

TYPES OF HYSTERECTOMIES

Vaginal hysterectomy:

A vaginal hysterectomy is the removal of the uterus through the vagina without having an incision in the abdomen.

Abdominal hysterectomy:

A 10-20 cm horizontal incision is made through the abdominal wall similar to a caesarian section, in order to provide access to the reproductive structures. The uterus is then removed. Occasionally, the incision may be vertical on the abdomen depending on the size of uterus and previous surgeries.

Laparoscopic hysterectomy:

This is a form of surgery using 4-5 small incisions with the uterus removed through the vagina.

Surgical approach	Expected length of stay
Laparoscopic	0-1 day
Vaginal (hysterectomy alone)	1-2 day
Vaginal (hysterectomy with accompanying procedure)	1-2 days
Combined laparoscopic and vaginal	1-2 day
Open (subtotal and total)	2-3 days

“WHAT SHOULD I NOT DO?”



- Do not lift more than 5 kilograms or 10 pounds (1 laundry bin or 2 small bags of groceries) for the first 4 - 6 weeks after surgery.

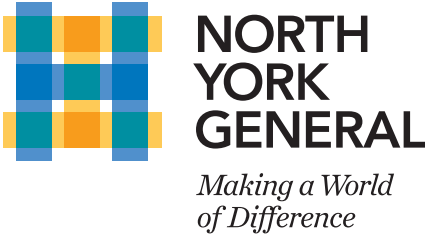
- All exercises need to be cleared or approved by your surgeon prior to starting the activity.
- DO NOT DOUCHE.**
- Do not use petroleum jelly (Vaseline®), hand lotion, or massage oils in your vagina since these can increase risk for infection.

Call your surgeon or go to the nearest emergency room right away if you have any of the following symptoms:

- A fever (temperature greater than 38°C or 100°F).
- Vomiting, bloated or feeling nauseous all the time.
- Redness, swelling, odour, pus or increasing pain from your surgical incision (cut).
- Sexual difficulties.
- Bright red blood discharge from your vagina.
- Pain that is not controlled with your pain medication.
- You have not had a bowel movement after 7 days from your surgery.
- Chest pain or shortness of breath.
- Swelling in your arms or legs.



Patient Guide



For more information visit www.nygh.on.ca

FOOD AND DRINK PRIOR TO SURGERY

You can eat solid foods until **midnight** before your surgery. Drink 3 glasses (24 oz. or 800 mL) of a high carbohydrate drink (e.g. juice) at bedtime the night before surgery. Drink 1.5 glasses (12 oz. or 400 mL) **2-3 hours** before your surgery or until you leave for the hospital.

PRE-OPERATIVE CLINIC:

The following will be discussed at your Pre-Operative Clinic appointment:

- **Medications:** Your past medical history and current medications. Please bring your medications with you to the appointment.
- **Bowel preparation:** Your nurse will explain how to clear out your bowel before your surgery, if you are required to do so.
- **Body cleansing:** Do not remove any body hair a month before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection. A clipper may be used once you get to the hospital. You may be asked to shower with special soap (chlorhexidine) before your surgery.
- **Activity level:** You will be given post-op exercises to help you move around to prevent complications such as blood clots.
- **Going home after surgery:** You will be asked about your home and any supports you already have in place (family and/or friends). This will help to plan for your return home with the services you may need.

YOUR HOSPITAL STAY:

When you arrive at North York General Hospital please proceed to Patient Registration and Surgical Check-In area on 1st floor.

After you have registered and checked-in, the pain team will meet with you to make sure your pain is managed prior to your procedure.

The surgical team may insert extra intravenous lines, tubes, and oxygen to monitor you.

In the recovery room, a family member can come visit you when the nurses have completed their assessments. You will then be transferred to the post-operative nursing unit when you are awake, breathing well, and your pain is well managed.

Enhancing your recovery

After surgery, you can become an active member of your recovery by participating in routine activities. These activities will decrease the likelihood of complications, reduce your length of hospital stay, and make you feel better!

Ask your health care team about:

1. Exercises after surgery
2. Deep breathing & coughing
3. Drinking & eating
4. Intravenous lines, tubes, & wound care
5. Helping bowels work (e.g. gum chewing)

Pain management

The pain team, anesthesiologist, and surgeons will discuss options for pain medications with you before your surgery.

Your pain medications may be given to you through a combination of intravenous and/or oral forms. It may include both **non-opioid and opioid** types of medications.

Pain management continued...

Examples of pain medication include: acetaminophen (Tylenol®), ibuprofen (Advil®), naproxen, morphine, hydromorphone, etc.

Inform the nurse, doctor, pain team or a member of the health care team, if your pain is not controlled.

AFTER YOU LEAVE THE HOSPITAL:

Sexual activity: Intercourse should be delayed for 4-6 weeks or unless specified by your surgeon.

Work and driving: Your surgeon will tell you when you can return to work. You may start to drive when you are no longer taking opioid pain medication.

Wound care: You might go home with staples in your skin that hold your surgical incision together. Your surgeon or family physician will take the staples out within 7-10 days or when you return for your follow-up appointment. Alternatively, the incision might be covered with steri-strips (paper tape). The steri-strips will begin to fall off on their own 7-10 days after discharge, if not you may remove them.

Hygiene: Daily showers are permitted 48 hours after surgery. Tub baths or sitz baths are recommended only if you had a vaginal hysterectomy (use familiar, mild, non-perfumed soap). You do not need to cover your surgical incision to have a shower. Do not scrub the incision. Pat dry the incision with a clean towel after your shower.

Ask your family and friends to help you with:

- Preparing meals
- Grocery shopping
- House cleaning and laundry