

Patient Instructions for Laparoscopic Hysterectomy

Pre-operative

One to two weeks prior to surgery, you will have the pre-op visit with your doctor followed by a pre-op visit at the hospital. Often it is wise to have a support person with you at these visits to help make sure all of your questions are asked and the answers well understood. Your doctor will review the reasons for the surgery, the procedure itself with the risks and benefits, and the recovery plan. You will sign a standard Piedmont Fayette Hospital consent with the specifics of your diagnosis and procedure filled in. You will be given your admission orders, your history and physical, and the consent to subsequently give to hospital personnel. The hospital pre-operative visit allows the anesthesia personnel to review your overall health and order any pre-operative testing required for medical clearance.

The week before surgery, it is a good idea to avoid any medication which may thin your blood such as aspirin, as well as non-steroidal anti-inflammatory drugs (NSAID), and some herbal products. Tylenol, antihistamines, decongestants, antidepressants, or blood pressure medications are all ok to take up to the day of surgery. The day before surgery it is a good idea to avoid strenuous exercise and to eat relatively bland food. You may be advised to use a Fleets enema or full bowel prep the day before surgery.

The night before surgery, remember to have nothing to eat after midnight; no food, water, or even gum to chew. Ask your doctor if it is advisable to take your morning medications with a sip of water.

Day of Surgery

You will arrive at the hospital an hour and a half to two hours prior to the scheduled start time. While it is good to have support persons with you, due to HIPPA rules, you may need to be interviewed alone. You will have an intravenous line placed and prophylactic IV antibiotics will be given. After all the required forms are filled out and questions answered, the anesthesiologists may give you something to relax you. You may not remember much after that point until the recovery room. Remember, if you're asked what you had for breakfast, the answer should always be the same... nothing.

The recovery room has two levels of care. Stage one, for the first hour or so after surgery and stage two for the next few hours. You may not remember much of stage one. You may have visitors while in stage two. After that, you will be transferred to a Medical/Surgical unit in the hospital. If you have planned to go home on the same day after demonstrating you can empty your bladder on your own and your pain is well controlled; you will be discharged to the care of your support personnel. Alternatively,

for overnight observation you will remain on the Medical/Surgical unit. If you are staying overnight there may be a tube emptying your bladder (Foley catheter). It does not hurt, but it may make you feel like you have to urinate initially. It will be removed early the next morning. Plan to have a support person spend the night with you in the hospital. While you will be in the best of hands, it never hurts to have your own personal advocate.

After Surgery

Voiding

Because the bladder is disturbed by the surgery, the normal sensation may be temporarily altered. You may not be aware that your bladder is full. If the bladder is allowed to get over distended, it may make the problem worse. This is why we make sure that you are able to empty your bladder adequately before you go home. For the first few days you should make a point of emptying your bladder every 3 to 4 hours.

If you had a bladder repair as well (sling), it may take longer to empty and you may have to tilt forward while voiding. Sitting on the toilet backwards is sometimes a good way to position yourself for optimal emptying. After a few weeks, voiding feels much more natural. Pain with voiding, especially after the first day, is not expected and may represent a bladder infection.

Pain Management

Common areas of pain after laparoscopic hysterectomy include the incision pain, pain in between the shoulder blades, the pelvis, and lower back. The gas that is used to distend your abdomen for the surgery is absorbed slowly into your blood stream over the first 3-4 days after surgery. It is not passed intestinally, although, because your abdomen is distended, it may feel similar to intestinal gas. Staying active and walking is the best way to promote the absorption of this gas.

Immediately after surgery, nerve pain is the most intense, typically for the first 6 to 12 hours. As the body heals, it creates inflammation around the incision sites adding pressure and creating soreness. After 5 days, the inflammation begins to recede and significant improvement in soreness is expected. Pulling on the incisions, especially if sudden, such as when you cough, will reactivate the nerve pain. Support your abdomen with a pillow during coughing or sneezing as this will be helpful to minimize the pain.

There are two types of pain pills typically used for the post operative pain management, narcotics such as Percocet or Lortab, and an anti-inflammatory such as Ibuprofen. Taking 3 (200mg) liquid gel caps of Ibuprofen every 6 hours for the 3 days, then as needed for the first weeks is recommended. If you have problems using NSAIDs, be sure to discuss your concerns with your doctor. The narcotic can be used on a schedule for the first 1 to 2 days, but after that only use it when you need it. Narcotics can have a cumulative side effect of severe constipation.

Incisional Care

Paper tape “steri-strips” or surgical glue is typically used for the abdominal incisions. The steri-strips can be pulled off after two weeks or sooner by your doctor. Gauze dressing sealed in a plastic adhesive may be use for the belly button incision. It should be removed 3-4 days after surgery. Cutting into the plastic over the gauze will make its removal easy.

You may shower and use a mild soap around the incisions and blot dry. Using peroxide or antiseptics is not recommended for routine care. There may be discoloration or bruising around the incision. This is normal and may take several weeks to resolve. Firmness or a nodular area under the skin near the incision may represent a collection of blood, or hematoma. This too will resolve spontaneously over time.

If any incision develops with progressive tenderness, redness in the skin layer, or has drainage, you should call the doctor.

Gastrointestinal Function

Nausea can occasionally be an issue in the first few days after surgery. It is usually caused as a side effect from the pain medicine, particularly the narcotics. Taking the pain pills with food is a good way to proactively minimize this side effect. Throwing up, especially after the first day, is not expected and should this happen promptly call the doctor.

Gaseousness and constipation can be a problem for the first week after surgery. Limiting the use of narcotics may be helpful. Stool softeners twice a day and high fiber diet are safe. If needed daily Mira lax is a good choice. Avoid laxatives or prune juice as they may make the problem worse.

Vaginal Discharge

For hysterectomies in which the cervix has been removed, you may have a mildly malodorous discharge and occasional spotting for up to 6 weeks. Menstrual level bleeding or significant watery discharge is not expected. If you have had a supracervical hysterectomy, you should have minimal discharge or bleeding, but there is a 2% chance that you will have monthly spotting from the remaining endocervical glands. Put nothing in the vagina, i.e. tampons, for the first 2 weeks if the cervix remains, 6 weeks if the cervix has been removed.

Diet

You are encouraged to get back to your regular diet as soon as possible. A varied healthy diet with a good amount of fiber is always a good idea. You may want to avoid spicy or gaseous foods in the first few days.

General Activity

For the first two days postoperatively, your soreness and recovery from anesthesia will limit your activity naturally. At a minimum during this time, you should ambulate for 10-15 minutes every 2-3 hours. After that, in the first week, any activity except for overt exercise is ok. During the first week you should not commit to being on your feet for more than 30 minutes at a time. During the second week, light exercise is encouraged. After 2 weeks from surgery you should try to get back into full regular activity. The sooner you do, the sooner you will get back to feeling like yourself. It may take another 2-4 weeks before you feel completely recovered.

Sexual Activity

If you have had a supracervical hysterectomy, you may resume sexual intercourse after 2 weeks. If the cervix was removed, you should wait at least 6-8 weeks, depending on your doctor's findings at your postoperative visit. Return to normal sexual response may take several weeks to months as the pelvic floor continues to heal.

Emotions

Being housebound and inactive can bring with it a certain amount of moodiness. The loss of your uterus may seem like a loss of part of yourself and your functionality. The finality and permanency of never being able to carry a pregnancy may evoke deep seeded and surprising emotions of loss and grieving. The fear of altered sexual function and your concern about how your spouse/partner may respond to you after your hysterectomy may create anxiety. All of this is normal and will pass. It helpful to discuss your feelings with people close to you and your doctor, even if the "rational you" feels silly doing so.

Hormones

If you retain your ovaries at the time of your hysterectomy there should be no significant long term effect on hormone levels. This is true even if only one ovary remains. If you are already menopausal and have your ovaries removed, no significant hormone effect is expected, however occasionally hot flashes and cognitive effects are noted. In this case, the ovaries may have still been contributing something.

For the premenopausal women, the removal of the ovaries can produce significant menopausal symptoms within hours or days. Hormone replacement therapy given right after surgery may be a good idea. Even if you do not wish to use hormone replacement therapy long term, using it for a few weeks postoperatively can avoid confusing symptoms as you recover.

Bathing

You may shower the day after surgery. It is a good idea to avoid a hot and steamy shower as it causes flushing, dropping your blood pressure and causing you to feel faint. Letting water run over the incisions is a good idea, but don't rub them with a wash cloth or towel. You should not immerse yourself in water (no tub baths) for two weeks after surgery.

Postoperative Visits

You will usually have two postoperative visits with your doctor, one at 2 weeks and one at 6 weeks out from surgery. Your doctor will review the operative findings and pathology results at these visits. If you have questions, it is a good idea to write them down and bring them with you, so that you do not forget. You will need to call to schedule these appointments. You may even want to schedule them at your pre-operative visit.

When to Call the Doctor

- Call for any fever above 100.5° F. (If you do not feel feverish, you do not need to check your temperature as a routine)
- Call for any pain which does not seem to be improving after the first 3 days.
- Call for persistent nausea, vomiting, or persistent belching
- Call for pain during urination
- Call for unusual swelling in your legs
- Call for menstrual level or more vaginal bleeding or significant vaginal discharge
- Call if the incisions develop redness or any discharge
- Call for any questions or concerns. Call during working hours for non urgent problems. More resources will be available for you. When you call, remember to start with the type of surgery you had and the date of surgery, then proceed with discussing your concerns. The number is the same 24 hrs a day 7 days a week 770-632-9900. A doctor is available for any emergent issues.