

# Abdominal Hysterectomy

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Date of Surgery: \_\_\_\_\_

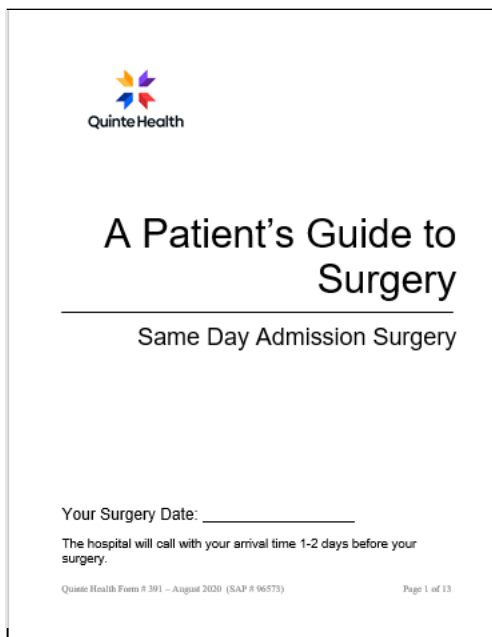
**Please bring this booklet on the day of your surgery.**

# Purpose of this Booklet

This booklet has been designed as a resource for patients undergoing **abdominal hysterectomy surgery**. It has been created by the surgical team, including your surgeon, nurses, and anaesthetist. This booklet has been made to help you know what is going to happen before, during and after your hysterectomy.

Please read this entire booklet carefully and share this information with your family. Feel free to take notes anywhere on these pages and ask questions about anything you do not understand. This information is for general education purposes; please contact your surgeon if you have specific questions about your care.

This booklet **must be read along with ‘A Patient’s Guide to Surgery’ Booklet**. This



booklet has general information that is relevant to all patients having surgery at Quinte Health and will be given to you by your surgeon’s office. It is also available online at <http://www.qhc.on.ca/surgery.php>

The **‘A Patient’s Guide to Surgery’ Booklet** covers the following items:

1. How to Prepare for Your Surgery: things to tell your surgeon, pre-surgical testing, and important information for your safety.
2. Your Day of Surgery: what to bring, your arrival, and what to expect in hospital.
3. Recovering from Your Surgery. This includes the recovery room, your admission to hospital, visitors, and pain medications.

This **‘Abdominal Hysterectomy’** Booklet shares information that is particularly important if you are having this surgery. It includes:

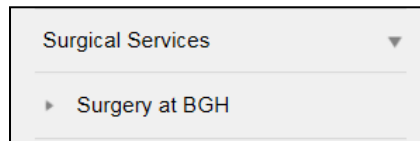
1. Information on Abdominal Hysterectomy Surgery
2. A description of your Day of Surgery and After Surgery in hospital
3. Guidelines for Home, including what to expect, signs and symptoms and important information on when to call your surgeon or come to hospital.

You can also get information online at: <http://www.qhc.on.ca>

Click on: **Services & Clinics**

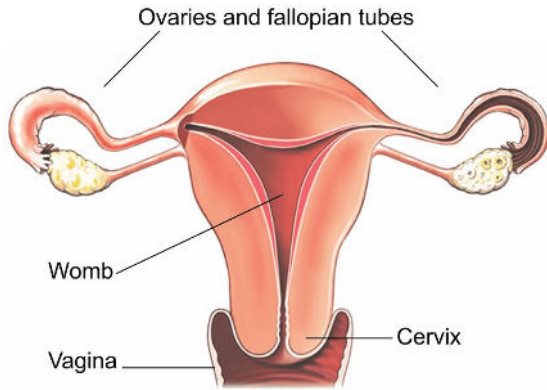
This is in the header at the top of the website.

On the left-hand menu select:



You can scroll down to open Abdominal Hysterectomy specific information.

# Abdominal Hysterectomy



An Abdominal Hysterectomy is the surgical removal of the uterus and cervix through an incision in the abdomen. Ovaries and fallopian tubes may be removed at the time. A hysterectomy may be done to relieve symptoms caused by several conditions:

- **Endometriosis:** occurs when the tissue lining your uterus grows outside the uterus, involving the ovaries, fallopian tubes or other organs.
- **Fibroids:** noncancerous growth(s) in the wall of the uterus.
- **Uterine prolapse:** the muscles or ligaments that hold the uterus become weakened or stretched making the uterus sag into the vagina.
- **P.I.D. (pelvic inflammatory disease):** a widespread infection of the pelvic organs.
- **Abnormal uterine bleeding:** may be caused by fibroids, hormonal change, infection or other disease.
- **Chronic pelvic pain** that is clearly caused by a uterine condition.
- **Abnormal cell growth** in the uterus which may include pre-cancerous and/or cancerous growths

## Preparing for your Surgery



### A Patient's Guide to Surgery

Same Day Admission Surgery

Your Surgery Date: \_\_\_\_\_

The hospital will call with your arrival time 1-2 days before your surgery.

Quinte Health Form # 391 - August 2020 (SLP # 96575)

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In order to prepare for your surgery, please review your "Patient's Guide to Surgery" Booklet. It contains information about:

- What to tell your surgeon
- Your Pre-Surgical Assessment Appointment
- Information that is **important for your safety**
- How to prevent infection and blood clots
- What to bring on the day of surgery
- Parking instructions and directions
- Where to go and what to expect in hospital

# Day of Surgery

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**Before you come to hospital remove all rings and jewelry and keep them at home.**

Please arrive at the hospital to be registered at your scheduled time.

## **Surgical Safety Checklist**

After admission and preparation for surgery by the nursing staff, you will go to the Operating Room where the surgical team will perform a ‘Surgical Safety Checklist’. During this, they will ask you to state your name, birthdate, any allergies, and the procedure being done.

## **Anesthetic**

After the Surgical Safety Checklist, your Anaesthetist will administer an anaesthetic through your intravenous (IV) line. The most common types of anaesthesia for abdominal hysterectomy surgery are:

- General anaesthesia (which will put you to sleep) or,
- Spinal anaesthesia (which allows you to be awake but not feel anything from the waist down).

The length of surgery is approximately 1-3 hours.

## After Surgery: In the Hospital

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You will remain in the Recovery Room for 1-2 hours while your recovery from anaesthesia is monitored. Patients often return from surgery with a variety of tubes:

- You will be receiving fluids and medication through the intravenous (IV) line that was inserted before surgery. It will be removed when you are when drinking well.
- A catheter may be in your bladder to drain urine; it is usually removed the day after surgery. After your catheter is removed, it is important that you are able to pass urine on your own – the team will monitor this.
- You may have vaginal packing (applies gentle pressure to the vagina to reduce bleeding). This is usually removed the day after surgery.

Your surgeon will decide how long you need to stay in hospital based on a number of things including the surgical approach, predicted recovery, and your current health status. You may be taken to an inpatient hospital room or to the Surgical Short Stay Unit.

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## Pain

During your surgery you will have been given medications to help with your post-operative pain. After surgery, your surgeon will recommend a number of ways to decrease your pain including prescribing pain medication. It is important to keep your pain under control, **to a level that allows you to do the things you need to do to heal** (for example: sleep and the coughing activities described below). Please let your nurse know if you are uncomfortable.

## Diet

After surgery, you may have nausea and/or vomiting. Anti-nausea medication may be given to help control this. You will be able to begin to eat as you feel better, starting with ice chips and clear fluids to a diet as tolerated.

## Activity

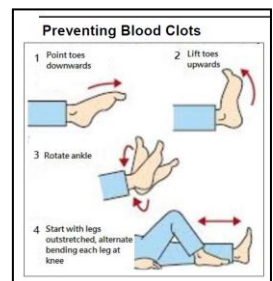
**Deep breathing and coughing** are important activities to help your lungs recover after surgery. These exercises can help prevent lung congestion and pneumonia.

- Take a slow deep breath in through your nose, filling your chest and stomach like a balloon.
- Try to hold your breath for 1 to 2 seconds.
- Slowly blow out through your mouth, like you are blowing out birthday candles.
- Repeat 5 times.
- After the last breath, cough to try to clear any phlegm or mucus from your lungs.
- Do these deep breathing exercises 4 to 5 times a day in the first 48 hours after surgery.

It may be helpful or more comfortable to support your abdomen with your hand or a pillow when coughing.

## Leg & Foot Exercises

- Leg and foot exercises (i.e., pumping your feet and moving them in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. Please see the “Preventing Blood Clots” section of your **Guide to Surgery Booklet** for more information.



## Movement

- Early ambulation has been shown to help patients recover after surgery.
  - You will start by sitting on the side of the bed and then move to short walks with assistance. As your strength and energy returns, you will be able to get up on your own. Please ask for help as needed.
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# Guidelines for Home

It is quite normal to be tired and become fatigued easily during your first week at home. Have someone available to stay with you for a few days. We recommend having this support to help you with your daily activities as you heal.

## Pain

A mild or moderate amount of pelvic and/or abdominal pain or pain around your surgical incision(s) **is normal and should be expected after surgery**. Your pain should improve every day as you heal. You may also notice bruising developing after surgery. This is also normal and will slowly disappear as you heal.

**Gas Pain:** It is common to sometimes feel some cramping and bloating in the abdomen after surgery; this can be caused by gas building up in the intestines. This discomfort is usually temporary and will resolve after passing gas or having a bowel movement.

**Managing Pain:** Pain can be managed using a combination of over-the-counter and prescribed medications. To help you stay on top of your pain and maximize relief:

### For the First 2 days after Discharge:

- ✓ Take ibuprofen and acetaminophen:
  - At the same time,
  - Around the clock: every 4 - 6 hours,
  - Whether or not you are having painThese medications work in different ways so it is safe to take them at the same time.



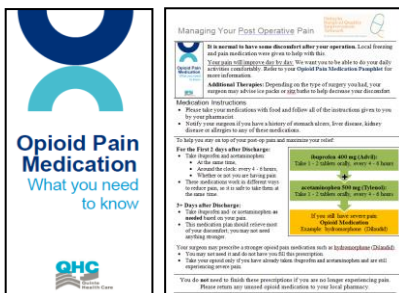
Unless you have been told you cannot take these because of an allergy, other health conditions, or any interactions with other medications.

### 3+ Days after Discharge:

- ✓ Take ibuprofen and/or acetaminophen **as needed** based on your pain.
  - This medication plan should relieve most of your discomfort; you may not need anything stronger.

### Your surgeon may prescribe a stronger opioid pain medication.

- You may not need it and do not have you fill this prescription.
- Take your opioid only if you have already taken ibuprofen and acetaminophen and are still experiencing severe pain.
- You do **not** need to finish these prescriptions if you no longer have pain.



Please refer to your **Opioid Pain Medication Pamphlet** or **Discharge Instructions** for more information. These will be given to you upon discharge from hospital. Please ask your nurse or surgeon if you have any questions.

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## Vaginal Bleeding

You will have some vaginal discharge (which may be blood stained) for up to 4 weeks after your surgery. Sometimes this gets heavier 10-14 days after surgery when the stitches begin to dissolve from the top of your vagina.

- ✓ Use a sanitary pad while you have bleeding or spotting
- ✗ Do not use Tampons until after your 6 week follow up appointment

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## Wound Care

After surgery, your incision will be covered with a sterile dressing. It is important to keep your incision clean and dry; it does not need to be covered with a bandage unless you notice drainage.

Your incision may be closed with stitches or staples. All stitches will dissolve unless you are specifically told otherwise by your surgeon. Staples are usually removed in 4-7 days by your surgeon.

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## Activity

When you go home, slowly start to do more activities. Pace yourself, but try not to stay in bed all day (this places you at increased risk of developing blood clots). Your energy levels will increase every day and **you should be back to normal activity in around 6 – 8 weeks.**

- ✓ Slowly increase your activity level without overstraining.
- ✓ A daily activity, such as a walk, is recommended. If you are tired or having discomfort, stop what you are doing and rest.
- ✓ You may shower daily – just make sure your incisions are dried afterwards.
- ✗ **Do not** lift more than 10 –15 lbs. until after your 6 week follow up.
- ✗ **Do not** drive a car for 2 – 3 weeks after your surgery or while taking any narcotic pain medication.

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## Sexual Activity

- ✗ **Do not** have intercourse (sex) or put anything in your vagina until after your 6 week follow up appointment unless specifically advised by your surgeon.

After that, if you have any bleeding during or after intercourse, stop, wait a week and then try again. If vaginal dryness occurs, talk to your doctor. In the meantime, vaginal lubricants are available at any pharmacy.

You will no longer have monthly periods and can no longer get pregnant. Birth control is not necessary. If the ovaries are removed, hormone replacement therapy may be recommended. Your doctor will discuss this with you.

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## Diet

You may resume your normal diet. Try to eat a well-balanced diet; good nutrition helps with healing and fighting infection.

- ✓ Choose iron-rich foods, such as red meat, green vegetables, whole grain breads and cereal. Drinking citrus juice is recommended; the vitamin C helps iron to be better absorbed.
- ✓ Eating high fiber foods will help to keep your bowels soft and prevent constipation and straining. Examples of high fiber foods are: bran cereals, brown breads, prunes, pears.

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## Bladder and Urinary Changes

After your hysterectomy, you may feel a pulling sensation during urination (peeing). This is normal and part of healing. It's recommended that you drink plenty of fluids which will dilute your urine and help to make you less uncomfortable. It is also common to need to urinate more than normal after surgery.

How I Might Feel and What to Do	
<b>Green Light - What to do Every Day!</b> <ul style="list-style-type: none"><li>• Eat a healthy, well-balanced diet (consider avoiding more fiber and excess fluids)</li><li>• Drink enough and do any exercises recommended by your surgeon or doctor</li><li>• Check your wound for redness and bloody or foul smelling drainage</li></ul>	
<b>Yellow Light - Caution - This zone is a warning!</b> <ul style="list-style-type: none"><li>• You are unable to move around and complete your activities - some discomfort is normal</li><li>• You feel weak and do not have a fever</li><li>• Your wound is not open, oozing, or leaking</li><li>• You do have some vaginal drainage, which could be blood stained. This is normal for up to 4 weeks</li><li>• Your pain is getting less and less</li></ul>	<b>You are on track and your symptoms are under control. Do to your scheduled follow-up appointments.</b>
<b>Yellow Light - Caution - This zone is a warning!</b> <ul style="list-style-type: none"><li>• You have bleeding - discharge that is getting worse</li><li>• Your pain is not getting better or is getting worse</li><li>• You feel feverish</li><li>• You are not able to do your activities or move around comfortably more and more each day</li><li>• You notice your vaginal bleeding becoming heavier - more than 1 pad per hour for 2-3 hours</li></ul>	<b>You may need to be seen by your Surgeon. Call your Surgeon's Office or the PHS Surgical Assessment Office (313) 967-3200 ext. 3207</b>
<b>Red Light - Emergency - This zone means act fast!</b> <ul style="list-style-type: none"><li>• Your wound is bleeding, and swells fast as it gets redder and warmer to touch (infection)</li><li>• Difficulty breathing your trachea is coming</li><li>• Swelling, redness, and pain</li><li>• An area of your wound is coming open</li><li>• Fever of 101° (temperature above 38°C/101°F)</li><li>• You have severe pain which is not relieved by medication</li><li>• You are very tired</li><li>• You have weakness, dizziness or a cough that you did not have before surgery</li><li>• Your breathing is getting much worse</li></ul>	<b>If you cannot get an appointment, go to your nearest Emergency Department. Call your Surgeon's Office (313) 967-3200 to report symptoms and request an appointment. If you are having chest pain, CALL 911 immediately!</b>

For more information on potential side effects, when to make an appointment with your surgeon, or when to come to the Emergency Department: please refer to your **Stoplight Chart** on the last page of this booklet.

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## Emotional Support

After a hysterectomy, you might feel relief because you no longer have heavy bleeding or pelvic pain. For most women, there's no change in sexual function after hysterectomy. But for some women, heightened sexual satisfaction occurs after hysterectomy — perhaps because they no longer have pain during intercourse.

You might feel a sense of loss and grief after hysterectomy, which is normal. Or you might have depression related to the loss of your fertility, especially if you're young and hoped for a future pregnancy. Sharing how you are feeling may help; talk to your doctor about your concerns and get support from those close to you.

Your doctor may also be able to suggest some support groups like:



**Hysterectomy support from HysterSisters** - diagnosis to surgery through recovery and beyond. Join to ask your questions in our Hysterectomy Support Forums and browse the Articles and Resources. <https://www.hystersisters.com/>



# Follow Up Appointment

Please call the office to make a follow-up appointment as directed by your surgeon.

## How I Might Feel and What to Do

<b>Action Plan - What to do Every Day!</b>	
<ul style="list-style-type: none"><li>• Eat a healthy, well-balanced diet (consider including more fiber and iron-rich foods)</li><li>• Move around and do any exercises instructed by your surgeon or physio</li><li>• Check your wound for redness and bloody or foul smelling drainage</li></ul>	
<p><b>Green Light: All Clear - This zone is your goal!</b></p> <ul style="list-style-type: none"><li>• You are able to move around and complete your exercises – some discomfort is normal</li><li>• You feel well and do not have a fever</li><li>• Your wound is not open in any areas</li><li>• You do have some vaginal discharge, which could be blood stained. This is normal for up to 4 weeks.</li><li>• Your pain is getting less and less</li></ul>	<p><b>You are on track and your symptoms are under control. Go to your scheduled follow up appointments.</b></p>
<p><b>Yellow Light: Caution - This zone is a warning!</b></p> <ul style="list-style-type: none"><li>• You have swelling in abdomen that is getting worse</li><li>• Your pain is not getting better or is getting worse <u>and you have taken your pain medications</u></li><li>• You feel tired a lot</li><li>• You are not able to do your exercises or move around comfortably more and more each day</li><li>• You notice your vaginal bleeding becoming heavier than more than 1 pad per hour for 3-4 hours</li></ul>	<p><b>You may need to be seen by your Surgeon.</b></p> <p><b>Call your Surgeon's Office</b></p>
<p><b>Red Light: Emergency - This zone means act fast!</b></p> <ul style="list-style-type: none"><li>• Your wound is draining foul smelling fluid or is getting redder and warmer to touch (signs of infection)</li><li>• Difficulty emptying your bladder or a strong burning feeling when you pee.</li><li>• An area of your wound is coming open</li><li>• Fever or chills (temperature above 38°C/100.5°F)</li><li>• You have <b>severe</b> pain <u>not</u> relieved by medications</li><li>• You have shortness of breath or a cough that you did not have before surgery</li><li>• The swelling at your incision site is getting much worse</li></ul>	<p><b>Call your Surgeon's Office <u>today</u> to report symptoms and request an appointment.</b></p> <p><b>If you cannot get an appointment, go to your nearest Emergency Department.</b></p>
<p><b>***If you are having chest pain: CALL 911 immediately***</b></p>	