Pre- and Post-operative Instructions: Laparotomy (Ovarian Cystectomy, Oophorectomy, Myomectomy)
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.

What is a Laparotomy?

A laparotomy is a surgical procedure through an opening (that is larger than that used for laparoscopy) into the abdomen. A laparotomy is normally used when a laparoscopy cannot be done effectively. Some reasons for laparotomy are removal of ovarian cysts, removal of an ovary, or removal of fibroids and/or adhesions.

What are the risks of this surgery?

The risk of developing a problem that is related to having a laparotomy is low compared to other major surgery. However, problems can occur. Problems that could develop 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 the short term use of anti-coagulation medication.
3. **Infection.** This can be successfully treated with antibiotics.

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

5. **Injury to the nearby organs such as 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.

If you have any questions or concerns about Laparotomy, or the risks involved, please discuss these with your surgeon.
When will I be going home?
You usually go home from Hospital two to three days after your surgery.
We strongly recommend that you prepare your home ahead of time for your return. Consider making arrangements for assistance from family or friends should you need help managing at home; that way you will be able to focus on your recovery. Unless you have special medical needs after surgery, it is unlikely that you will qualify for homecare.

How do I get ready for surgery?
1. Make sure you are well rested before coming into Hospital. Should you become sick before surgery, you must notify your surgeon just 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 when you are in Hospital, provides some information about what to expect with your surgery and recovery and helps you to plan ahead for once you go home.

3. Some surgeons require that you do a special preparation to clean out your bowels before the surgery. Your pre-admission nurse will give you these specific instructions as needed. In any case, you are not to eat or drink anything after midnight so that you have an empty stomach for surgery. 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.

4. Pack a bag for the hospital with a housecoat, non-slip slippers, pajama pants and your personal toiletries (including soap, shampoo, comb/brush, feminine pads, body lotion, Kleenex, lip balm, etc.). Remove all jewelry, body piercing, make-up and nail polish before coming to the hospital.
5. The day before your surgery (or the Friday before surgery if it is on Monday) you should call the Pre-Admission Unit 416-586-4800 ext. 8824 to confirm the time of your surgery and when to arrive at the hospital. When you arrive at Hospital you should report to the Admitting Department on the main floor. Bring your Mount Sinai Hospital card and Health Card with you.

Day of surgery

1. 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.

2. 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.

3. 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.

4. 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. Initially you will not be able to eat or drink. You may be allowed to have some ice chips or sips of water until we are certain that your body is ready to receive food and fluid. In the meantime, you will continue to have intravenous fluid. Your diet will progress slowly from clear fluids to a light diet. Once you are passing gas rectally, you may have a normal diet.

2. It is wise to eat more dietary fibre such as raw fruit, vegetables and whole grains to help prevent constipation.

3. It is very important to drink one to two litres of fluid (especially water) each day.

How will I feel?

1. You may feel nauseated or vomit. This feeling often passes quickly. If not, let your nurse know because there are medications that may be given to you to 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 the nurse in the PACU will give you medication to help you get comfortable. The Acute Pain Service (Anesthetist, Nurse Clinician, Pharmacist) will set a plan to manage your pain. This could be a computerized pump called Patient-Controlled Analgesic (PCA).

When will my intravenous come out?

Your IV will stay in place until you are drinking well enough on your own, as assessed by the health care team involved in your care and you are not receiving any intravenous medications.
How will I empty my bladder?

1. There will be a catheter in your bladder after surgery. This is a tube that is put into place while you are asleep and it is used to keep your bladder empty. It is also one of the ways to help monitor your body functions while you are asleep.

2. This tube is usually removed the morning after surgery. When you urinate for the first time on your own, you may experience some irritation and/or burning. This should go away after the first few times you urinate.

3. The nurses may ask you to urinate into a collecting container and measure how much you are voiding for the first while after surgery. This is so we can ensure your bladder and kidneys are working okay.

Will I get constipated after surgery?

It is not uncommon to become bloated with gas or constipated after having an abdominal surgery. If needed, you will be given a suppository, fleet enema or a mild laxative to help you pass gas and/or move your bowels. You will also be encouraged to get up and walk and drink plenty of fluids. This will help you to pass gas rectally and get your bowels moving.

What about the incision?

1. You will have an incision that goes up and down or side to side (bikini style) depending on your medical condition and your body type; this decision is sometimes not made until you are having the operation.

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 when you wake up; the bandage is usually removed the second day after surgery and should then remain uncovered.

4. Keep the incision clean and dry while it is healing; a daily shower with mild soap and water and pat dry should be sufficient.

5. Watch your incision for signs of infection. It is normal for the incision to get a little red and for you to experience some clear yellow-pink drainage. 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 a small amount of vaginal spotting or bleeding.

How much activity can I do?
1. It is important to do deep breathing and coughing exercises every hour or two after surgery to help prevent any kind of lung congestion.
2. It is also important to move around in bed and do calf exercises (point and flex your toes and ankle circles) to promote blood circulation and to prevent complications related to blood clots.
3. The night after surgery or 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 (i.e. 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). Non-strenuous activity (walking, paperwork, cooking) is okay to do.

Are there any special precautions?
1. Do not insert anything into the vagina for six weeks or as instructed by your surgeon. This includes tampons, douches, and sexual intercourse. Use sanitary pads for any vaginal discharge or bleeding and remember to change at least every four hours.
2. You can take a shower as long as your incision is dry. Turning your back to the shower will be less tender for your stomach. Avoid swimming and tub bathing until you see your doctor.
3. If you have had a cyst removed from the ovary and the ovary was repaired, you should not experience any change in your menstrual cycle. If one ovary was removed along with the cyst, your other ovary should maintain normal hormone levels, and your menstrual periods will be unaffected. The remaining healthy ovary and fallopian tube will function normally, and your fertility will not be affected.
Warning signs I should be concerned about and report

- Persistent fever (greater than 38.0 degrees Celsius or 100.4 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 extreme fullness
- Vomiting and inability to drink fluid for greater than four hours
- Increased vaginal bleeding (soaking sanitary pads in one hour or less), foul smelling discharge and large blood clots
- Shortness of breath or chest pain

Follow up

Call your surgeon’s office 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.

In case of Emergency

Go to Mount Sinai Hospital Emergency Department or if you live outside of Toronto the nearest Emergency Department. If you have questions of a less serious nature you may call your surgeon’s office or ask the doctor or nurses involved with your care.

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.