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 night before your surgery
  • Use CHG wipes as directed 2 hours after your shower
  • 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
Patients are now receiving chlorhexidine wipes at home

- PEP team is now mailing chlorhexidine wipes to surgical patients at home

- Summary of Patient Instructions:
  - Shower at night with antibacterial soap
  - Put on clean bed-clothes
  - Wait 2 hours for body to cool off
  - Use wipes on indicated area
  - Should NOT shower in the morning

- More detailed instructions will be sent to patients

- Patient Information Forms about Chlorhexidine Wipes provided in back of room for reference
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 PACU: Post Anesthesia Care Unit

• 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 your surgery

• 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 to bring a question or concern to your nurse’s attention
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

- 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 improve 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

- Myths and truth about 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](http://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](http://www.mentalhealthamerica.net/types-mental-health-professionals)