Hysterectomy 101
Answering your questions and putting your mind at ease

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Defining hysterectomy

- Removal of your uterus with or without your cervix
- Fallopian tubes and ovaries may or may not be removed at the time of your surgery
Preparing for hysterectomy

• Optimizing your health:
  – Smoking cessation
  – Managing your blood sugar if you have diabetes
    • If you have diabetes you will need a HgbA1C prior to surgery
  – You may need pre-operative clearance – or another surgeon’s approval or the completion of lab tests prior to your surgery
  – Blood thinners – your medication may need to be changed before and or after surgery
Preparing for hysterectomy

• Things you should do:
  – Contact your insurance company about what costs, if any, you can expect after your surgery/hospitalization
  – Speak to your employer about taking time off from work to recover or FMLA
    • Your employer may need paperwork completed by your surgeon prior to your surgery
  – Assemble your support team
    • Friends or family who will support you before and after your surgery
Preparing for hysterectomy

• **What to expect before your surgery:**
  
  – **Admitting Department**
    
    • Will call you 1-2 weeks prior to your procedure and will schedule your Perioperative Evaluation and Preparation (PEP) (phone call)
  
  – **PEP Team**
    
    • Reviews your medical, surgical and family history and your current living situation
    • Notify the Department of Anesthesia of any concerns
    • Please have a list of your allergies, current medications, medical problems and previous surgeries readily available
    • Ask about any medication concerns
At home the day of surgery

- **Things you need to do:**
  - Shower and wash well with soap and water (the day of or day before)
  - Do not wear make up, contacts, piercings, valuables
  - Bring your photo ID with you
  - Arrive at least 2 hours prior to your surgery
  - Park in the free self parking garage
  - Drink clear liquids until 2 hours prior to arrival
    - Last drink should be an electrolyte
    - Clear liquid examples: coffee/tea (no milk and non-dairy creamer), sports drinks, apple/cranberry juice – sugar and artificial sweeteners are ok
    - No solids 8 hours prior to surgery
What to expect the day of surgery

• **Things to expect in the hospital:**
  – Admissions area
    • you will get checked in and change into a hospital gown
  – Prep and Holding
    • You will be hooked up to monitors and the staff will collect baseline readings
    • You will meet your anesthesia team to discuss your plan for anesthesia and have an IV placed
    • You will see your surgeon and/or their assistant(s)
    • You may receive medication by mouth before your surgery to help with pain after your surgery
What to expect in the operating room

• What is the operating room like?
  – Overall the room will be very bright and cold
  – When you enter the room a safety check will be completed to make sure everyone in the OR room is prepared for your surgery
  – There will be multiple masked faces in the room, usually 5 or more, as you get positioned on the operating table and off to sleep
  – It can be overwhelming but … everyone is there to help take care of you and keep you safe
Surgical approaches to hysterectomy

- You and your surgeon will determine the best surgical approach for you:
  - Minimally invasive (Preferred method for hysterectomy)
    - Robotic
    - Laparoscopic
    - Vaginal
  - Abdominal hysterectomy – also known as open surgery or laparotomy
Why is minimally invasive preferred?

- Benefits of minimally invasive:
  - Faster return to normal activity
  - Shorter hospital stay
  - Most patients can go home the same day as their procedure (some patients may stay overnight)
  - Less intraoperative blood loss
  - Decreased risk of infection

- Abdominal hysterectomy:
  - Usually 1-3+ days of recovery in the hospital before you go home
  - Larger incision
  - Longer recovery with more restrictions on activity following surgery
Abdominal hysterectomy

• You may need an abdominal hysterectomy if:
  – You have or are suspected to have cancer
  – You have a large or unusually shaped uterus
  – You have had multiple prior abdominal surgeries or a known history of scar tissue
  – You have complications during your minimally invasive hysterectomy
  – Your surgeon does not have the training or experience to complete a minimally invasive surgery
What to expect in the Post Anesthesia Care Unit (PACU)

- Immediately post operative you can expect:
  - Frequent vital sign checks
    - blood pressure, pulse, breathing and temperature
  - Clear liquid diet
    - Ice chips and sips of liquids for 2 hours after surgery
  - **Pain will be controlled but not pain free**
  - Once immediate recovery is complete
    - discharge to home
    - transfer to a hospital room
After your surgery

• **Important parts of your hospital recovery:**
  – Breathing exercises
    • You will be asked to cough and deep breathe and use an Incentive Spirometer 10x per hour
  – Prevent blood clots
    • You may be asked to wear Pneumatic Compression Boots (PCBs) while you are in bed
    • You should be out of bed the night of surgery with staff assistance.
  – Resume your regular diet as tolerated and ordered by your surgeon
After surgery in the hospital

- **Pain control**
  - Most often pain is managed by oral medications (as ordered by your surgeon)
  - **You will have pain after your surgery** but the pain medication should make it tolerable

- **Foley catheter**
  - You may have a catheter in your bladder that will drain your urine. This is typically removed the same day/or morning after surgery
While in the hospital

- **We focus on patient and family centered care**
  - White boards for communication
  - Bedside shift report
- **We work hard to keep the floor quiet**
  - Headphones and earplugs are available
- **Visitors**
  - Limit to two visitors
  - Quiet hours from 9pm to 6am
- **Rooms**
  - Private and semi-private – depending on availability – no reservations. Visitors may stay in private rooms
- **Speak up!**
  - Don’t hesitate bring a question or concern to your nurses attention
Education- getwell:)network

- TV channel delivering personalized education and resources to you:
  - Videos on topics pertinent to your care
    - Hand hygiene
    - Fall prevention after surgery
  - Medication
    - You will be able to view your prescribed medications and learn how they are used and possible side effects
Preparing to recover at home

- Things you may want to purchase before your surgery:
  - Over the counter medications to treat constipation
    - Laxatives (Senna or Miralax) or stool softeners (Colace)
  - Sanitary pads
  - Heating pad
  - Anti-inflammatory medication – Ibuprofen (Motrin/Advil) or Naproxen (Aleve)
Preparing for after your surgery

• Have a support team ready:
  – Who will be there during your surgery?
  – Who will drive you home from surgery?
  – Do you have someone watching your children/elders/pets?
  – Someone to help you with chores/errands?
What to expect physically after surgery

• You may feel/experience:
  – Varying levels of energy
  – Sore – it will take time to heal after surgery
  – Gradual restoration of health needing less pain medication on a daily basis
  – Constipation and bloating – especially if you are taking narcotic pain medication
  – Vaginal bleeding – dark red or brown spotting is normal even several weeks post operative
  – If you have bleeding filling a panty liner or pad please call your surgeon
Incision care after surgery

• General incision care:
  – Every day wash gently with warm, soapy water, rinse and pat dry
  – Remove Steri-Strips in 7 days – or small bandages in 2 days if you have them
  – Keep dressings and bandages off
  – Look at your incision with a hand mirror for signs of infection: incision should be odorless, dry with closed edges
Activity and restrictions following surgery

- **We encourage you to:**
  - Take frequent short walks
  - Climb stairs as needed, slowly and carefully

- **We recommend avoiding:**
  - Strenuous activity for 6 weeks
  - Heavy lifting greater than 5-10 pounds
  - Driving for at least 1-2 weeks post-operatively
    - Do not drive while taking narcotic medication
  - **Putting anything in the vagina** (do not have sex, douche, or use tampons) until cleared by your surgeon
  - Soaking in a bath, pool, hot tub, or the ocean for at least 4 weeks or until your surgeon says it is okay
When to call your surgeon

- Call your surgeon if you experience:
  - Fever >101
  - Chills
  - Nausea and vomiting
  - Problems urinating
  - Worsening pain not relieved with medication
  - Wound concerns
  - Heavy vaginal bleeding or large blood clots
  - Swelling, redness or pain in your legs

- Call 911 or come to the Emergency Room if you experience:
  - Difficulty breathing
  - Chest pain
  - Any other emergency
Pain control at home

• Setting Expectations
  – Some pain is normal after surgery
  – You will be sore but this will gradually get better
• What should be my primary pain medication after discharge?
  – **Non-opioids** such as Tylenol and Ibuprofen should be the main medication you use around the clock
  – Opioid/narcotic pain medication should only be used for breakthrough pain or severe pain not controlled with non-opioids
• How much opioid/narcotic pain medication will I need after discharge?
  – Minimally invasive hysterectomy patients tend to use less than 10-15 pills
  – Abdominal hysterectomy patients tend to use less than 25 pills
Battling the opioid epidemic

- Concern about opioid/narcotic use post operatively:
  - Misuse or overuse can lead to addiction

- Appropriate use:
  - Do not share your prescription medication with anyone else
  - Should only be used to treat your hysterectomy pain

- Safe Disposal of opioid pain medication is recommended:
  - Look for medication take-back dates offered locally by authorized collectors
  - For safe disposal at home go to [www.fda.gov](http://www.fda.gov) (safe disposal of unused medicines)
    - Mix (crush tablets with dry coffee grounds or kitty litter)
    - Place (in a sealed plastic bag)
    - Throw (in your household trash)
    - Scratch out (personal information on your pill bottle and throw out)
Restoring bowel function after surgery

• Be aware:
  – It is not uncommon to go several days without a bowel movement
  – passing gas is a first sign
    • If you have a lot of gas pain you can take Gas-X
    • Add extra fiber to your diet
    • Drink plenty of fluids
    • Consider stool softeners
      – Colace
      – Senna
      – Miralax
Sexual function after your surgery

- **What to expect:**
  - **Wait**
    - You should *wait* to have intercourse until you have been cleared by your surgeon- typically 6-8 weeks
  - **Orgasm**
    - You should continue to have orgasms as before but it may feel slightly different
  - **Vaginal moisture**
    - Vaginal moisture is produced by the lower 1/3 of the vagina; this will not change after your surgery
  - **Sexual satisfaction**
    - In general, patients who are sexually satisfied before surgery are equally/if not more satisfied afterwards
Emotional wellness after hysterectomy

• **Myths and truth about hysterectomy:**
  
  **Myth #1:** Having a hysterectomy makes you depressed  
  – **Truth:** A hysterectomy can improves your quality of life including mood and emotional well being  
    • The immediate recovery period can be trying at times! Keep your support team on stand by!

  **Myth #2:** After surgery you will feel like a different person  
  – **Truth:** You may feel more tired after surgery but this will resolve with time and you will soon be back to your normal self
Emotional wellness after hysterectomy

**Myth #3:** It will make my anxiety, depression, or other issues worse
- **Truth:** Pre-existing psychological conditions should not be affected

**Myth #4:** Having a Hysterectomy will put me into menopause
- **Truth:** If your ovaries are not removed, you will not go through menopause. Menopause after hysterectomy normally occurs naturally but maybe slightly earlier.
Emotional wellness after hysterectomy

If you are feeling discouraged with your recovery:

• Make sure you are getting enough Sleep!!!!!!
• Eat a well balanced diet
  – limit sugar and caffeine, drink plenty of water
• Exercise – Walking is the best thing for you!
• Light therapy – Get outside!
• Relaxation techniques
  – meditation, guided imagery, mindfulness
• Remember why you had your surgery
Online resources

• Hysterectomy information and support:
  – www.hystersisters.com
    • Website, facebook page, blog, online community forum

• Mindfulness and meditation resources:
  – Websites:
    • Mindful.org
    • Freemeditation.com
    • Meditationoasis.com
    • Headspace.com
  – Phone Apps:
    • Headspace
    • MindfulnessApp
    • Omvana
    • Calm

• Don’t be afraid to see a professional for mental health services
  – www.mentalhealthamerica.net/types-mental-health-professionals