Hysterectomy 101

Answering your questions and putting your mind at ease

Mary Fran Storm PAC

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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

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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 my 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

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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

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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 our 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

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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

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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

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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**

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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

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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 <u>not pain free</u>**
  - Once immediate recovery is complete
    - discharge to home
    - transfer to a hospital room

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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

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After your surgery

- Pain control
  - Most often pain is managed by oral medications (as ordered by your surgeon)
  - **<u>You will have pain after your surgery</u> 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

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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 or 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

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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?

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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

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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

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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

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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

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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 (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)

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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

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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

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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

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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

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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

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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

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