

Getting Ready for Gynecology Surgery

“Gynecology surgery” describes many different operations of the reproductive system. Talk with your doctor about the type of surgery you need and the risks and benefits of having the surgery.

Reading this book can help you prepare for your surgery.

If you have any questions or concerns, please talk with your doctor or nurse.



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Learning about your body

To get ready for surgery, you will need to know what these words mean:

Vagina The opening that leads to the cervix and uterus. Where the bleeding during a period comes out.

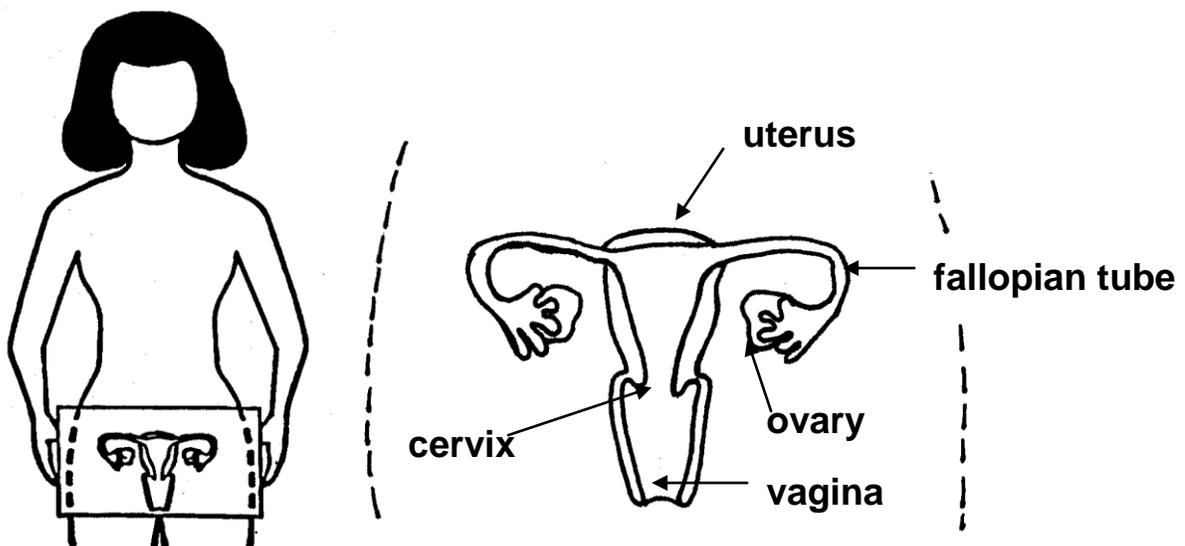
Cervix The lower part of the uterus that opens into the vagina. A Pap test is taken from this area.

Uterus The part of your body where a baby can grow. The bleeding during a period comes from the uterus.

Fallopian tubes Narrow tubes on each side of the uterus that end near each ovary. When an egg is released from an ovary, it travels through a fallopian tube to the uterus.

Ovary A small gland close to the end of the fallopian tube. There are 2 ovaries – one on each side of the body. Each ovary stores and releases eggs, and makes the hormones called estrogen and progesterone.

This picture shows these parts of the body:



Types of gynecology surgery

There are many different types of gynecology surgery. Sometimes, more than one surgery needs to be done at the same time.

To understand the type of surgery you need, please talk with your doctor.

❑ Hysterectomy

A hysterectomy is an operation that removes your uterus.

- A total hysterectomy removes the uterus and the cervix.
- A subtotal hysterectomy removes only the uterus.

If you have an **abdominal hysterectomy**, your uterus will be removed through an incision in your abdomen.

If you have a **vaginal hysterectomy**, your uterus will be removed through the vagina. No abdominal incisions are needed.

If you have a **laparoscopic vaginal hysterectomy**, you will have an incision in your vagina and several small incisions in your abdomen.

Talk with your doctor about why you need a hysterectomy.

Here are some common reasons for a hysterectomy:

Prolapsed uterus

- Prolapsed means your uterus has moved out of its normal position and down into your vagina. The uterus becomes prolapsed when the ligaments that hold it up become weak. Ligaments may get weak because of many pregnancies, low amounts of estrogen during menopause.
- A prolapsed uterus may cause pain or infections.

Fibroids

- Fibroids are growths from the muscle of the uterus. The hormone estrogen makes them grow larger. They can grow on the inside or outside of the uterus. Fibroids are rarely caused by cancer.

Endometriosis

- Means that there are patches of tissue like that of the lining of the uterus, growing outside of the uterus. These patches may be found on the fallopian tubes, ovaries, bladder or rectum. During your period these patches bleed, but the blood cannot flow to the outside of your body. This can cause pain and scarring. Your periods may be heavy or irregular.

❑ **Salpingo-oophorectomy**

This surgery removes the fallopian tubes and ovaries. You may need both tubes and ovaries removed, or the tube and ovary from one side.

❑ **Anterior and Posterior Repair or A&P**

The muscles in the front and back walls of the vagina hold the bladder and rectum in place. If the sides of the vagina become loose or less elastic, the bladder and rectum can bulge into the vagina.

If you have this problem you may:

- feel pain or pressure in your vagina, abdomen or lower back
- feel a bulge in your vagina
- have problems passing urine or having a bowel movement

The surgery to relieve this problem is called an anterior and posterior repair or A&P repair. During the surgery, the bulge is removed by taking tucks in the vagina. In the anterior repair, tucks are made in the front of the vagina. In the posterior repair, tucks are made in the back of the vagina.

❑ **Abdominal Sacrovaginopexy or ASVP**

Like the A&P repair, abdominal sacrovaginopexy can relieve problems with the vagina, bladder and rectum. In this type of surgery the top of the vagina is moved back into normal position and held in place with stitches or mesh.

❑ **Retropubic Urethropexy or RPU**

You may have problems holding your urine, especially when you are active, laughing or coughing. This happens because the bladder or the muscles that support your bladder have become weak. These muscles become weak because of multiple pregnancies and low amounts of estrogen.

The surgery that can help relieve this problem is called retropubic urethropexy, RPU or bladder repair. In this type of surgery the bladder is moved back to its normal position and held in place with stitches.

❑ **Tension Free Vaginal Tape Obturator or TVTO**

This procedure supports the bladder and leaves 2 small incisions – one on each inner thigh.

Exercises to help you recover after surgery

Planning for a healthy recovery starts at home, before your surgery. Take time to learn and practice deep breathing, coughing and leg exercises.

After surgery, start these exercises when you are lying in bed. It will help if you raise the head of your bed a little. Later on, you can do the exercises while sitting in a chair. **During the first few days after your surgery, do these exercises every hour that you are awake.**

Deep Breathing and Coughing Exercises

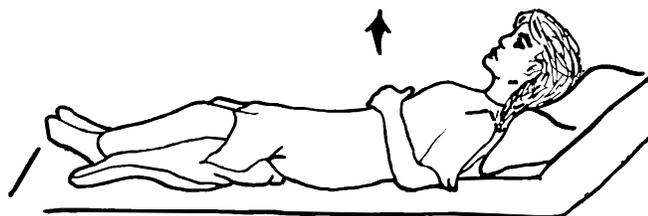
Deep breathing and coughing helps to:

- keep your lungs expanding fully
- clear mucous from your lungs and throat
- reduce the chance of getting a chest infection

If you have an abdominal incision, you may find these exercises are more comfortable if you hold on to your incision with your hands or hold a pillow over your incision.

How to do deep breathing and coughing

1. Lie on your back with your knees bent.
2. Put your hands high up on your stomach.
3. Breathe in as deeply as you can.
You will feel your stomach push out against your hands.
4. Breathe out slowly through pursed lips, like blowing out a candle.
5. Repeat 5 times.
6. Then take a deep breath and make a strong, deep cough.
Just clearing your throat is not enough.



Deep breathing - lying down



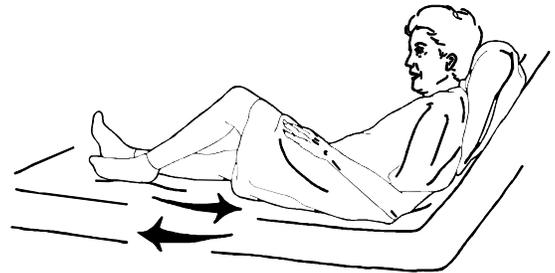
Coughing - sitting up

Leg Exercises

Leg exercises help keep blood circulating in your legs. It will also help if you do not cross your legs when you are lying or sitting.

Exercise 1: Slide your heel

- Sit up in bed, with both legs straight.
- Bend one knee, sliding your foot up the bed.
- Then gently slide this foot down the bed, until the leg is straight.
- Repeat 10 times with this leg.
- Repeat the exercise with the other leg.



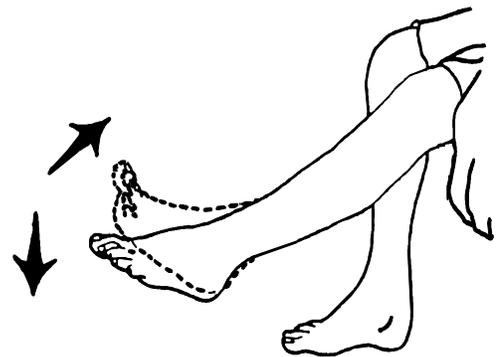
Exercise 2: Point and flex your feet

If you are lying down:

- Straighten both legs.
- Point and flex your feet 10 times.

If you are sitting up:

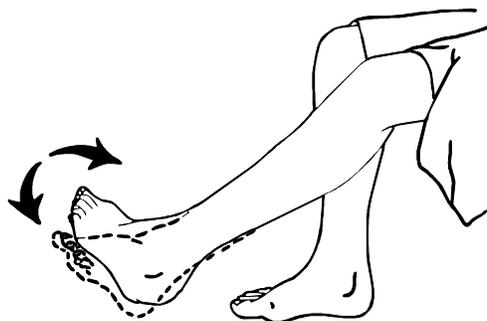
- Extend one leg, straight out in front of you.
- Point and flex your foot 10 times.
- Relax and lower your leg.
- Repeat the exercise with the other leg.



Exercise 3: Circle your foot

If you are lying down:

- Straighten both legs.
- Circle one foot clockwise 10 times.
- Circle this foot counter-clockwise 10 times.
- Repeat the exercise with the other foot.



If you are sitting up:

- Extend one leg, straight out in front of you.
- Circle your foot to the right 10 times.
- Circle this foot to the left 10 times.
- Relax and lower your leg.
- Repeat the exercise with the other foot.

Before Your Surgery

A few days before surgery, you will need to come to the Pre-Admission Assessment Unit.

Depending on the type of surgery you are having, you may:

- have blood and urine tests
- learn about a laxative or enema to clear your bowels
- see the nurse, who will give you information about what to expect while you are in the hospital
- see the anaesthetist who is the doctor who will give you medication that puts you to sleep during surgery. The anaesthetist will talk with you about ways to control pain after surgery.

Use the “Patient’s Checklist for Surgery” to help you prepare for surgery. Check each item as you get ready to come to the hospital.

What to bring to the hospital

- pajamas or nightgown, housecoat and non-slip slippers
- soap, shampoo and hairbrush
- toothpaste and toothbrush
- sanitary pads and underwear
- a small box of tissues
- denture cup, if needed
- any medications that you take regularly, in labeled pharmacy containers
- your own pillow, if you wish

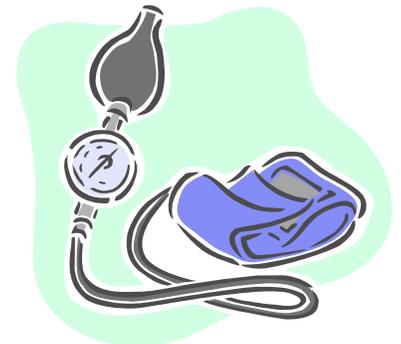


Coming to the hospital

When you come to the hospital, you will go to the Day Surgery Unit.

The nurse will admit you, and:

- check your temperature, blood pressure, pulse and breathing
- review your regular medications
- help you get ready for surgery



Please feel free to ask questions at any time.

You may need:

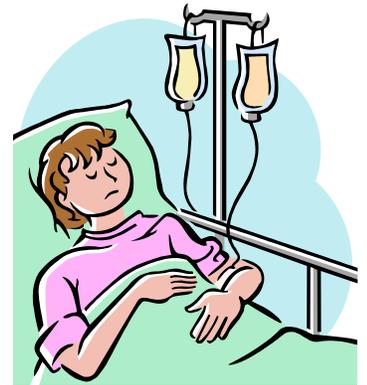
- an intravenous tube put into a vein in your arm, to give you fluids and medications. This is also called an IV.
- a tube called a catheter put into your bladder to keep it empty. This is usually done in the operating room when you are asleep.

When you are ready, someone will help you onto a stretcher and take you to the holding area, and then to the operating room.

After Your Surgery

How you may feel

When you wake up after surgery, you may feel pain in your abdomen or in your vagina. If you had laparoscopic surgery, you may also have pain in your shoulder. This pain is from the carbon dioxide gas that is used to expand your abdomen during this type of surgery. The amount of pain is different for each person. If you are having pain, tell your nurse. The nurse can help you get more comfortable and give you pain medication.



Your throat may feel sore from the tube used to help you breathe during surgery. If your mouth is dry, you may have some ice chips when you are fully awake.

Feeling stiff or achy is also normal at this time. These feelings will go away when you can move around more.

Some women feel sad or “blue” after surgery. You may feel depressed or find yourself crying and not know why. These feelings are normal. As your body heals and you are able to resume your activities, these feelings will lessen. Please talk about these feelings with your nurse, a friend or someone in your family. If you feel overwhelmed by these feelings or they do not lessen over time, please get help from your doctor or health care provider.

Stitches, drains, and IV

If you have abdominal or laparoscopic surgery, staples or stitches may be used to close your incision. Your incision may be covered by a dressing or tape. Under your dressing you may have a tube called a drain, which allows blood to come out of your body, rather than collect inside.

If you have a vaginal hysterectomy, there may be a drain in your vagina. The nurse usually removes the drain in 1 or 2 days after your operation.

You will have an IV tube in your vein to give you fluids and medication.

Catheter

You may have a catheter in your bladder to drain urine. When your catheter is removed depends on the type of surgery you had. Your nurse usually removes it, 1 to 2 days after surgery. After the catheter is removed your nurse will help you measure your urine. This is to check if your bladder is emptying completely.

If you had an RPU or bladder repair, or if you are having trouble emptying your bladder completely, you may need intermittent catheterization. This means putting a catheter into your bladder every 4 to 6 hours. The catheter is not left inside. The nurse will ask you to try and empty your bladder and then will put a catheter tube into your bladder. You will need to have this done every 4 to 6 hours, until your bladder is emptying well.

Some women may need to continue to use a catheter after they go home. If you need to do this, the hospital nurses will teach you how to catheterize yourself and a nurse will visit you at home.

Getting out of bed and moving around

Your nurse will help you get out of bed the evening of your surgery, or the next morning. Getting out of bed as soon as possible will help you recover.

You will need help at first to sit in a chair or go to the bathroom. If you feel faint or dizzy, call the nurse to help you get back to bed.

Take frequent, short walks in your room and in the hallway on the second day after your surgery. Rest after each walk. Continue to do your deep breathing, coughing and leg exercises.

Hygiene

You will need to wear a sanitary pad. It is normal to have discharge from your vagina after surgery. The discharge may be like a period, or different, depending on the type of surgery you had. When you are able, you should change your pad every few hours.

Your nurse can help you with bathing until you are able to do this by yourself. Check with your nurse about when you can have a shower or bath.

Getting your bowels moving

The first or second day after surgery, you may feel gas pains in your stomach or abdomen. This is normal as your bowels start to work again. Walking, rocking, or using hot packs, made for you by the nurse, can relieve gas pains.

You may need a stool softener, a laxative or an enema before you have a bowel movement. Having a bowel movement will also take away gas pain.

Starting to eat and drink

If you have an abdominal hysterectomy, you will need to pass gas before you can eat solid foods. Until then, you will only drink liquids. Avoid carbonated drinks as these cause more gas.



If you had a vaginal hysterectomy or a bladder repair (without other surgery), you may eat solid foods before you pass gas.

When you are allowed solid foods, you can choose foods from the hospital menu for your type of diet. If you have any questions about your diet, ask your nurse.

Preparing to go home

Your doctor will tell you when you can go home. When you go home depends on the type of surgery you had and how well you are recovering. Most women go home 1 to 3 days after surgery.

Here are the answers to some questions you may have about your care at home:

What should my incision look like?

Your incision should be a clean, dry and closed line. There may be some bruising around your incision. Look at your incision before you leave the hospital. Then you will be able to see any changes in your incision when you are at home.

If you have clips or stitches in your incision, they may be removed before you leave the hospital. Some stitches dissolve on their own and do not need to be removed. If you go home with clips or stitches in your incision, make sure you have an appointment to have them taken out. Your nurse can tell you if this appointment should be with your family doctor, your gynecologist, or the doctor that did your surgery.

When can I have a bath or shower?

You may have a shower. This will keep your incision clean and help it to heal. Be sure to dry your incision carefully. You may have a bath when the discharge from your vagina has stopped. You may wish to avoid using bath salts or oils as they may irritate your incision.

How long will I have bleeding or discharge from my vagina?

It is normal to have some bleeding or discharge for 2 to 3 weeks after surgery. If you have had an anterior and posterior repair, you may have some vaginal bleeding for up to 6 weeks. The bleeding should be less than a heavy period.

The amount of discharge should gradually decrease. Use pads to protect your underwear. ✘ Do not use tampons until after your follow-up appointment with your doctor.

What can I do to relieve the pain?

Your doctor can give you a prescription for pain control medication. When you have less pain, you may prefer to take pain control pills, such as acetaminophen (Tylenol[®]) or ibuprofen (Advil[®] or Motrin[®]). You can buy these without a prescription.



If you find that an activity gives you pain, stop and rest. Wait a few days before trying that activity again.

What activities can I do?

At first you may find activities such as climbing stairs, lifting, or vacuuming too hard for you. ✘ Do not lift anything over 4 kilograms or 10 pounds. This is about the weight of a bag of groceries or a small baby. Over the next 6 weeks healing time, gradually increase your activities. Exercise such as walking can help you recover.

When you feel tired, stop and rest. Sitting for a long time, or driving, may be uncomfortable because there may be swelling inside your abdomen.

You will probably need to arrange for some help when you come home from the hospital.

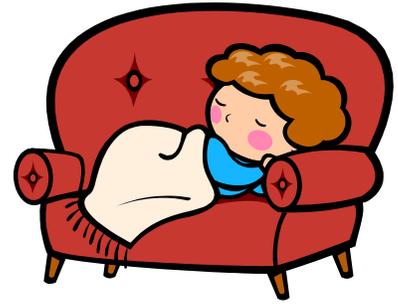
You may need:

- Help with meals, housework and childcare.
- Someone to drive you for a couple of weeks, if you have had an abdominal hysterectomy, because driving may strain your stomach muscles.
- Time off work. The length of time off work depends on the type of surgery you had, how well you are recovering and the type of work you do. Talk with your doctor about when you could return to work.



Why do I feel so tired?

Feeling tired is normal for several weeks after surgery, while your body is healing. Rest time and naps can make you feel better and help your body heal.



What should I eat?

Eating a balanced diet each day will help your body heal. A balanced diet has servings of fruits and vegetables, whole grains, meat and alternates, milk and milk products. Eating high fibre foods can keep your bowels healthy and regular. High fibre foods include bran, whole grains, fruits and vegetables.

Drinking 6 to 8 glasses of fluid a day can also help prevent problems with your bowels and with passing urine.



If you have questions about your diet, talk to your nurse, or ask to talk with a dietitian before you go home.

When can I resume sexual activity?

This depends on how well your body heals and how comfortable you feel. This is different for each person. Your doctor may advise you to wait to have sex until after your follow-up appointment. At this appointment, your doctor will check how your body is healing.



When should I see my doctor again?

Before you go home, make sure you have an appointment to see the doctor who did your surgery. The appointment is about 6 weeks after your operation.

At this time, the doctor may do a physical examination to make sure you are recovering well.

When to call the doctor

Call your family doctor or the doctor that did your surgery if you have any of the following problems:



- fever higher than 38° C or 100° F
- pain in any incision that does not get better with pain medication
- any incision is red, painful, bleeding or draining
- the skin around any incision becomes pink, red or swollen
- pain, burning or bleeding when you pass urine
- trouble passing urine
- an urgent feeling that you have to pass urine all the time
- heavy bleeding such as soaking a pad in 1 to 2 hours or large clots from your vagina
- an increase in the amount of discharge from your vagina
- discharge from your vagina has a bad smell
- pain, swelling or tenderness in your leg or thigh
- chest pain, coughing, trouble breathing or coughing blood
- dizziness for more than a few seconds or fainting

If you have any questions or concerns, contact your family doctor or surgeon.