



HYSTERECTOMY

We recommend you and your trusted family members read this packet carefully in order to prepare you for your proposed surgery.

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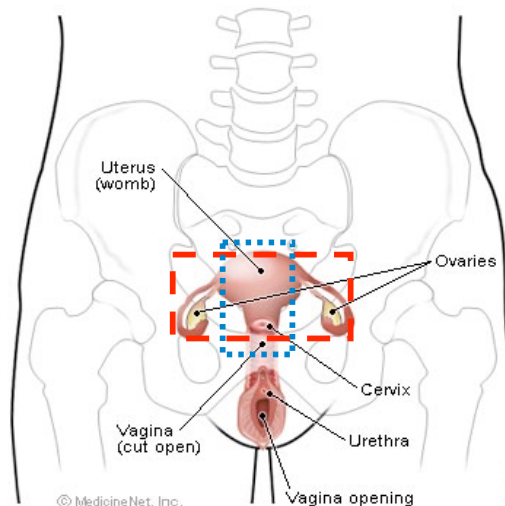
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P ROCEDURE(S)

A hysterectomy is a surgical procedure whereby the uterus (womb) is removed. An Oophorectomy is the surgical removal of the ovary while salpingo-oophorectomy is the removal of the ovary and its adjacent fallopian tube.

- Laparoscopic – removes your uterus surgery is done with a laparoscope (a thin telescope-like instrument for viewing inside the abdomen), the incision is smaller and recovery is faster. 2-3 very small incisions (*hospital stay usually 1 day, recovery 1-2 weeks*)
- Vaginal - removes your uterus through an incision in the vagina (*hospital stay usually 2-3 days, recovery 2-4 weeks*)
- Abdominal - removes your uterus through an incision in your lower abdomen (*hospital stay usually 3-4 days, recovery 4-6 weeks*)

Which surgical approach your surgeon chooses depends on many factors, including the need to explore the upper abdomen, the size of your uterus and the presence of any scars from prior abdominal surgery.



P REPARING FOR SURGERY

- **STOP SMOKING:** Tobacco use impairs normal wound healing in addition to decreasing your pulmonary reserve. These effects have been shown even in the presence of second hand smoke or with smokeless tobacco products. You should at least limit your exposure to tobacco for 3-4 weeks prior to and 4 weeks after your surgery.
- **TAKE A MULTIVITAMIN:** Start taking a multivitamin once daily to improve your general health.
- **TAKE VITAMIN C:** Start taking 500mg of Vitamin C twice a day to promote healing. This will be of most benefit if you start 2 weeks before surgery and continue for 2 weeks after surgery.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN OR ANY BLOOD-THINNING MEDICATION:** Avoid any aspirin-containing or non-steroidal anti-inflammatory (NSAID) medications for 2 weeks prior to your surgery.
- **DO NOT TAKE ANY HORMONE REPLACEMENT SUPPLEMENTS:** Avoid any estrogen and/or progesterone supplements for 2 weeks prior to your surgery, unless otherwise advised by your physician.
- **FILL YOUR PRESCRIPTIONS:** You will be given prescriptions for medications. Please have them filled before the day of your surgery and bring them with you to the hospital or surgery center.
- **ON YOUR PERIOD:** Being on your menstrual cycle (period) will not delay or affect your surgery.
- **LAB TESTS:** Various pre-op labs and exams will be ordered and should be obtained 72 hours prior to your surgery date.
- **ADDITIONAL TESTS:** If you are over the age of 50, smoke or suffer from other medical conditions your physician may request a chest x-ray, CT-Scan and a general medical clearance from your primary care physician.
- **PRE-REGISTER:** at the authorized hospital or surgery center 3 days prior to your surgery date.

DAY BEFORE SURGERY

- **CONFIRM SURGERY TIME AND LOCATION:** You should receive a call from our staff to confirm the time and location of your surgery. It is very important to call our office 702-255-3547 if you have not received this call by 1 pm.
- **CALL TO SCHEDULE YOUR POST-OP APPOINTMENT:** 2 weeks after you surgery date
- **CLEANSING:** The night before surgery, shower and wash the surgical area with a mild soap. You should also wash your hair because it may be several days before you are able to shower.
- **NO ALCOHOL**
- **EATING AND DRINKING:** Light meals such as soups, salads Clear liquids is best the day before (water, sports drinks, apple juice, ginger ale, lemon-lime soda)
- **BOWEL PREPARATION:** Prior to any abdominal surgery your doctor may prescribe a bowel cleansing oral solution such as GoLytely (Polyethylene glycol electrolyte solution) You should not take polyethylene glycol electrolyte solution if you have a perforated bowel, a bowel obstruction or severe constipation, or colitis or toxic megacolon
- **NOTHING BY MOUTH AFTER MIDNIGHT:** Do not eat or drink anything after 12 midnight on the night before your surgery including water or other liquids. If you are on any chronic medication, discuss these with the anesthesiologist when he calls you the night before surgery. If you do not receive that call, bring the medications in question to the hospital or surgery center the morning or day of surgery.

MORNING OF SURGERY

- **EATING AND DRINKING:** Do not eat or drink anything unless you have been specifically told by the anesthesiologist.
- **ORAL HYDGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash
- **MAKE-UP:** Do not wear moisturizer, creams, lotions or make-up.



- **CLOTHING:** Wear comfortable, loose-fitting clothing. Remove all hairpins, wigs, body piercings and jewelry.
- **VALUABLES:** Do not bring valuables with you, these items are best left at home.
- **CHECK IN/PREPARATION:** Arrive 1 ½ hours prior to your scheduled surgery time, patients less than 18 years old must be accompanied by a parent or legal guardian.
- **NURSES:** Will complete a brief medical history, vital signs will be evaluated and an intravenous fluid (IV) will be started.

ANESTHESIA & OTHER INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of your anesthesiologist throughout the operation. Once you enter the operating room you'll be placed on an the operating table and placed on several monitors. A quick-acting sedative will be given through the IV placed by the nurse earlier. Once you have fallen asleep a breathing tube will be placed through your mouth into your windpipe to assist your breathing. An anesthetic gas will be given along with oxygen throughout the surgery to keep you asleep and pain free.
- The anesthesiologist spends all of his/her time during your surgery ensuring your safety. Any significant changes in blood pressure, heart rate, or other vital functions are communicated and treated immediately.
- The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. Your anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery. If you have specific questions or concerns about your anesthesia, please write these down to ensure that all of your questions will be answered to your satisfaction.
- The anesthesiologist will remain in recovery room until you have aroused and your vital signs are stable.
- Mild to moderate nausea and vomiting is experienced by some patients after anesthesia. This will be controlled with medications if needed.

MEDICATIONS

- Please make certain that your doctor is aware of **ALL Medications and Herbal Supplements** at the time of your pre-operative appointment.
- Inform your doctor of any known allergies or reactions experienced to medications you have taken previously.
- It is beneficial if you bring all your medications and Herbal Supplements in their original bottles with you to your pre-operative appointment.
- You will be prescribed all the medications typically needed for your recovery at home during your pre-operative visit. (*for example: Lortab or Percocet, Motrin, Colace, Phenergen*)

AFTER SURGERY

- You'll remain the recovery room for 2-3 hours, the recovery team will be monitoring your vital signs and signs of pain. You will be given pain medications to keep you comfortable and antibiotics to help prevent infection.
- You will be transferred to a regular hospital room. You will still have an IV and the urinary catheter will be removed once you are able to walk to the bathroom with minimal assistance and urinate without difficulty.
- Your stay will vary (typically 1-3 days) depending upon the type of hysterectomy you received (Abdominal, Vaginal, or Laparoscopic). When your vital signs are stable, your pain is controlled, you have no signs of excessive bleeding, you are able to urinate without difficulty and are able to tolerate light meals you will be discharged home.
- If your abdominal incisions are healing well, the dressings and/or incision closing staples will be removed.
- You may shower once the original dressings have been removed, however ensure that the incision is gently cleaned and dried. Refrain from taking baths.
- Discharge medications typically may include: pain medication; stool softener and antibiotics if necessary.
- You will experience some light vaginal bleeding for several days and you may experience some spotting off and on for several weeks.

- Walking daily is encouraged, other exercises are restricted until cleared by your doctor which can range

ABDOMINAL INCISION CARE

- Your bandage should be removed the day after surgery. Your doctor may ask you to replace your bandage each day. Most wounds don't require a bandage after a few days, but you may decide to wear a bandage to protect the incision.
- The edges of a healing incision may be slightly red. Redness is normal, but call your doctor if the redness is increasing or if it spreads more than half an inch from the wound. Call your doctor if you see pus in the incision or if the incision is more than mildly tender or painful.

Your doctor may ask you to put an antibiotic cream on the incision. You can buy some antibiotic creams without a prescription.

- If your bandage becomes bloody, replace it with dry gauze or another bandage. Applying pressure directly to the incision for a few minutes will usually stop the bleeding. If the wound keeps bleeding after you apply pressure, call your doctor.
- Keep your incision clean and dry for the first 24 hours. Avoid showering or bathing the first day. Try taking a sponge bath instead. You may wash with soap and water by the second day. Take a shower instead of a bath if you have stitches or skin tape on your incision. Gently towel dry the incision after washing.
- Deep stitches are absorbed by your body gradually and don't need to be removed. Your doctor will remove staples or stitches that don't absorb into the tissues. Staples or stitches are usually removed in 3 to 7 days after surgery, depending on where they are and how quickly you heal.
- Your doctor may apply skin tape after the stitches are removed. Skin tape provides additional wound support. The tape can be removed in 3 to 7 days, but they will normally wear off. Healing skin may need months to regain most of its strength.
- Limiting movement of the area around your incision improves healing. Avoid activities that could cause your scar to pull apart. Your doctor may ask you to avoid lifting, straining, exercise or sports for the first month after surgery. Call your doctor if the incision pulls apart.

- A healing scar will darken and become more noticeable if it gets sunburned. Limit your sun exposure for the first 6 months after surgery. When you go outdoors during the day, cover your scar with tape or sunscreen.

- Patients are more likely to develop infections or to have their incision split open, which is known as dehiscence. Risk factors for infection or dehiscence include:
 - Obesity
 - Diabetes
 - Malnutrition
 - A weakened immune system
 - Taking corticosteroid medications prescribed for another disorder or condition
 - A history of heavy smoking

COMMON POST OPERATIVE SYMPTOMS

- Discomfort and Pain: Mild to moderate pain after any surgery. If the pain becomes severe or is not relieved by the prescribed dose pain medication, please call us at 702-255-3547 or go to the nearest emergency room for evaluation.

- Moderate swelling and bruising are normal; however, severe swelling and bruising may indicate bleeding or possible infection.

- Vaginal bleeding after hysterectomy is common for the first four to six weeks after the procedure, as the sutures dissolve and the tissue heals. Generally, vaginal bleeding after hysterectomy should be light. You may notice occasional spotting or a pink discharge. If bleeding after hysterectomy is as heavy as a menstrual period or lasts longer than six weeks, consult your doctor for an evaluation

- Constipation: slowing of the bowel is common after any surgery. Use of prescribed laxative will help reduce this symptom. Increase in fluids and OTC stool softener will also help prevent constipation.

COMMON RISKS

- **BLEEDING:** It is possible, though unusual, to experience a episode of excessive bleeding during or after surgery. Should operative or post-operative bleeding occur, it may require emergency treatment to drain accumulated blood and order blood transfusion.

- **INFECTION:** A superficial infection may require antibiotic ointment. More invasive infections are treated with oral antibiotics or intravenous antibiotics.
- **HEAMTOMA:** Small collection of blood under the skin are usually absorbed spontaneously. Larger hematomas may require aspiration, drainage or even surgical removal (which may require return to the operating room)
- **EARLY MENOPAUSE:** If the ovaries are removed, early onset menopausal symptoms can present such hot flashes, vaginal dryness.
- **CALL YOUR DOCTOR 702-255-3547, or go to the emergency room, if you experience**
 - Fever greater than 100 or chills uncontrolled with Tylenol
 - Heavy bleeding or vaginal discharge
 - Severe pain
 - Redness or discharge from incisions
 - Problems urinating or having a bowel movement
 - Shortness of breath or chest pain

RARE COMPLICATIONS

- Damage to other pelvic organs such as the bladder, urethra, or rectum.
- Medical complications such as pulmonary embolism, severe allergic reactions, cardiac arrhythmias, heart attacks, and hyperthermia are rare but serious and life-threatening problems. Failure to disclose all pertinent medical history before surgery may cause serious problems for you and the medical team during your surgery.
- Additional surgery or other treatment may be necessary should complications occur. Even though risks and complications occur infrequently, the risks cited can occur. The practice of medicine and surgery is not an exact science.

AFTER A HYSTERECTOMY

- You will no longer have periods and you will longer have the ability to become pregnant.



- Make sure to follow up with your doctor usually 2 weeks after the day of your surgery.
- It can take up to 6 weeks to fully recover from a hysterectomy. Get plenty of rest. Avoid any extraneous activities such as exercise, sexual activity, heavy lifting. Your doctor will inform you when you are cleared to return to work and normal activities.
- If your ovaries were also removed (salping-oophorectomy), you will be in menopause (surgically induced). If you experience hot flashes or vaginal dryness schedule an appointment to discuss with your doctor ways to control these symptoms.
- It is recommended you continue to have an annual well woman exam.