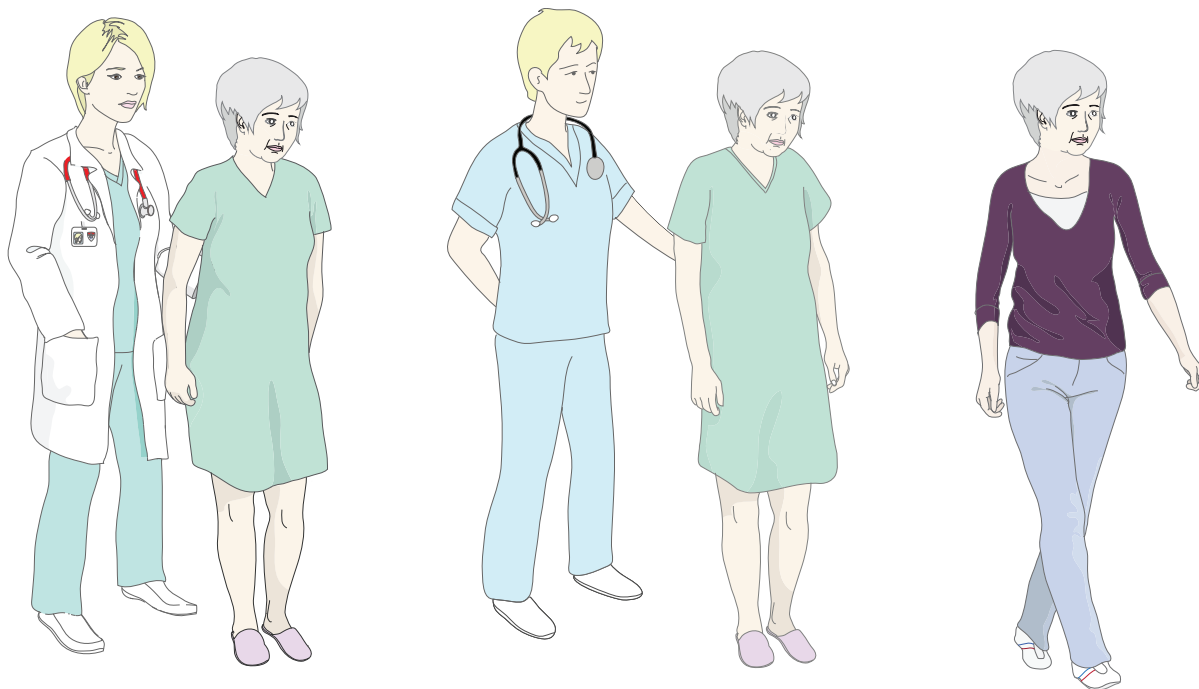


A Guide to Gynecology Surgery at the Lakeshore General Hospital

A patient-friendly booklet for: _____



This booklet is to help you understand and prepare for your surgery.
Please review it with the nurse and your family. Please bring it with
you on the day of your surgery.

**Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal**

Québec 

This booklet was developed by the McGill University Health Centre's (MUHC) Surgery Recovery Program. We extend a special thank you to this team and the MUHC Patient Education Office as a whole for permission to adapt their model and content for this booklet.

We would like to recognize the MUHC Patient Education Office for their support throughout the development of this booklet, in particular, the design, layout, and the creation of all the images.

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Important: Please Read

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the
MUHC Patient Education Office website
www.muhcpatienteducation.ca

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This booklet is to help you understand and prepare for your surgery, to show you how you can play an active role in your recovery, and to give you daily goals to achieve.

**Please review it with the nurse and your family.
Please bring it with you on the day of your surgery.**

Introduction

What is the female reproductive system?

The female reproductive organs are located in the abdomen (belly). They are covered by the omentum (a layer of fat), the intestines and the bladder. These organs are protected by your pelvis (hip bones).

The female reproductive system includes the: vagina, cervix, uterus, ovaries, and fallopian tubes.

Lymph nodes

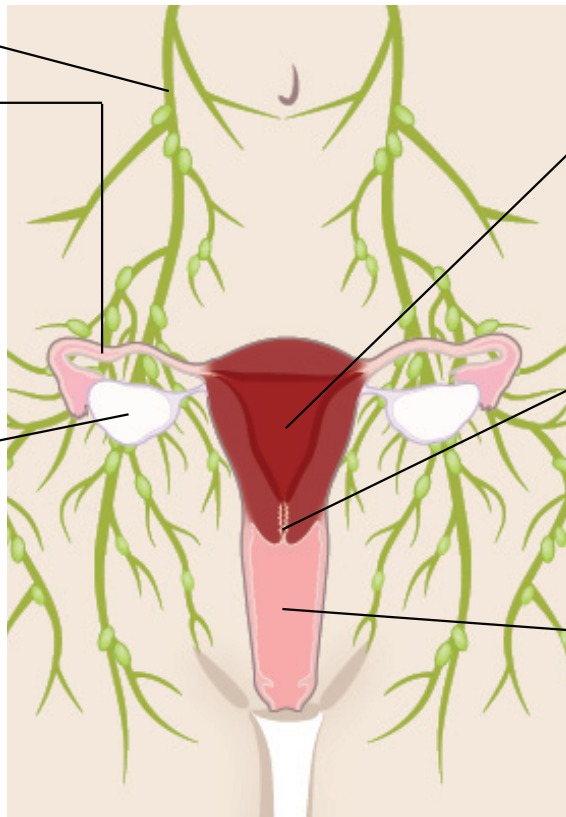
They are small, bean-shaped masses that act as filters to remove anything that does not belong in your body, such as bacteria, viruses, dead cells, debris, and cancer cells. They are part of the lymphatic system of your body.

Fallopian tubes

There are two and each are attached to a side of the uterus. The fallopian tubes connect the uterus to the ovaries.

Ovaries

There are two and they are responsible for producing the female sex hormones: estrogen and progesterone.



Uterus

It's a muscular organ connected to the vagina and fallopian tubes.

Cervix

It's the lower part of the uterus which connects to the vagina.

Vagina

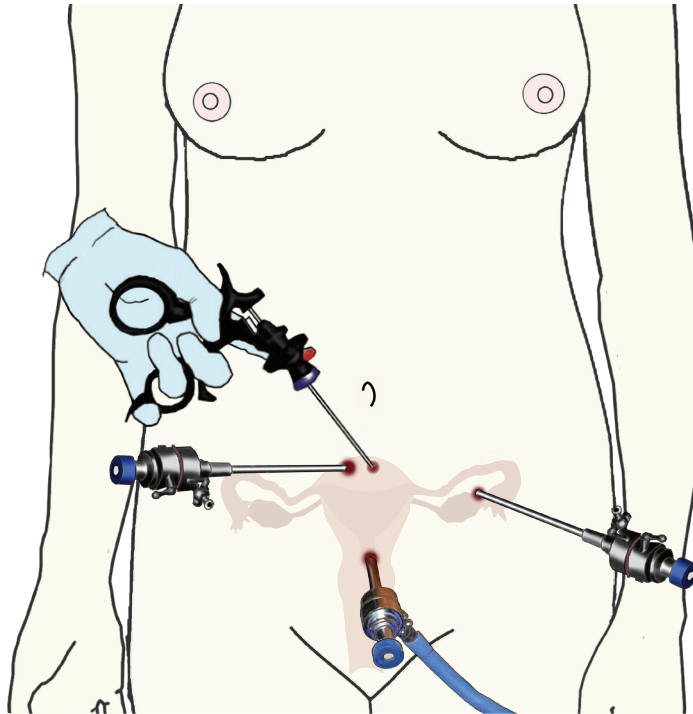
It connects the reproductive organs to the outside of the body.

What is gynecology surgery?

Gynecology surgery involves the removal of a specific part of your reproductive system.

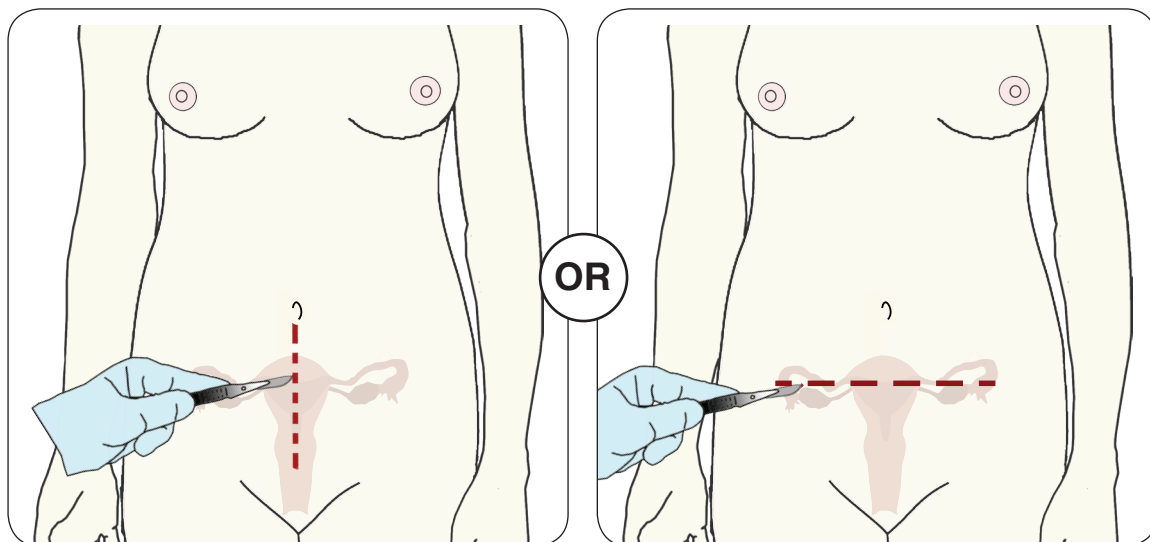
The surgery can be done 2 ways:

1. Laparoscopic:



The surgeon will make several small cuts (incisions) in your belly. He/she will use instruments and a camera, through which he/she will remove a part of your reproductive system.

2. Laparotomy (open):



The surgeon will make one incision in your belly to perform the surgery.

Please note that your surgeon will advise you on which surgery is best for you.

Before Your Surgery

Preparing for your surgery



Exercise will help make sure your body is as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, slowly start adding exercise into your day.

- Exercise does not need to be strenuous to be helpful; if you are physically able, a 15 minute walk is far better than not exercising at all.
- Refer to the Exercise sections (pages 20 and 27) of this booklet to learn what you will need to do after surgery. You can begin practicing these at home.

We strongly suggest you **stop smoking** completely before your surgery, as this will reduce the risk of lung problems afterwards. Doctors can help you stop smoking by prescribing certain medications. Please contact your health care team if you require more information to help you quit smoking.

Do not drink alcohol for 24 hours before surgery. Alcohol can interact with some medications. Please let us know if you need help decreasing your alcohol use before surgery.



Plan ahead; make sure everything is ready for you when you go home after your surgery. You may need more help at first from friends or family, with meals, laundry, bathing, cleaning, etc.

Discharge from the hospital will depend on the type of surgery you have. If you have laparoscopic surgery you may be discharged home the same day or the next morning by 10:00AM. If you have laparotomy (open) surgery you will be discharged home 1 to 3 days after your surgery. Tell the nurse as soon as possible if you have any worries about going home. Please remember to organize for someone to take you home.



If you consume recreational drugs, please let us know, do not be afraid, we do not judge. This information will help your recovery.

Pre-operative visit

Your pre-operative visit may take several hours.

During your pre-operative visit, you may:

- Have blood tests
- Have an ECG (electrocardiogram) if you are over the age of 40
- Have a chest x-ray (if needed)
- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital
- Meet with a medical doctor. He/she may ask you questions about your health and health problems. If you need to take any medication before your surgery, he/she will give you a prescription.
- If you have other medical problems, you may be referred to another doctor (specialist) before surgery.



Some medication or herbal products need to be stopped a week or two before surgery. Have your list of medication with you and the doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications.

Before Your Surgery

Day before surgery

The Admitting Department will phone you the day before your surgery to let you know what time to come to the hospital.

You are usually expected to arrive 2-3 hours before your surgery is planned to start.

The time of surgery is not exact. It may be earlier or later than planned.



Date of surgery:

Time of arrival at the hospital:

Registration, Surgery and Intervention Centre,

Report to the **Admitting Department** at the time you were given. Located on the ground floor room#1290 (near the main entrance).

If you have any questions, please contact the nurses in the pre-op Clinic: 514-630-2225, extension 1802 or 1804, Monday to Friday between 13:00-15:30, located in the ambulatory center on the ground floor.



If you do not receive a call before 2:00 PM the day before your surgery, you can contact the Admitting Department at 514-630-2225, extension 1288

Cancelling your surgery

If you get a cold, develop a fever, or need to cancel your surgery, please call your surgeon's office as soon as possible. If it is not possible to reach your surgeon, **call the Admitting Department at 514-630-2225, extension 1288.**

Call to reschedule if:



You are not well.



You need to cancel.

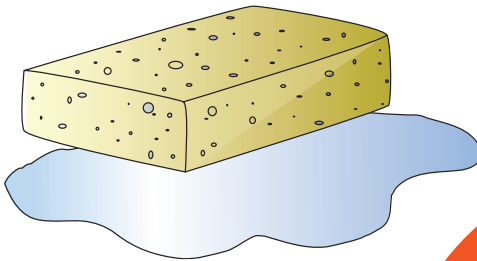


Please keep in mind that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.

Instructions: Day before surgery

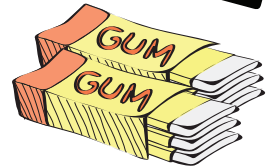
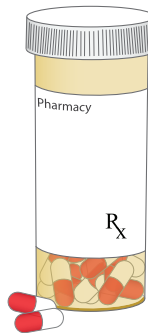
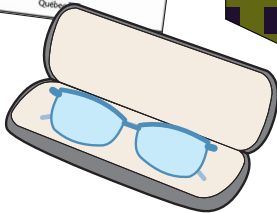
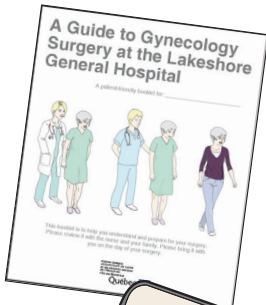
At Home - Preparing for Surgery

- **Do not** have anything to eat after midnight before your operation. You are allowed to drink clear liquids such as water, apple juice, carbonated drinks, tea, coffee. **No milk, No cream, No orange juice and No alcohol.** You can drink up to 2 hours before arrival to the hospital. Stop drinking at 5:30 am if your surgery is scheduled for 8:00 am.
- You can wash your face and hair with your regular soap and shampoo.
- Wear clean clothes after your showers.
- On the day of surgery **do not wear** any lotion, makeup, lipstick, nail polish, perfume, hairspray, or contact lenses.



Things to bring to the hospital

- ✓ ☐ This booklet
- ☐ Any private insurance information you might have. If you have insurance papers to be signed by your surgeon, please make sure to drop off the documents at your surgeon's office before you are discharged home.
- ☐ Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, Kleenex, sanitary pads, and perhaps earplugs, incontinent briefs (if used before surgery)
- ☐ Bathrobe, slippers with rubber soles, pyjamas, undergarments, loose comfortable clothing
- ☐ If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them
- ☐ Your medications in their original containers.
- ☐ Your Medicare card
- ☐ 2 packs of chewing gum

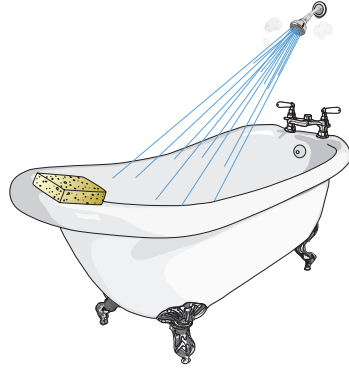


Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.

Day Of Surgery

At home:

- ☐ Do not put on any creams, lotions or perfume
- ☐ Do not wear make-up or nail polish
- ☐ Do not shave the area to be operated
- ☐ Remove all jewelry and piercings and leave it at home
- ☐ Do not use chemical products to remove hair



Take **only the medications** you were told to take **by the doctor**, with sips of water only.

Take the following medications
(with sips of water)

Do not take the following medications

At the hospital

Report to the **Admitting Department** at the time you were given. Located on the ground floor room#1290, 514-630-2225 extension: 1288

You may need another blood test.

If not already done, the admitting clerk will ask you about the kind of room you would prefer. Please keep in mind that it is not always possible to have a private or semi-private room. You will also have to sign general consent and admission forms.

The nurse will help you to get ready for the surgery.



He/She will:

- Go through a checklist with you
- Take your vital signs (Blood pressure, pulse, temperature, oxygenation)
- Have you change into a hospital gown
- Make sure your personal belongings are in a safe place
- Ensure that you have an ID bracelet and allergy bracelet (if needed)

When the operating room is ready, an orderly will bring you there.

At the operating room area, you will meet your anesthesiologist and the other members of the surgical team. Your surgical team will do some final checks before starting your surgery. You will be asleep and pain-free during your surgery.

Waiting room

Family or friends may wait for you **on the 3rd floor, 3 West**. It will be several hours before they will be able to visit you in your room. **There are no visitors in the Post-Anesthesia Care Unit (PACU).**

When the PACU is ready to send you up to 3 West, they will call the unit to give a report. This is done just moments before your arrival.

Other resources

- Cafeteria – Located in the basement
- Vending machines – 2nd floor outside the surgical day center and on the ground floor
- Coffee shop and bank machines: Ground floor near blood taking center



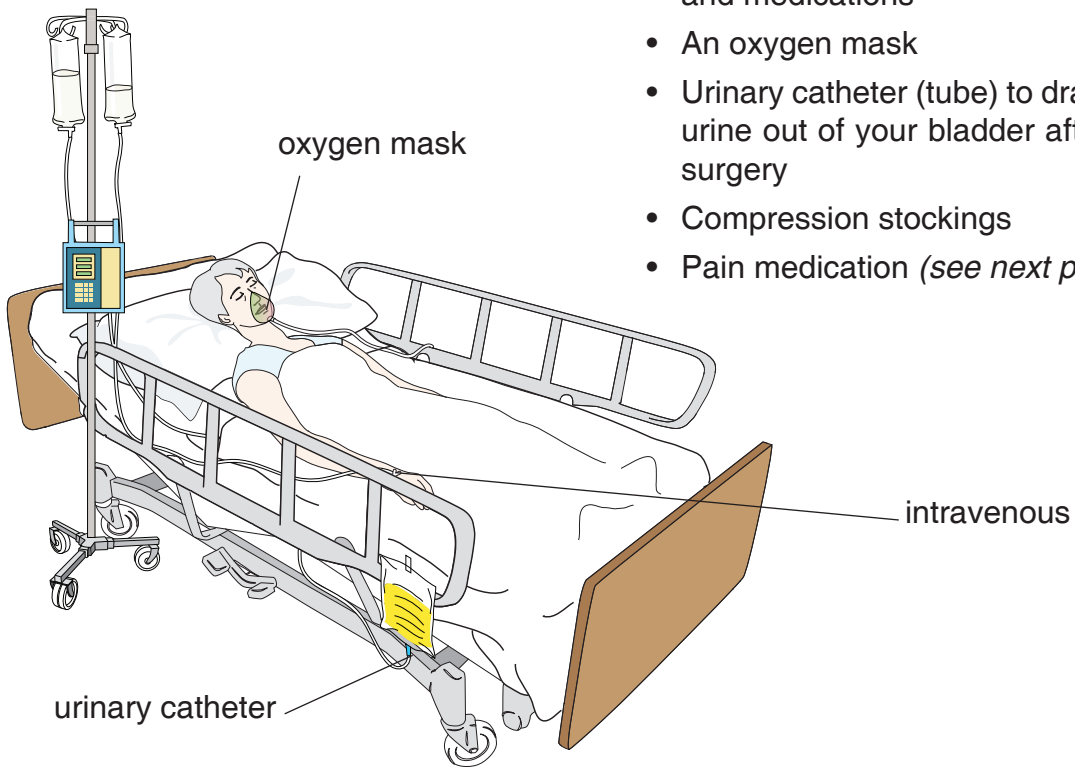
After The Surgery

What to expect

You will wake up in the **Post Anesthesia Care Unit (PACU)**. This is a quiet area where patients are watched closely. You will be there for several hours. **No visitors are allowed there.**

You may have:

- An intravenous, to give you fluid and medications
- An oxygen mask
- Urinary catheter (tube) to drain the urine out of your bladder after the surgery
- Compression stockings
- Pain medication (*see next page*)



Your vital signs (pulse, blood pressure, temperature, oxygen saturation, and respiratory rate) will be checked very often. Your nurse will verify the bandage (dressing), and ask you about your pain using the 0-10 pain scale.

When the nurses and doctors are sure that your pain is well controlled, they will transfer you to your room. Your family will only be able to see you once you are in your room.

After the Surgery

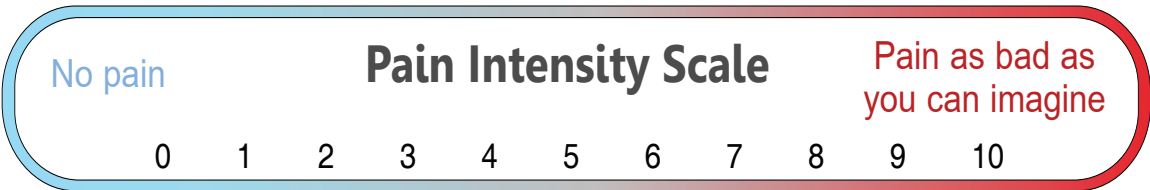
Pain Control

If you have a laparoscopic/robotic surgery you will be given pills to control your pain.

If you have a laparotomy surgery you will either have a PCA (patient controlled analgesia) or epidural. You will eventually be switched to pills once your pain is well controlled after surgery.

Pain relief is important because it helps you:

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you



You will be asked to rate your pain on a scale from 0-10, our goal is to keep your pain score below 4/10.

- | | |
|----------------------|----------------------|
| 0 - No pain | 6 - Severe pain |
| 2 - Very little pain | 8 - Very severe pain |
| 4 - Moderate pain | 10 - Unbearable pain |

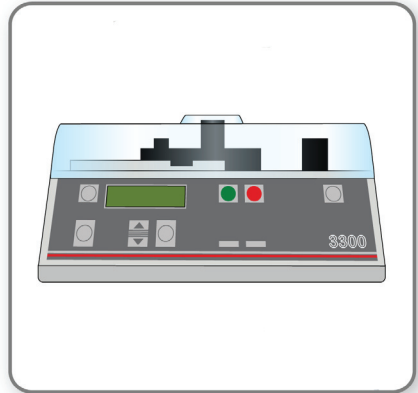


You will be asked to rate your pain on a scale from 0-10. The nurse will give you medication if you have pain.

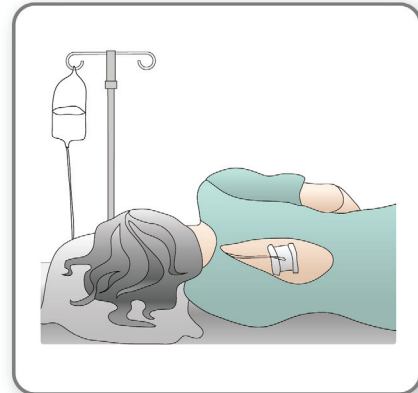
Our goal is to keep your pain score below 4/10. Always tell the nurse if your pain is more than 4.

You will not become addicted to pain medication given to you for surgical pain.

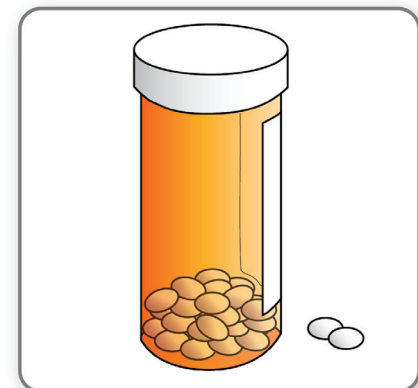
Some patients will be given a pump connected to the intravenous to control the pain instead of an epidural. This pump is called a **PCA (Patient-Controlled Analgesia) pump**. The PCA pump will give you pain medicine **only if you** push on the button. Every time you push the button and get pain medication you will hear a beep from the PCA pump.



Some patients will have **an epidural** to control their pain. A catheter is placed in your back and will give you continuous or intermittent pain medication. The nurse will adjust the epidural as needed.



Please be specific about where your pain is. You may also be given other pain medication (pills or injections) to help control your pain.

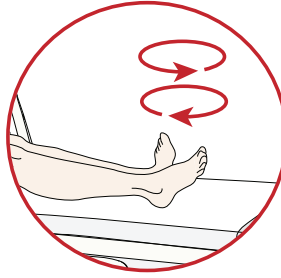


Exercises

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. You can start the following exercises as soon as you wake up, and continue them during your stay in hospital.

1. Leg exercises

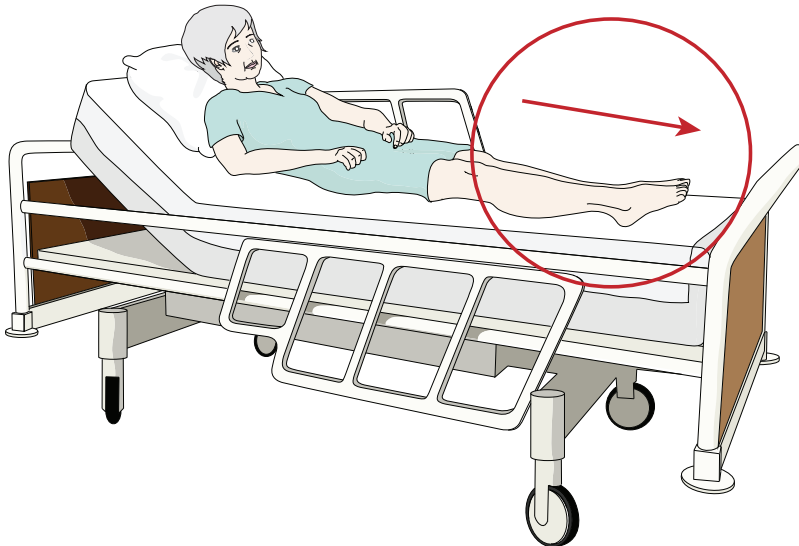
These will help blood circulation in your legs. Repeat these 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

2. Deep breathing and coughing exercises

The inspiriometer is a simple device that makes you breathe deeply, to prevent pneumonia.



- Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the red ball up as long as you can
- Remove the mouthpiece, breathe out and rest for a few seconds
- Repeat this exercise at least 10 times every hour or more often if you can, while you are awake
- Then take a deep breath and cough using a small blanket or pillow to support your incision

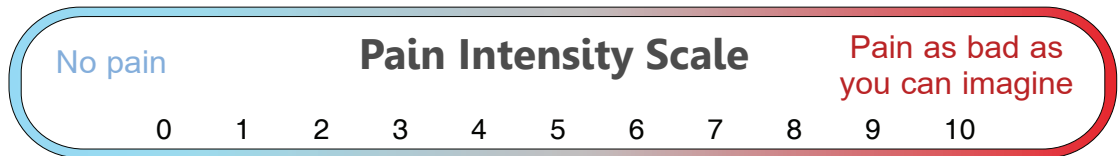


Deep breathing and coughing exercises will help prevent pneumonia.

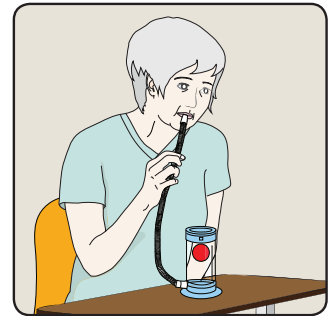
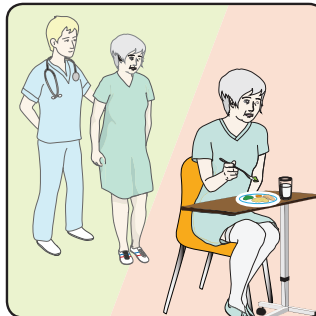
Day After Surgery

Pain

- Tell your nurse if you are having pain greater than 4 on the pain scale.



Activities:



- Your intravenous will be removed (if applicable)
- If you have a urine tube (catheter), it will likely be removed the morning following your surgery (if applicable)
- Once the urine tube is removed, walk to the bathroom (with assistance) to urinate
- With assistance, you will get up and walk in the hallway
- Sit in the chair
- Do your breathing exercises at least 10 times every hour while awake

Meals:

- Eat solid foods
- Continue to drink liquids
- Chew gum for 30 minutes 3 times a day, to stimulate your bowels

solid foods



liquids



gum



Discharge:

- Plan to go home the morning after surgery if you had a laparoscopic surgery
- Plan to go home 1 to 3 days after surgery if you had a laparotomy (open) surgery



Going home

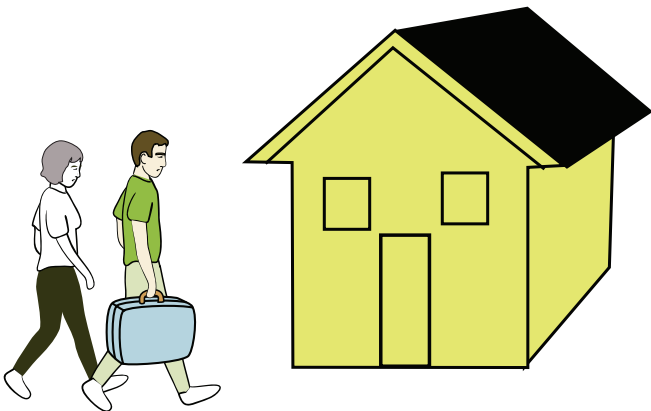
Plan to go home today before 10:00 AM

If you are unable to leave the hospital at this time, you can wait in the solarium located on the unit. We need to prepare your room for the next patient.

Before leaving the hospital, make sure you are given the necessary information to make a follow-up appointment with your doctor and a prescription for your medication (if applicable.)

Surgeon’s name:

Appointment Date and Time:



Summary

By doing your deep breathing exercises, chewing gum, eating well, being out of bed and walking regularly, research has shown that you will recover quicker. You are less likely to develop any lung infections or circulation problems, and your bowel function will return to normal faster. By avoiding all these problems, you are more likely to go home sooner and feel better faster.

At Home



Complications do not happen very often but it is important that you know what is normal and what to look out for.

Pain

You may have some pain during the first weeks following surgery. If you have mild pain (2 to 3 out of 10), you can take Tylenol® (acetaminophen) 650 milligrams every 4 hours or 975-1000 milligrams every 6 hours. If you have moderate pain (4 out of 10), take your prescribed pain medication. Do not wait until your pain is more than 4 out of 10 before taking your medication.

Continue to take the pain medication as prescribed for as long as you experience pain. **If you have severe pain that is not relieved with the pain medication, contact your surgeon.**

Incision

It is not unusual for your wound to be slightly red and uncomfortable during the first 1-2 weeks after surgery.

Avoid tub baths for the first 4 weeks. You may take showers if you have an abdominal incision; there is no need to cover it. **If steri-strips have been used (white skin tapes), do not remove them, they will fall off by themselves.** If they have not fallen off in 2 weeks, remove them. Gently wash the area with mild unscented soap and let water run over the incision. **Do not scrub the area.** Pat dry. **Do not apply creams over the incision.**

A light brownish-red vaginal discharge is normal for 1 to 2 weeks; avoid vaginal douching. **If you notice that the discharge becomes heavy, bright red or foul smelling you should inform your doctor immediately.**

No bath for first 4 weeks



At Home

To prevent blood clots after surgery, your surgeon may ask you to wear compression stockings at home. You can discuss this with your doctor at the pre-operative visit.

If you have clips/stiches: Your nurse from the hospital will arrange to have the CLSC remove your clips or stitches 7-14 days after your surgery. The CLSC will contact you at home. Please notify the healthcare team if you are not returning home after your discharge in order to make the appropriate CLSC arrangements.

Tell your surgeon if your incision becomes warm, red, and hard or if you see pus or any drainage coming from it.

Diet

You can eat anything you want; unless told otherwise by your dietician or surgeon.

Your bowel habits may change after surgery. Some pain medications can cause constipation. This should settle into a more normal pattern over a period of time.

If you become constipated, add more whole grains (such as bran cereals and whole wheat bread), fruits and vegetables to your diet, and drink 6-8 glasses of water each day. If this is not sufficient, you may take a mild stool softener (like *Colace®*) or a laxative (like *Lax A Day®*) for a maximum period of 1 to 2 weeks.



Exercise and activities

Feeling tired or slightly depressed is normal. If these feelings persist beyond 8 weeks, it is important to talk to your doctor about it.

Family and friends can usually give help with: taking you home, meal preparation, grocery shopping, house cleaning and laundry.

Walking is a good exercise. Avoid strenuous exercise or sports. It is normal to feel tired after surgery, alternate activities with rest periods. Gradually increase your activities.

Vacuuming: The push and pull motion of vacuuming is very hard on the abdominal muscles; do not vacuum. You can do light housework, like dusting.

Lifting: Do not lift, push or pull heavy things. Do not lift more than 5 pounds until 4-6 weeks after surgery.

Driving: You may start to drive when you are no longer taking narcotic pain medications.

Sexual Intercourse: Avoid penetration during sexual activities until the follow up appointment with your doctor. It takes 6 to 8 weeks to resume all your normal activities.

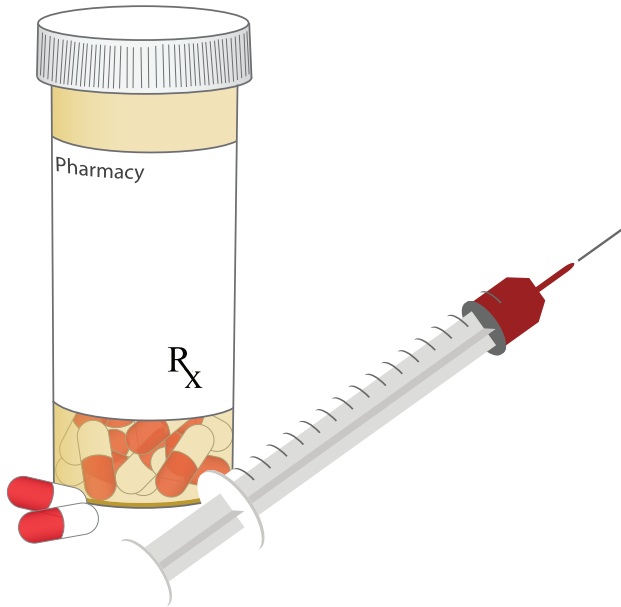
Work: Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.



Medication

Hormonal Replacement Therapy:

If you have not gone through menopause and if your ovaries were removed, hormone replacement therapy may be required. **You may discuss this subject with your doctor at your follow up appointment.**



Fragmin:

Fragmin® (Dalteparin) is an anti-coagulant used to prevent blood clots. It is an injection that is given once a day.

Most surgical patients will receive Fragmin in the hospital.

Once you go home, you will no longer need to take Fragmin unless otherwise directed by your surgeon.

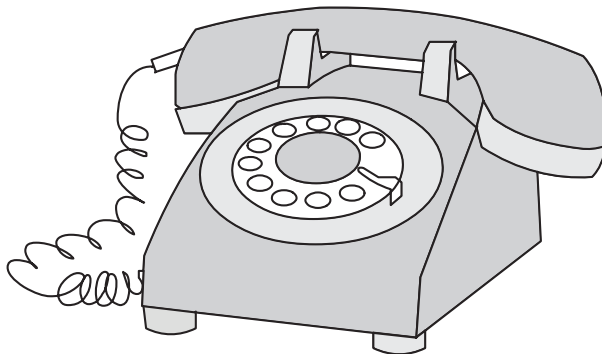
When To Contact Your Doctor



Should any of the following symptoms occur, please contact your doctor:

- Temperature over 38.5 °C or 101.3 °F
- Pain, redness, swelling, opening of the skin or foul smelling discharge at the abdominal incision
- Bright red vaginal bleeding, increased vaginal bleeding or foul smelling vaginal discharge
- Chest, flank, or leg pain
- Urinary frequency, burning, or pain
- Inability to pass gas or persistent constipation
- Persistent nausea and/or vomiting or loss of appetite

If you cannot reach your doctor, call your regional “Info-Santé CLSC” by dialling 811, or go to the nearest Emergency Department.



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