Patient Education

BAPTIST MD Anderson Cancer Center
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Abdominal Hysterectomy (GynS2)

About Your Surgery

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Additional Information

Your nurse will review and give you a copy of the information sheets that apply to your care:

❑ Bathing Instructions: Using CHG Soap Before Your Procedure
❑ Bathing Instructions: Using CHG Wipes Before Your Procedure
❑ Breathing Exercise Using the Incentive Spirometer
❑ Bladder Care after Surgery (Optional)

About Your Surgery

You will follow a specific plan of care throughout your treatment. This information provides an overview of your care path. Although this material covers standard procedures, each patient receives personalized care. Please talk with your health care team if you have any questions.

Your surgery

Your doctor suggests that you have your **uterus** (womb) removed. Your surgery is called an **abdominal hysterectomy**. This means that your uterus will be removed through a cut (incision) in your abdomen.

During this surgery, your doctor may find it necessary to remove one or both **ovaries** (sexual reproductive organs) or **fallopian tubes** (passages by which an egg is carried to the uterus and through which sperm moves toward the ovary). Your doctor will discuss with you whether or not your ovaries will be removed. If both ovaries are removed, **menopause** symptoms may appear.

Menopause is also known as the "change of life." It is the end of a woman's reproductive phase of life and menstruation. You will no longer have menstrual periods or be able to become pregnant.

Preparation for Surgery

Diagnostic Tests Before Surgery

If needed, you may be scheduled for tests before your surgery. You may need:

- Blood tests within 30 days before surgery
- X-ray of the chest. (X-rays are film images used to diagnose diseases.)
- Electrocardiogram (ECG) if you are over 50 years old or have any heart disease or diabetes. (An electrocardiogram is a record of the electrical activity of the heart.)
- Blood drawn within 48 hours of surgery to determine your blood type and screen your blood.

The Anesthesia Assessment Center will discuss this information with you.

Anesthesia

You will also see an **anesthesiologist**. An anesthesiologist is a doctor who gives anesthetic to patients. Anesthetic is a medicine that produces total lack of feeling and consciousness; it makes you fall asleep during surgery. The anesthesiologist will talk with you about the type of anesthesia you will receive during surgery. He or she may also talk with you about the benefits of having anesthesia given through a catheter in your spine, called an epidural. An epidural may also be used to give pain medicine after the surgery.

Tell your anesthesiologist about all of the medicines you take, including over-the counter medicines, supplements and vitamins.

If you take aspirin or anti-platelet medicines or blood thinners, please speak with the doctor or cardiologist (heart doctor) who prescribed this medicine before stopping it. Do not stop this

medicine without supervision from your doctor. Stopping this medicine on your own can be dangerous.

Medicines

Please tell the anesthesiologist about any medicines you take and ask if you should take them the morning of surgery. Your anesthesiologist may allow you to take your regular medicines with a small amount of water on the day of surgery. If you are not sure, talk to your doctor or nurse about this.

Pre-operative Teaching

You will learn why you need this surgery, how to prepare for it, and how to take care of yourself afterward. You will also learn how to take care of your surgery site. Your nurse will teach you about drain care if you will have drains in place after surgery.

The Night Before Surgery

- **Do not eat solid food after midnight.**
- You may brush your teeth and rinse your mouth with mouthwash.
- Follow the instructions the anesthesiologist gave you about whether or not to take your medicines with a small amount of water. **Do not smoke** the day before or the day after your surgery. We encourage you to quit smoking. Programs are available to help you stop smoking. For more information, ask your doctor or nurse.

Skin Care

Preparing your skin for surgery is very important. We will give you instructions on how to clean your skin with either standard anti-bacterial soap or a special soap called 4% chlorhexidine gluconate (CHG), also named "Hibiclens," the night before surgery. Both of these cleaning agents help reduce the number of naturally occurring germs on the skin that could get into the procedure site and cause an infection. You will be instructed to shower the night before and the morning of surgery using a new bar of antibacterial soap or Hibiclens liquid.

Do not shave the surgery area (abdominal or vaginal) before your surgery. It is important to avoid any scrapes or injury to the skin that could get infected, which could delay your surgery. We will shave or clip hair as needed in the operating room before your surgery.

Packing

Bring the educational materials about your plan of care, basic toiletries and a robe and slippers with you to the hospital. Leave all valuables at home. **The hospital cannot be responsible for any lost valuables**.

Day of Surgery

Report to the hospital as directed. Your family and friends may stay in the surgery waiting area while you're in the operating room. Your caregiver may accompany you to the holding area.

Getting Ready for Surgery

- You will wear a hospital gown. **Do not** wear undergarments or anything that can come off during surgery, such as dentures or partial plates, eyeglasses or contact lenses, jewelry, bobby pins, hair clips, wigs, or any removable prosthesis, such as an artificial eye or leg.
- You may be given medicine to help you relax.
- You will lie down on a stretcher and move to the holding area (a patient waiting room near the operating room.)

In the Holding Area or Operating room

- Staff will be wearing uniforms, masks, and caps.
- A blood pressure cuff will be put on your arm.
- An ECG machine will monitor your heart rate.
- An IV will be placed in a vein in your hand or arm. (An IV is a small tube inserted into a vein, through which you will receive medicine and fluids.)
- A nurse will ask you questions to confirm your identity, your surgery site, consent to operation and verify any drug allergies.
- An anesthesiologist will talk with you about the anesthetic used to make you sleep during surgery.

You may receive:

- pain medicine by mouth while you are in the holding area.
- an anticoagulant injection to prevent blood clots.
- a finger stick to check your glucose level.
- an anesthetic given through your IV.

After you are asleep, a tube will be placed in your throat to help you breathe.

After Your Surgery

- You will wake up in the recovery area or the intensive care unit (ICU). Most patients are then assigned to a hospital room when a bed becomes available.
- Because a protective lubricant is put in your eyes while you are in the operating room, you may not see clearly when you first wake up.
- Once you are awake, the tube in your throat will be removed. Your mouth may feel dry and your throat may be sore for a day or two.
- If you have nausea after surgery, please ask your nurse for medicine.
- You will be encouraged to walk as soon as you get to your room after surgery. If you are unable to walk, you will wear elastic stockings and compression boots (inflating/deflating sleeves) on your legs while you are in bed.
- Your incision will be covered with a dressing. Stitches (sutures) or metal clips (staples) will

hold the edges of your incision together. The dressing will be removed between 24 and 48 hours of your surgery. A date and time of when to remove it will be marked on your dressing; this lets the nurses and doctors know when to remove your dressing.

- A nurse will check your incision regularly once the dressing is removed.
- You will be given pain medicine by mouth to prevent pain and we encourage you to take it as scheduled. If your pain is not controlled with this medicine, tell your nurse and an alternative medicine may be given. Alternative pain control methods include IV Patient Controlled Anesthesia (PCA) or pain medicine given through an epidural catheter inserted through the back into the epidural space.
- You will be given small amounts of ice chips. Your mouth will probably feel dry, and the ice chips will be soothing.
- You will have no new diet restrictions. Try to eat small portions more often to prevent bloating and indigestion. Do not eat greasy or spicy foods.
- We will expect you to sit in a chair for all of your meals.
- You will stay out of bed as much as possible
- You will walk at least eight times a day
- If you have a foley catheter, this continuously drains urine from the bladder. Depending on your surgery and your activity level, the foley may be removed on the first day after surgery. If you are unable to urinate after the catheter is removed, it may be reinserted.
- Blood thinner injections may be prescribed by your doctor to prevent blood clots.

Breathing Exercises

An **incentive spirometer** is a machine that measures the amount of air inhaled and exhaled. You will be taught deep breathing and coughing exercises and how to use the incentive spirometer. The exercises and the incentive spirometer help prevent lung infections like pneumonia that may occur after surgery.

You will also be taught **splinting**. It is a way to cushion, support, or fix a body part so it cannot move. It is done to help ease any pain you may feel as you do these exercises.

Please ask your nurse for a copy of "Breathing Exercise Using the Incentive Spirometer."

Home Care

Members of your health care team will make sure that you are well prepared to go home. You will be contacted by phone after leaving the hospital to check on your progress. **Do not** expect to do everything you did before surgery. Your body will need 4 to 6 weeks to return to normal activity level. Full recovery could take up to 4 months.

	Instructions
Bladder Care	• Because surgery in this area often affects bladder control, you may not be able to empty your bladder completely or tell when your bladder is full.

	• With some surgery procedures, the foley catheter will be left in place and you will go home with the foley and learn how to care for the catheter. • Refer to your copy of "Bladder Care After Surgery." With proper care, you can train your bladder to work normally. If you have any of the following problems, please contact your doctor: • Have trouble with getting your urine to start • You urinate too often • Can only pass small amounts of urine • It burns when you urinate
Daily Activities	• You may tire easily. Rest often and take breaks. • Avoid any strenuous activity, such as heavy housework (vacuuming). Do not lift anything over 10 pounds (4.5 kg) until approved by your doctor. • Stair climbing should be kept to a minimum or avoided. If you have a two-story home, limit your stair climbing to once a day. • Walk a little more each day. This helps with the healing process. • Continue your breathing and coughing exercises. • Refer to your instructions for foods that will help regulate your bowel movements. Drink plenty of fluids to help prevent constipation. • Pain medicines may cause constipation. If you take pain medicine on a regular basis, you may need to take stool softeners to prevent constipation. – If you have constipation or diarrhea and it does not get better with medicines, call your doctor. • In order to heal well, do not place anything in the vagina for 6 to 8 weeks. Most patients may resume sexual activity at 6 to 8 weeks. But, **do not** resume sexual activity until you have had a pelvic exam by your doctor. Talk to your nurse or doctor for more information.
Diet	• Follow the instructions you received about your after surgery diet. • Increase the number of calories in your diet by eating high-protein foods to help the healing process. • Drink at least 8 eight-ounce glasses of water a day.
Incision Care and Bathing	• You may have a dressing over your incision when you go home. If you do, a date and time of when to remove it will be marked on your dressing. Be sure to remove the dressing as instructed, usually 24 to 48 hours after your surgery. Wash your hands well with soap and water before you remove the dressing. Do not get the dressing wet.

	• For the first 14 days, **take showers only.** Do not take baths until your incision heals. • Do not scrub your incision until it is completely healed. Lightly wash with soap and water and pat dry with a towel. Do not apply anything on the incision, such as ointments or creams unless instructed by your doctor. – Call your doctor if your incision becomes red or you notice an increase in swelling or soreness. • You may have a wound drainage system in place after your surgery. If you do have one and go home with it, you will receive instructions on how to care for it. Drainage from your vagina is normal for about 2 to 4 weeks. – Call your doctor if you notice an increase in drainage or if the drainage has a bad odor. – You may see some blood, but if heavy bleeding soaks one maxi pad within an hour, go to the emergency center right away.
Medicines	• Please refer to your "Updated Home Medication List" given to you by your health care provider. These are the only medicines that your doctor wants you to take. • It is very important that you take stool softeners while taking pain medication. This will help prevent constipation. --- **Anti-coagulation therapy** Patients who have surgery are at risk for a condition called Venous Thromboembolism (VTE). VTE is a condition that includes deep vein thrombosis (DVT), in which clots form in deep veins, and pulmonary embolism, a potentially fatal condition in which blood clots travel through veins to the lungs. You will get daily injections to prevent clots from forming. Before you go home from the hospital, you and your caregiver will learn how to give these injections. These injections will continue at home for about one month after your surgery.

Follow-up Care

- If you have sutures or staples, you will have an appointment to get them removed in 7 to 10 days after your surgery.
- If you have steri-strips or band-aids on your wound, they should fall off on their own in about 7 to 10 days. If they have not fallen off after 2 weeks, please remove them carefully with warm water.
- A follow-up visit will be scheduled before you go home from the hospital. It is usually

scheduled around 2 to 4 weeks after your surgery, unless your doctor wants to see you sooner. It is important that you come to this appointment.
- You may experience menopausal symptoms, such as vaginal dryness, hot flashes, irritability, and night sweats if both of your ovaries were removed. Please discuss this with your physician to determine the best treatment plan for you.
- Your doctor will tell you when you can return to work. This usually depends on your type of surgery and the kind of work you do. Most can return to work in 4 to 6 weeks after surgery.

Special instructions

- It is important that you take all of your prescribed pain medicine as instructed by your doctor.
- **Do not drive** for the first 2 to 4 weeks after surgery. Continue to avoid driving if your incision is painful or if you are taking pain medicine because your reflexes may be slower.
- **Do not drink alcohol** while you are taking pain medicine.

When To Go To The Emergency Room

You should feel better each day after gynecologic surgery. There are some symptoms that require **urgent** attention.

Go to the nearest emergency room (ER) right away if you have any of these symptoms:

- Fever of 101°F or higher and/or shaking chills
- Chest pain or difficulty breathing
- Fainting or become confused
- Pain that worsens and does not get better with pain medicine
- Wounds that "break open" and/or drain pus
- Heavy vaginal bleeding (soaking one maxi pad within an hour)Not able to drink or eat; vomit more than once
- Not able to get up and walk around for short periods of time

These symptoms are a general guideline. Go to the nearest emergency room **right away** if you have any other urgent symptoms.

Call 911 if you don't have immediate transportation to the ER.

Contact Information

For **any urgent medical issues**, go to the nearest ER **right away**.

For **non-urgent medical issues only**, after business hours or on the weekends, contact the on-call doctor.

- Call your physician's office

Reference

Berek, J. S. (2012). Preoperative evaluation and postoperative management. In D. L. Berek (Ed.), *Berek & novak's gynecology* (pp. 682-743). Philadelphia, PA: Lippincott Williams & Wilkins.

Adapted from Abdominal Hysterectomy (GYNS2), Revised 04/07/16

Revised 07/2020 Patient Education

Reviewed 8/2020