

Surgical Instructions

Hysterectomy

Please Read These Instructions Before Your Surgery

The staff at Columbia Shores OB/GYN (Columbia Shores Comprehensive OB/GYN, PLLC) is committed to ensuring that your post-operative experience is as comfortable as possible. Please do not hesitate to call the office for any questions after surgery. Any questions regarding your surgery or post-operative recovery should be directed to the staff at Columbia Shores OB/GYN (509) 628-8866 rather than your Primary Care Provider. The following information will help answer the frequently asked questions and will help you understand some of the common experiences that may occur after your surgery. Please note that most patients have very few complications after surgery; however, to ensure that you have as much information as possible to help you in your recovery the following list should help you with most concerns you have after your surgery.

All patients should:

- A. Have a post-operative appointment scheduled or call (509) 628-8866 for an appointment within 1-2 weeks after surgery.
- B. Contact us at Columbia Shores OB/GYN (509) 628-8866 for any problems or concerns after surgery. Please do not call your primary care provider with concerns related to your surgery, since they usually do not know the specifics of your surgery and may not be able to help you.
- C. If an ER visit is necessary postoperatively, always return to the hospital where your surgery was performed, since your surgeon will have privileges to care for you there.
- D. Before surgery you will be seen the week before for a discussion on the risks, benefits and alternatives to your surgery. It is at this time that if you have any concerns about your surgery to have them addressed.
- E. The week before your surgery we will review your health history and discuss your surgery. Please update your patient portal in Digichart and let us know of any changes in your health history. During your preoperative visit you will be given your pre-operative paper work which you will need to take to your pre-operative appointment at the hospital or surgery center you will be having your surgery at.
- F. You must have your pre-operative intake visit completed the week before at the hospital or surgery center you are having your surgery at. At this time the nurse will do your intake interview, draw your blood, give you pre-operative instructions and inform you of when your surgery is and when to present to the hospital.
- G. Do not eat, drink or have anything by mouth after midnight the night before surgery.
- H. If you take blood thinners ask your doctor if you should discontinue them before surgery. If you take Aspirin, Ibuprofen, Naprosyn, Omega-3, Flaxseed or Vitamin E, please discontinue these a week before your surgery, unless directed not to by your primary care provider. If you must take them let your surgeon know this before surgery.

Before Surgery Checklist

- Update health information on your health portal. <https://patients.digichart.com>**
- If instructed to have Medical clearance by your primary at least 2 weeks before surgery.**
- Pre-Surgical Appointment 1 week before surgery. Date_____**
- Inform staff of any changes in health history at Pre-Surgical Appointment.**
- Stop Aspirin, Ibuprofen, Naprosyn, Omega 3, Flaxseed, and Vitamin E at least 1 week before surgery, unless otherwise directed by your primary care provider.**
- Increase water and protein intake in diet, unless otherwise directed by your primary care provider.**
- After Pre-Surgical Appointment you must be seen for intake appointment at hospital where your surgery is being performed. Date of intake appointment:_____**
- Do bowel prep one day before surgery if instructed to do so.**
- Do not eat from Midnight on the night before surgery.**
- Only take medications instructed to take after Midnight the night before surgery. If instructed to take medications, take them with small sips of water.**
- Shower the morning of surgery. Do not shave the area of surgery unless instructed to do so.**
- Bring loose fitting clothing to go home in.**
- Present to surgery at the time as instructed from the place of surgery.
Date_____Time_____**

What Should I Expect After Surgery?

1. Activity

- a. **General.** There are no standard limitations with regard to activity after hysterectomy except for driving and sexual activity (see below). In general, use common sense when deciding what activities you are willing to perform after surgery. Every patient is different, and different patients will have differing degrees of recovery. Gradually advance your activity after surgery. You SHOULD NOT be bedridden after your surgery. Continued movement and increased activity back to normal will help in the healing process and will prevent prolonged recovery times due to “detraining”.
- b. **Average Recovery Times.** Most patients leave the hospital 24 to 48 hours after their surgery. The average time to achieve approximately 80% of normal activity is 4 weeks; the average time back to work is 4-6 weeks depending on type of work, but plan on returning 6 weeks after surgery. You should be able to walk, empty your bladder, eat and drink the day after surgery, with mild to moderate discomfort. Please note that every patient is different, and the times stated above can vary from patient to patient.
- c. **Stairs.** You are allowed to go up and down stairs with the assistance of a hand rail if you feel able. If you need to, ask for assistance.
- d. **Lifting, pushing or pulling.** Do not lift, push or pull more than 10# for 6 weeks following your surgery. Use proper lifting technique, and do not lift and twist. No vacuuming for 6 weeks following your surgery.
- e. **Exercise.** This is highly encouraged after surgery, since it allows for faster return to normal function, and also helps with pain (exercise causes release of natural morphine type compound in your body). Use common sense when starting an exercise routine after surgery and gradually increase your activity. Remember your weight restrictions.
Abdominal exercises. Should be restricted for the first 6 weeks after surgery. This will allow proper healing of your incision and to reduce the risk of developing a hernia.
Cardio exercises. Start out slowly and gradually increase your time, distance and speed. Limit your resistance until 6 weeks after surgery. If you are starting a new routine, consult your regular medical doctor if you are healthy enough to do so.
- f. **Sexual Function.** Vaginal intercourse should not be engaged in for 6 weeks after hysterectomy. After 6 weeks it is ok to resume pre hysterectomy vaginal activities. It is ok to have sexual relations that do not involve vaginal or anal intercourse. When resuming vaginal intercourse use water based lubricant if necessary.
- g. **Bathing/Showering.** You may take a shower the day after surgery. Tub baths and hot tubs should be avoided for the first 6 weeks after surgery.
- h. **Tampons/douches/dilators/sex toys.** These devices should not be inserted vaginally for 6 weeks following surgery.

- i. **Driving.** Driving can begin only after you have stopped taking narcotics, and if you feel strong enough to be able to stop the vehicle in an emergency. Use common sense when you begin driving after surgery-if you are not confident, have someone drive you. This typically takes 2 weeks following surgery.

2. Bleeding

a. **Incisions.** Bleeding at the incision site is not uncommon. This can be from the incision itself. Normal slight red, pink to clear fluid is normal drainage from a wound. If the drainage is more than a light drainage please call.

b. **Vaginal.** Vaginal bleeding or spotting can last up to 6 weeks, and is usually light. This is from the normal healing process at the vaginal cuff, if you had your cervix removed. If bleeding becomes heavy, please inform the office immediately. Bleeding that fills a pad an hour is heavy bleeding.

c. **Urinary or Rectal.** Please call the office if you notice any of these symptoms.

3. Bruising

a. **Incision.** Some patients will develop bruises at the incision sites. The bruise will normally resolve on its own. Rarely, this bleeding can be very extensive and extend down the vulva and groin. If you notice the wound increasing in size after you go home, please notify us. If the wound appears to stay stable you may take Motrin (Ibuprofen) 600mg every 6 hours or 800mg every 8 hours as needed for pain.

4. Constipation.

a. Percocet, Vicodin, Lortab, Oxycodone, Hydrocodone, Tylenol 3, Codeine, Dilaudid, Morphine and other narcotics will cause constipation that can be very severe. Pain medications such as IV narcotics are often given directly after surgery in the recovery room. Because of this, you may develop constipation even though you never took any oral narcotic pain medications (many patients may not need oral pain medications after surgery). To prevent constipation, drink plenty of water before and after surgery, use stool softeners (colace or pericolace), and a good laxative, such as milk of magnesia, mineral oil, or other laxatives. Remember that the more narcotics you use, the more constipation. The more constipation, the more pain, and the more narcotics you will require. This is a vicious cycle that can lead to severe constipation. Our recommendation is to walk (which is the best means of helping your bowels), and start using medications to assist bowel movements immediately after surgery for at least 3-4 days to ensure that constipation does not develop. Milk of Magnesia twice a day for 3 days is usually quite helpful.

5. Incisions

a. For any incision, if pain, bleeding, infection, or other problems persist, please call the office immediately.

b. Most incisions are closed with absorbable suture, which will dissolve on its own, and there is no need for removal.

6. Infections

a. Hysterectomy can be complicated by infection. If your temperature at home is recorded at higher than 100.4 degrees Fahrenheit, please call the office immediately. Noted below are some of the more common types of infection following hysterectomy.

b. Urinary Tract. These infections are relatively common after surgery due to catheterization of the bladder. If you notice frequent urination, painful urination or burning with urination then contact us.

c. Incision. Infections to the skin can occur but usually are minor. If the incision is very red, or increasing in size contact the office.

7. Breathing

If symptoms of shortness of breath develop after your surgery, please call the office immediately. Rarely, infections such as pneumonia or blood clots moving to the lungs can cause these symptoms. The best way to prevent these problems is to walk frequently and move your legs after surgery.

8. Nausea

a. Anesthesia and Narcotics are the main reason for nausea after surgery. You will be given anti-nausea medicine after surgery to prevent this. Some patients will experience nausea after surgery regardless.

b. Constipation is a major cause of nausea. Prevention by using a good laxative and moving after surgery will prevent this.

9. Pain

a. Incision. Pain around the incision is not uncommon and will resolve over time.

b. Pelvic and Rectal. Some patients describe pressure and discomfort with urination or bowel movements. These symptoms resolve with time and are due to irritation of the bladder and bowel from surgery.

c. Pain should resolve over time, and will get better every day. If pain worsens call us or present to the emergency room.

d. Pain Medications. You will be given a prescription for Ibuprofen and a Narcotic (Percocet, Lortab, Vicodin, Oxycodone, or Tylenol with Codene). To be effective Ibuprofen should be taken in doses of 600mg every 6 hours or 800mg every 8 hours. Try to eat when you take Ibuprofen. Take the narcotic as directed. It is important to keep your pain controlled, so as to allow you to move in order to decrease complications and assist you in healing.

10. Swelling

- a. Abdominal. You will notice swelling of your abdomen after surgery. This is due to distension of your intestines and swelling inside your abdomen caused by the surgery. These will resolve with time.
- b. Extremities. Swelling of the legs and sometimes the arms is not uncommon after surgery. This is due to increased fluids given to you during surgery. This will resolve over time. If you notice persistent or increasing swelling, pain in the calf or tenderness to your calf, please call or present to the emergency department immediately.

11. Emotions. After surgery you may have emotional ups and downs. Many women find themselves crying for no apparent reason, or feel sad, anxious, afraid or angry. Usually these are symptoms of “blues” and should resolve within 2 weeks. If you are not feeling better by 2 weeks, be sure to mention this to us.

INCISION CARE

The incision(s) is normally healing by the time you go home. **Laparotomy Incision:** Continue to cover the incision with gauze and use the abdominal binder for at least for the first 2 weeks to promote healing and to support the wound. **All Incisions:** If you have Steri Strip tapes on, they should be removed 5-7 days after surgery, unless they fall off before. If the incision(s) begins to gap open or bleed, notify us. Keep the incision(s) clean and dry. It is safe to shower and get the incision(s) wet. Let soapy water run over the incision(s), rinse and then blot dry. Do not rub the incision(s). Healing is a slow, continuous process, with redness and tenderness of the incision mostly resolving in the first couple of weeks, but up to 1-2 years after surgery. Itching, sensitivity and numb spots are normal healing changes to be expected of the incision(s). This too may last up to 2 years after surgery. The skin edges usually seal within 5-7 days, but internal healing does not develop strength until 3 weeks. Avoid sunlight to your incision(s), since it will burn easily. At this time there is nothing that we know of that has been scientifically proven to improve the scarring of the incision(s). You may be discharged home with staples still holding the skin edges together. You can still care for the incision the same, but you will need to follow up sooner to have the staples removed and you will be notified of when this should occur.

NOTIFY US (509) 628-8866 IF

- a. Temperature is more than 100.4 degrees Fahrenheit, or you experience shakes or chills.
- b. Abdominal pain is not relieved by rest, and medication or if pain increases with time.
- c. Bleeding excessively (soaking a pad every 1 hour)
- d. Foul smelling vaginal discharge.
- e. Burning or pain with urination or low back pain.
- f. Leg pain, swelling or redness.
- g. Swollen tender area of the abdominal incision or of draining area.

