GYNAECOLOGY PROGRAM

Pre- and Post-operative Instructions: Abdominal Hysterectomy
Informed Consent

As part of informed consent, your doctor will talk to you about:

- What will be done during the surgery
- Why you need it
- Risks of surgery
- Risk of not having any treatment
- What other choices you may have

You may also be asked to consent to Blood Transfusion and/or Blood Products, consent for Tissue Samples for Research Purposes, and/or consent for Photography.

Make sure you understand this information. Don’t be afraid to ask questions. Have your doctor go over something if it is not clear to you.

An **abdominal hysterectomy** is the removal of the uterus through an incision in the abdomen. Hysterectomies are performed for a variety of reasons, such as fibroids, heavy bleeding that does not respond to therapy, pelvic pain, infection or cancer. Following the procedure, you will no longer be able to become pregnant, and you will no longer get your period.

Sometimes the cervix is also removed. This is called a **total abdominal hysterectomy**. If the cervix is left in, the surgery is called a **subtotal abdominal hysterectomy**.

When the ovaries and fallopian tubes are removed, this part of the surgery is called a **salpingo-oopherectomy**.
What are the risks of this surgery?

The risk of developing a problem that is related to having an abdominal hysterectomy is low compared to other major surgeries. However, problems can occur. Problems that may develop could include:

1. A bad reaction to anesthetic. This is minimal in an otherwise healthy person.

2. Blood clots in the deep veins of the legs or lungs. These can be prevented by early ambulation and short-term use of anti-coagulation medication.

3. Infection. This is can usually be successfully treated with antibiotics.

4. Bleeding. There will be minimal blood loss during surgery. In extremely rare cases, if there is a large amount of blood lost, a blood transfusion is required.

5. Injury to nearby organs, the urinary tract, or bowel. If these injuries do occur, they are usually addressed at the time of the surgery without any significant long-term problems.

6. Surgical Menopause. This will occur if the ovaries are removed as part of your surgery. Please discuss with your surgeon what your options are regarding Hormone Replacement Therapy (HRT).

If you have any other questions or concerns regarding the risks of your surgery, please discuss these with your surgeon.
When will I be going home?

After your operation, you will usually go home within three days. We strongly recommend that you prepare your home ahead of time for your return. Make sure you have your grocery shopping, laundry and cleaning done so that you can focus on your recovery. Consider making arrangements for assistance from family or friends should you need help managing at home. Unless you have special medical needs after surgery, it is unlikely that you will qualify for home services.

How do I get ready for surgery?

1. Make sure you are well rested before coming to the Hospital. Should you become sick before surgery, you must notify your surgeon in case it would be better to delay your surgery until you are healthy again.

2. The purpose of the pre-admission appointment is to make sure you are ready for surgery. A nurse will interview you to find out if you have any special needs, provide information about what to expect with your surgery and recovery and help you plan ahead for your return home.

3. Some surgeons require that you do a special preparation to clean out your bowels before surgery. Your pre-admission nurse will give you these instructions as needed.

4. Do not eat or drink anything after 12 midnight the night before your operation so that you have an empty stomach. Check with your pre-admission nurse to see if you need to take any of your own medications when you wake up on the day of your surgery. If you need to take any of your own pills, you should take them with a small sip of water only.

5. Pack a bag for the hospital with a housecoat, non-slip slippers, pajama pants and your toiletries, including soap, shampoo, comb/brush, feminine pads, body lotion, facial tissue, lip balm, and even “baby wipes” for convenient hand washing when you are in bed. Please do not bring valuables to the Hospital. Remove all jewelry, body-piercings, make-up and nail polish before your visit.

6. On the day before your surgery (or on Friday if your surgery is on Monday), between 1 and 4 p.m., you should call the Pre-Admission
Unit at 416-586-4800 ext. 8824 to confirm the time of your surgery and when to arrive at Mount Sinai Hospital.

Day of surgery

1. When you arrive, you should report to the Admitting Department on the main floor. Please bring your Mount Sinai Hospital card and your Ontario Health Card with you.

2. Please arrive 2 hours before your planned surgery time.

3. You will be directed to the Surgical Admission Waiting Room, room 548 on the 5th floor. A family member or friend may accompany you if you wish. The rest of your family and/or friends may wait for you in the surgical waiting room located on the main floor, room 351.

4. Once you are admitted into the Surgical Admission Waiting Room, you will be directed to a locker room where you may change into your gown. You may find it a little more comfortable to put on a robe and slippers over the gown while you wait for your surgery.

5. You (and your family member) will be sent to a cubicle where you will meet with your surgeon, your anesthetist and nurses before surgery. This gives you an opportunity to have any last minute questions and concerns addressed before the surgery.

6. After the surgery, you will spend approximately two hours in the Post Anesthetic Care Unit (PACU). The surgeon will attempt to speak with your family by phone in the Surgical Waiting Room (room 351) to let them know how the surgery went.
What can I expect after surgery?

What can I eat?
1. At first, you will not be able to eat. The doctor will let you have clear fluids until you pass gas. Once you are passing gas rectally, you may have a light diet. You may then progress to a normal diet for your discharge home.

2. Once you go home, you will be able to return to a normal diet. It is wise to eat more dietary fibre such as raw fruits, vegetables and whole grains to help prevent constipation. It is very important to drink one (1) to two (2) litres (35 to 70 ounces) of fluid (especially water) each day.

How will I feel?
1. You may feel sick or vomit because of the anesthetic. This feeling often passes quickly. If not, be sure to tell your nurse because there are medications that can help settle your stomach.

2. You will feel tired and not very energetic. This is normal and you will feel better with time.

3. You may wake up with pain or discomfort. This is normal and, if needed, the nurse in the PACU will give you medication to help ease your pain. The Acute Pain Service (Anesthetist, Nurse Clinician and Pharmacist) will set a plan to manage your pain. This can involve needles from time to time, or a computerized pump called a Patient-Controlled Analgesic (PCA) or pills, once you can have something to eat or drink.

When will my intravenous (IV) come out?
Your IV will stay in place until the health-care team involved with your care are confident that you are drinking well enough on your own and you do not need it for any further medications.
How will I empty my bladder?

1. Immediately after surgery, you will have a catheter in your bladder. This is a tube that is put in place while you are asleep. It is used to keep your bladder empty and to monitor your body functions while you sleep.

2. Usually this tube is removed the morning after surgery. When you urinate for the first time on your own, you may experience some burning. This should go away.

3. For the first while after surgery, the nurses will ask you to urinate into a collecting container for measurement to ensure that your kidneys and bladder are working properly.

Will I get constipated after surgery?

It is common to become bloated with gas or constipated after having abdominal surgery. If needed, you will be given a suppository, fleet enema or a mild laxative to relieve this condition. You will also be encouraged to walk because this will help get your bowels moving and help you pass gas through the rectum.

What about the incision?

1. You will have an incision that goes up and down or side to side (bikini style) depending on the reason for surgery and your body type. This decision is sometimes not made until you are examined in the operating room.

2. Your surgeon will use internal stitches to bring your tissues together and then external stitches or staples to bring your skin together.

3. Your incision will be covered with a bandage when you wake up. The bandage is usually removed two days after surgery.

4. It is important to keep this area dry while it is healing. It is normal to experience a small amount of clear, yellow-pink drainage. If you are experiencing this, the nurse will put some gauze over the incision. If there is no drainage, the incision will be left uncovered.
5. Watch your incision for signs of infection. It is normal for the incision to get a little red. If the redness is excessive or you notice cloudy, pus-like drainage, you should tell your doctor.

**Can I expect any vaginal discharge or bleeding?**

Yes, you will need to wear a pad. You may experience bleeding or discharge for a few weeks. This is normal, but the bleeding should never be more than what you would have with a normal period. If it is more, you should call your doctor immediately.

**How much activity can I do?**

1. It is important to do deep breathing and coughing exercises every hour after surgery to help prevent any lung congestion.

2. It is also important to move around in bed and do leg exercises (point and flex your toes and do ankle circles) to promote blood circulation and prevent complications related to blood clots.

3. The night after surgery or definitely the next morning, the nurse will assist you out of bed; after that, you will be encouraged to increase the activity you do each day (for example, walking in the hallway).

4. You should not do anything strenuous for six weeks after surgery. This means no heavy lifting or straining (do not lift grocery bags, vacuum cleaners, suitcases, children). Light housework (dusting, cooking) is okay. A general rule is not to lift more than 10 to 20 lbs.

**Are there any special precautions?**

1. Do not have sexual intercourse or insert anything into the vagina for six weeks or as instructed by your surgeon. This includes tampons and douches. For vaginal discharge, use pads and remember to change them at least once every four hours.

2. You should avoid swimming or tub bathing until you see your doctor.

3. You can take a shower as long as your incision is dry. Turning your back to the shower will be more comfortable for your abdomen, which will still be tender. Pat your incision dry after your shower.
4. If you have had both your ovaries and fallopian tubes removed (and you have not already experienced menopause), you will experience a surgically-induced menopause. Some women, but not all, may experience hot flashes, mood swings, sleep disorders, migraines or other symptoms. Speak to your surgeon about the possibility of hormone replacement therapy, if needed.

How will I feel after surgery and when I go home?

1. Many people feel tired following surgery. It is important to get plenty of rest at home but it is also important to do activities as mentioned above. Slowly, try to resume your normal activity level.

2. You may still have some pain or discomfort, and will be given a prescription for pain medication. Some of these pain medications can add to constipation.

What warning signs should I be concerned about and report?

- Persistent fever (greater than 38 degrees Celsius or 100.4 degrees Fahrenheit), chills or sweating
- Increasing redness and/or tenderness or foul-smelling fluid (pus) around or from the incision site
- Increased abdominal pain, tightness and feeling of fullness
- Vomiting and inability to drink fluid for greater than four hours
- Increased vaginal bleeding (soaking sanitary napkin every hour), foul-smelling discharge and large blood clots
- Shortness of breath or chest pain
- Swelling and redness of the lower legs or calves
In case of Emergency
Go to the Mount Sinai Hospital Emergency Department or go to the nearest Emergency Department if you are not a Toronto resident.
If you have non-emergency questions, you may call your surgeon’s office.

Follow up
Call your doctor to make an appointment for follow-up. If you still have stitches or staples in place when it is time to go home, make arrangements with your surgeon for when and where to go for removal.

Why are students taking part in my care?
Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.