

Hysterectomy - Abdominal

Your surgery and recovery at home

This booklet belongs to: _____

My surgery includes:

- Removing my ovaries and fallopian tubes - one or both
(Salpingo-oophorectomy)
- Removing my cervix

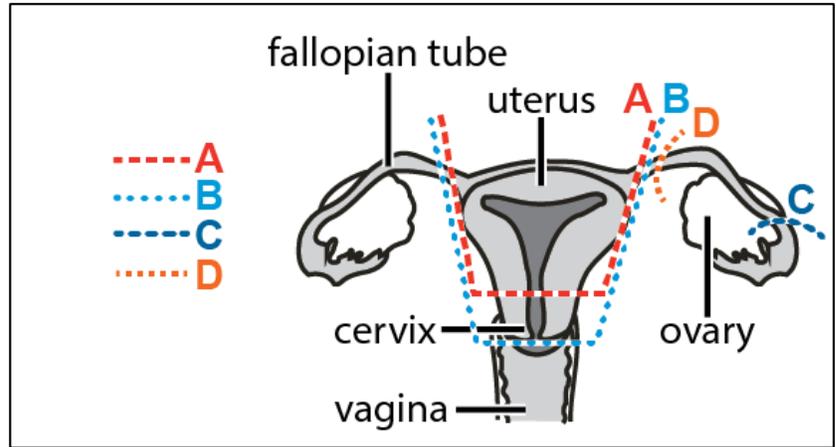
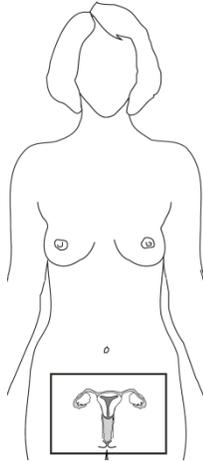
We also give you 'Preparing for Your Surgery' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Hysterectomy - Abdominal

You are having surgery (an operation) to remove your uterus (hysterectomy).



Depending on the reason for your surgery:

- All or a part of your uterus might be removed.
 - When the surgeon removes only the upper part of the uterus and leaves the cervix in place, it is called a supra-cervical or subtotal hysterectomy (A).
 - When the surgeon removes the whole uterus and the cervix, it is called a total hysterectomy (B).
- One or both of your ovaries might be removed (called an oophorectomy) (C).
- One or both of your fallopian tubes might be removed (called a salpingectomy) (D).

When the whole uterus, both ovaries, and both tubes are removed, we call this a hysterectomy and bilateral salpingectomy-oophorectomy.

You and your surgeon decide what is best for you.

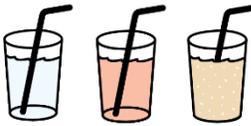
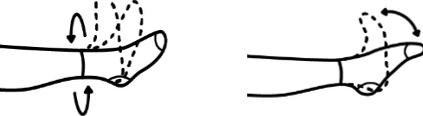
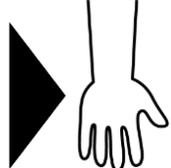
The surgeon makes 1 long cut (incision) on your abdomen. The incision might be up and down (vertical) or side to side (horizontal). Once the necessary parts have been removed, the incision is sewn closed.

The surgery takes 1 to 2 hours.

Read **'Preparing for Your Surgery'** booklet for how to prepare for your surgery.

Path to Home Guide: Abdominal Hysterectomy

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery		
	Surgery Day	Day 1	Day 2
Nutrition	 <p>Fluids only</p>	 <p>Regular diet</p>	
Activity	 <p>Bedrest</p>  <p>Walk 2 or more times</p>	<p>3 or more times</p>  <p>Up in chair for meals</p> 	
	<p>Leg exercises every day</p> 		
Deep Breathing Exercises	<p>Every day</p>  <p>10 times per hour</p>	  <p>Hold 5 sec</p> 	
Pain Control	  <p>PCA pump or epidural*</p>	 <p>Pills</p>  <p>Pain at a level comfortable for you</p>	<p>Pills</p> 
Tubes and lines	 <p>Intravenous Urinary catheter</p>	<p>Intravenous capped</p>  <p>Catheter removed</p> 	 

* PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.
 Epidural A small tube put into your lower back between 2 vertebrae and sits in the space around the spinal cord. Numbing medicine is delivered through the tube into the space, blocking any pain.

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people go home 1 to 2 days after surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ You are passing gas.
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

The type of surgery you had

If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Always read the label and/or information from the pharmacist for how to take medication safely.

Non-prescription pain medicines (also called 'over-the-counter' medicines) - You buy them at the pharmacy without a prescription. You might only need to take this kind of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Family

Practitioner: Refers to either a family doctor or nurse practitioner

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain. They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tylenol #3[®] (codeine and acetaminophen) ★
- Tramacet[®] (tramadol and acetaminophen) ★
- Oxycocet[®] / Percocet[®] (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. In total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
Do not drive or drink alcohol.
Do not take any sleeping pills unless your doctor has said you can.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Drinking and eating

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

Keeping your bowels regular

You can get constipated because you are less active, eating less fibre, or taking opioid medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.

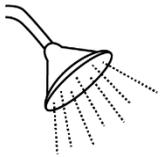




Caring for your incision

If you have incisions on your abdomen, **always** wash your hands before and after touching around your incisions. Before you leave the hospital, your nurse will teach you how to care for your incisions.

If you have white skin tapes (steri-strips) over your incisions on your abdomen, do not remove them. They will fall off on their own. If they have not fallen off within 7 days, remove them. To remove, gently roll each end toward the middle then gently peel it away from your incision.



Showering:

- You can shower after the surgery.
- Continue to take only showers for at least 1 week after your surgery.
- Let the water run over your incision. Do not scrub your incision. Dry your incision and the area around it completely.

You might have some drainage from your vagina for 4 to 6 weeks. It is normal to see pink, yellow, or yellow-brown drainage.

- Wear sanitary pads until this drainage stops.
- Make sure you change the pad often.

Once the drainage stops, you will no longer have a period (menstruate).

Until incisions are healed or until your surgeon or family practitioner tells you it is safe:

- × No soaking in a bath tub or hot tub.
- × No swimming.
- × No vaginal washes or douching.
- × No creams, lotions, or ointments on your incision (unless directed by your surgeon).
- × No tampons or menstrual cups.
- × No vaginal or anal sexual intercourse

Doing any of these things could delay healing.

Personal Cleaning

For the next 7 days, clean your perineum:

- after urinating (peeing) or having a bowel movement (pooping)
- when you change your sanitary pad

To clean yourself:

- Pour warm tap water over your perineum.
- Always wipe yourself from front to back.
- Use a clean tissue or piece of toilet paper each time you wipe. (Your nurse shows you how to do this.)

To pour water over your perineum, you can use a:

- squeeze bottle
- hand-held shower

Keeping active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.

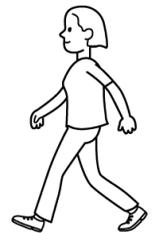
For the next 4 weeks, limit heavy activities:

- ✘ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✘ **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- ✘ **Do not** play any sports, do high intensity exercise, or weight training.

Usually, you can return to **driving** when you can shoulder check and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

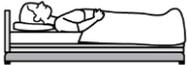
Remember: Do not drive when you are taking opioid pain medication.

Perineum
The area between your legs back to your anus
say pair-uh-nee-uhm



A 4 litre milk jug weighs 4kg (9 pounds)





Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner

Managing moods and emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

Hormone Changes

If your ovaries have been removed and you have not yet reached menopause, within a few days of your surgery you might have signs of menopause such as hot flashes and night sweats. This is because your body is no longer making the hormones (estrogen) that were produced by your ovaries.

If you have already reached menopause, you would not notice any difference from before to after surgery.

When to get help

Call your surgeon or family practitioner if:

- You have a fever over 38°C (101°F).
- Your incision(s) is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have increasing amounts of vaginal drainage or the drainage smells very bad.
- You are really bothered by hot flashes, night sweats, and trouble sleeping.
- You have a cough that continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee) or your urine smells bad.
- You cannot urinate or your bladder feels full.
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You have diarrhea that is severe or continues for more than 2 days.
- You are throwing up often.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

- Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare
- Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

- **Call 9-1-1** if you have any of the following:
 - trouble breathing or shortness of breath
 - chest pain
 - sudden, severe pain
 - sudden gushing of blood from your vagina

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Questions you might have:

Examples: 'When will I be able to return to my regular activities?' 'When can I go back to work?' 'When can I return to my sports?'

Appointments after surgery

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

Call your surgeon's office when you get home to arrange for your follow-up appointment.

My appointment is on: _____

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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