels hot to the touch
- Pain when passing urine or if you have blood in your urine

- Difficulty emptying your bladder or if you have to pass small amounts of urine often
- Significant difficulty with constipation or moving your bowels

Information and Notes

Some questions I have for my healthcare provider:

1.

2.

3.

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