



2ND EDITION

Your Guide for Preparing for a Hysterectomy

ChristianaCare Women's Health



ChristianaCare®



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Welcome to ChristianaCare

This guide provides valuable information regarding your surgical experience.

Our team at ChristianaCare is committed to providing you with the best possible health care and service to make your surgical experience as comfortable as possible. Please follow these directions as you prepare for your surgery and during your recovery. Our health care providers are available to answer any additional questions or concerns you may have.

Bring this book with you to:

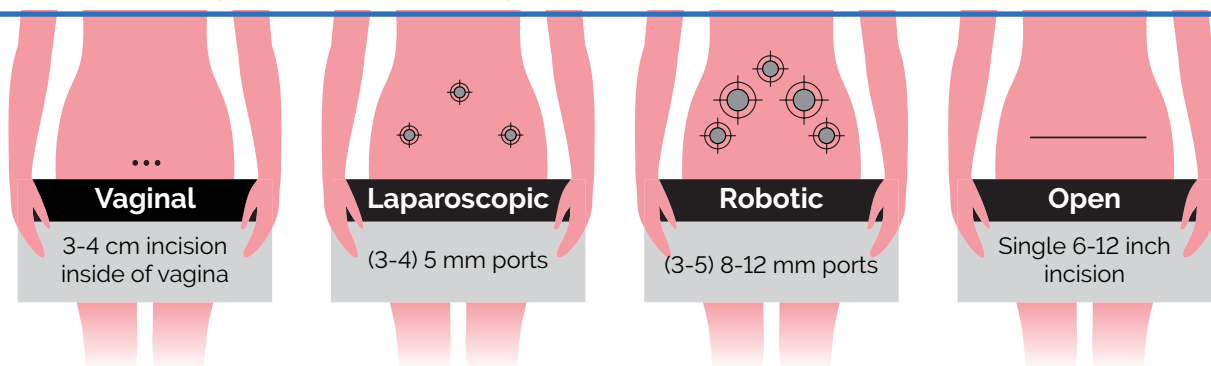
- All office visits before your operation. *This may include appointments with the surgeon or other appointments needed to clear you for surgery.*
- The *Having a Hysterectomy?* class. You can register at events.christianacare.org, or view more information at christianacare.org/hysterectomy-101
- The hospital on the day of surgery and keep with you throughout your hospital stay.
- All visits after discharge from the hospital.

This guide contains information about:

- Getting ready for surgery.
- What to expect on the day of surgery.
- Your recovery in the hospital.
- Planning for continued recovery at home.

Please read through this booklet as soon as you are able and refer to it throughout your surgical experience.

What is a Hysterectomy?



What is a 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.
- If your ovaries are removed, you may go through menopause if you haven't already done so. Please discuss this with your surgeon.

What happens during the procedure?

The procedure usually takes several hours depending on the complexity of the case. You will be completely asleep for the procedure after receiving general anesthesia. Your incision can be in a variety of locations based on the best approach for your surgery and can be closed with staples or stitches.

Minimally Invasive:

These approaches allow your surgeon to utilize small incisions in the abdomen and/or vagina to perform a hysterectomy.

- This is the preferred method for hysterectomy.
- Benefits of a minimally- invasive hysterectomy:
 - ▶ Typically have a faster return to normal activity.
 - ▶ Shorter hospital stay with the possibility of discharge on the same day as surgery.
 - ▶ Less pain after surgery.
 - ▶ Less blood loss during surgery.
 - ▶ Decreased risk for infection.

Three types of minimally invasive hysterectomy

Vaginal Hysterectomy

This is the least invasive of hysterectomy techniques. There are no abdominal incisions. Your surgeon is able to remove your uterus through a small vaginal incision.

Laparoscopic

Your surgeon will typically make 3-4 small incisions (each incision 5 mm – 15 mm in diameter) to access your abdomen to perform your hysterectomy. Depending on the size of your uterus and vagina, the uterus will be removed either vaginally or through a slightly larger incision in your abdomen (ranging from 2-4 cm).

Robotic Assisted

Similar to the laparoscopic approach, your surgeon will make 3-5 small incisions (each incision 8 mm – 12 mm in diameter) on your abdomen to perform your hysterectomy. A robotic platform will be used to aid your surgeon in completing your surgery laparoscopically.

Open abdominal hysterectomy

Open abdominal approach to hysterectomy is also known as a laparotomy. You can expect a large incision on your abdomen, either horizontally (like a bikini line, similar to a cesarean section incision) or a vertical midline incision (up and down incision, typically this can extend from pubic bone towards or above the belly button). Your surgeon may choose this method for the following reasons:

- Your surgeon suspects that you have cancer.
- Size and shape of your uterus and vagina.
 - ▶ for example, a larger uterus may be too difficult to remove via a minimally invasive approach.
- Prior abdominal surgeries or extrauterine disease.
 - ▶ for example, a non-uterine pelvic mass, endometriosis, adhesions/scarring in the abdomen.
- Complications during minimally invasive surgery may require changing to an open approach to gain greater access and visibility.
- Surgeon training and experience.

	Minimally Invasive (Laparoscopic/ Robotic/Vaginal) Hysterectomy	Abdominal/Laparotomy or Open Hysterectomy
Time spent in the hospital	usually < 24 hours	1-3 Days
Return to activity/work	2-4 weeks	4-6 weeks
Primary pain medication used	anti-inflammatories and acetaminophen	anti-inflammatories, acetaminophen and limited narcotics
Decreased blood loss	yes	no
Decreased risk of infection	yes	no



Any surgery has risks and your medical team will discuss your specific situation with you. Helping you to be in the best possible condition for your procedure is our goal and we will work with you to make your surgery as safe and as successful as we can.

What are the risks associated with surgery?

Wound infection

Although you will receive antibiotics before your surgery starts, stopping smoking and good control of diabetes/blood sugar before your surgery will decrease this risk.

Pneumonia

Stopping smoking, taking short frequent walks and deep breathing can help prevent respiratory infections after surgery.

Blood clot

Longer surgery and bed rest increase the risk for developing a blood clot. Getting up and walking 8 times a day for 10 minutes each time reduces your risk.

To decrease the risk of blood clots, mechanical boots will be applied to your legs during your surgery and while you are in the hospital. These boots should be worn any time you are not walking. Sometimes a blood thinner will be used to reduce your risk.

Injury to other organs

There is a small possibility of injury to surrounding organs, such as the bladder, the bowel, blood vessels, nerves and the ureters. If an injury is identified, your surgeon or a specialist will perform the necessary procedures to complete the repair.

Return to surgery

Wound complications and bleeding may cause a return to surgery.

Urinary tract infection

- Catheter care and early removal of the catheter decrease the risk of infection.
- Most patients will have their catheter removed shortly after their surgery.
- Although it is not common, it is possible that after a hysterectomy you may be unable to urinate after your catheter is removed. If this happens you may be sent home with a catheter for a short time period.

Heart complication

Problems with your heart or lungs can be aggravated by general anesthesia. Your anesthesia provider will take your history and suggest the best option for you.

Kidney problems

If you already have kidney problems, fluid changes during surgery, diabetes, being 65 years or older, and some medications may worsen your current state. Please discuss any concerns that you may have with your surgeon.

After your Hysterectomy is scheduled

Once surgery is advised, contact your insurance company

- Be familiar with what coverage is offered for surgical procedures.
- Learn what requirements must be met before surgery, such as referrals and authorizations.
- Learn what your deductibles and co-payments will be.
- If you do not have coverage, please let the registration staff know so that payment arrangements can be made.

Admitting Department

Once you are scheduled for surgery the admitting department will call you prior to your surgery. The admitting department will ask you basic questions to gather pre-registration information, including primary and secondary insurance coverage. They will also schedule your phone call with Perioperative Evaluation and Preparation (PEP) team. Your phone call with the PEP team is usually scheduled one to two weeks before your surgery.



PEP Team

- Reviews your medical, surgical and family history and your current living situation.
- The PEP team will notify the Department of Anesthesia if there are any concerns.
- Please ask the PEP team if you need any additional testing prior to your surgery date, and if so please contact your surgeon.
- In order to provide our PEP team with accurate information please have a list of:
 - ▶ Your allergies to medications, food, environment.
 - ▶ Current medication dosages and when you take them.
 - ▶ Diseases and conditions you have been diagnosed with previous surgeries.
 - ▶ Any recent changes in your health, social or financial changes that may impact your ability to recover.

Preparing for Surgery

What medications can I take before my surgery?

During the PEP nurse call, you will be given instructions about your medications. Please write these down and ask any questions you have at that time. You may be directed to contact your primary care physician or other specialist to have them determine the correct actions with relation to certain medications like blood thinners. It is important you follow all instructions to prevent delays or even cancellation on the day of your procedure.

You may be advised to stop taking the following medications 1 week before your surgery:

- Aspirin
- Non-steroidal anti-inflammatory medications (NSAIDs like ibuprofen, Advil, Motrin, Aleve)
- Vitamins
- Herbal supplements

These medications may increase your risk of bleeding during surgery.

Overall the PEP team will ask you several questions which will help to minimize your risk for complications resulting from surgery or anesthesia.

What do I need to do before my surgery?

During your preoperative visit, your surgeon will review things you need to do before surgery.

Depending on your individual situation you may need to:

- Have blood-work done at a laboratory accepted by your insurance.
- Have imaging performed such as an ultrasound, MRI or chest x-ray.
- Obtain clearance from your primary care physician, or specialists if you have certain medical conditions.
- Quit smoking.
- If you are anemic (have a low blood count), you might need to get iron supplementation – either via oral medications or IV transfusion. If your surgeon asks you to complete these tasks, please be sure to do so in a timely manner.
- Consult with specialists such as other doctors (for example a cardiologist).
- Have additional testing prior to surgery such as an EKG or stress test.

Preparing for Surgery

To help prepare for surgery, your goal is to be in the best overall health possible:

Surgery can be stressful for your body. In order to prepare your body for this stress, it is important to maintain a healthy lifestyle weeks before your procedure. We recommend the following:

- If you smoke, it is recommended that you stop smoking at least one month prior to your surgical procedure. If you have a chronic condition called COPD, it is recommended that you stop smoking a minimum of two months prior to your surgery. There is help available to help you stop smoking.



ChristianaCare offers a Face-to-Face Smoking Cessation Program.
Call 302-623-4661 for information.
Call 302-623-2273 to register for the class.

- Increasing your physical activity is also very important in the weeks-months leading up to surgery. The better condition your body is in, the faster you will recover.
- Eat a healthy diet with enough protein, carbohydrates, fruits and vegetables.
- If you have hypertension, or high blood pressure, it is important to ensure your blood pressure is well controlled before your surgery.
- If you are a diabetic, keeping your blood sugar in a normal range is especially important before surgery.
- Have a support person to help you through the recovery process. Choose one or multiple friends or family members that can accompany you to all visits and be available to support you during your hospitalization and after you go home.
- Follow through with your surgeon's recommendations.

Day before surgery

- Clean your belly button with soap and water, and make sure all debris is removed. Cleaning your belly button decreases your chance of getting an infection.
- Clean your skin according to the instructions provided with the moist sage cloths to decrease infection. These cloths and instructions will be mailed to you usually the week before your surgery.

What can I eat and drink before surgery?

We want you to be as strong as possible for your upcoming surgery. Good nutrition before surgery can help prevent infections, heal wounds faster, shorten hospital stays, and get you back to normal activity sooner. Before changing your diet, check with your doctor.

Weeks before surgery:

Eat a high-protein diet. Examples include meats (such as beef, poultry, and pork), fish, whole eggs, dairy (such as Greek yogurt, cottage cheese, and pudding), tofu, quinoa, and beans.

Drink an over-the-counter protein shake 2-3 times a day in the weeks before your surgery.

Remember to drink plenty of water as you increase the protein in your diet so you do not become constipated. *(Continued)*

Preparing for Surgery

Do NOT drink a protein shake the day before surgery.

Patients with Chronic Kidney Disease who are not on dialysis should remain on a regular diet and should not drink protein shakes.

2-3 Days before Surgery:

- Avoid heavy meals and greasy foods. Eat a bland diet and drink plenty of water.
- Patients no longer need to go without food and fluids for long period of time before anesthesia.
- Please stop eating solid foods 8 hours prior to your arrival to the hospital.

Morning of surgery: Drink 50 grams (1 bottle) of the carbohydrate drink OR a 20 oz Gatorade or sports drink before you leave for the hospital.

You may drink these liquids up to 2 hours prior to your arrival at the hospital

Acceptable Clear Liquids

- Water.
- Coffee or tea (without milk, creamer or lemon).
- Sports drinks (Gatorade, Powerade, etc.).
- Apple juice.
- Cranberry juice.
- Sugar or artificial sweeteners are okay.

DO NOT DRINK

- Fruit juice with pulp.
- Milk.
- Broth.
- Alcohol (do not drink alcohol for at least 24 hours prior to surgery).



Remember: Drinking 50 grams (1 bottle) of the carbohydrate drink OR a 20 oz Gatorade or sports drink before you leave for the hospital can keep you from getting dehydrated and will help you recover sooner and feel better.

Day of Surgery

What do I need to bring to the hospital?

- Bring a copy of your Advance Directives with you (such as a living will and/or medical power of attorney) on the day of surgery. **You will need someone to bring you home after surgery.**
- Bring loose, comfortable clothing to wear home. You will be wearing a hospital gown before and after surgery.
- Do not bring non-essential or valuable items.

Medications

Update your list of medications to include names, dosages and frequencies. Staff will confirm when you last took each medication on the day of surgery.

- Prepare to stop medications as **directed** by your care team. This MAY include: aspirin and Coumadin (warfarin). **Only stop medications as directed by your providers.**

Prepare your home

- ☐ Purchase a stock of food and frequently used items in advance as shopping may be difficult in the early days of recovery.
- ☐ If you use a walker or cane, remove throw rugs so they are not putting you at risk to fall.
- ☐ Finalize care arrangements for pets, children, older adults and any other responsibilities you may have.
- ☐ Finalize arrangements for housekeeping, shopping and lawn care, etc.
- ☐ Finalize arrangements for a support person to be available once you are at home.

Final preparations

- Take medications as instructed by your surgeon.
- Plan to **arrive at least 2 hours before** your scheduled surgery as directed by staff. This will give staff adequate time to get you ready and answer your questions.
 - ▶ wear loose, comfortable clothing.
 - ▶ no make-up, nail polish, or contact lenses on the day of surgery.
 - ▶ remove jewelry prior to coming to the hospital. This includes piercings that require professional removal. Jewelry is not permitted in the operating room.
- Family will be given glasses, hearing aids, dentures/partial plates, and mobility aids (for example, walker or cane) for safe keeping. (You will be permitted to wear your glasses and hearing aids to the Prep & Holding area, but you will need to remove them before you go into surgery.)
- Bring your identification card, which you will be asked for in the registration area. You will also need to verify information before surgery.
- Once you are in the Admission area, you will change into hospital clothing, walk to the Prep & Holding area where you will be admitted by a pre-op nurse and meet with the anesthesiologist and nurse anesthetist.
- Bring family to provide support. Your support people will be directed to a waiting area and an update will be provided by your surgeon after the surgery.
- Unexpected delays are sometimes unavoidable in a hospital. Please encourage your support people to bring a book or something to do to pass the time.

Day of Surgery

What will happen on the day of my surgery?

Admissions Area:

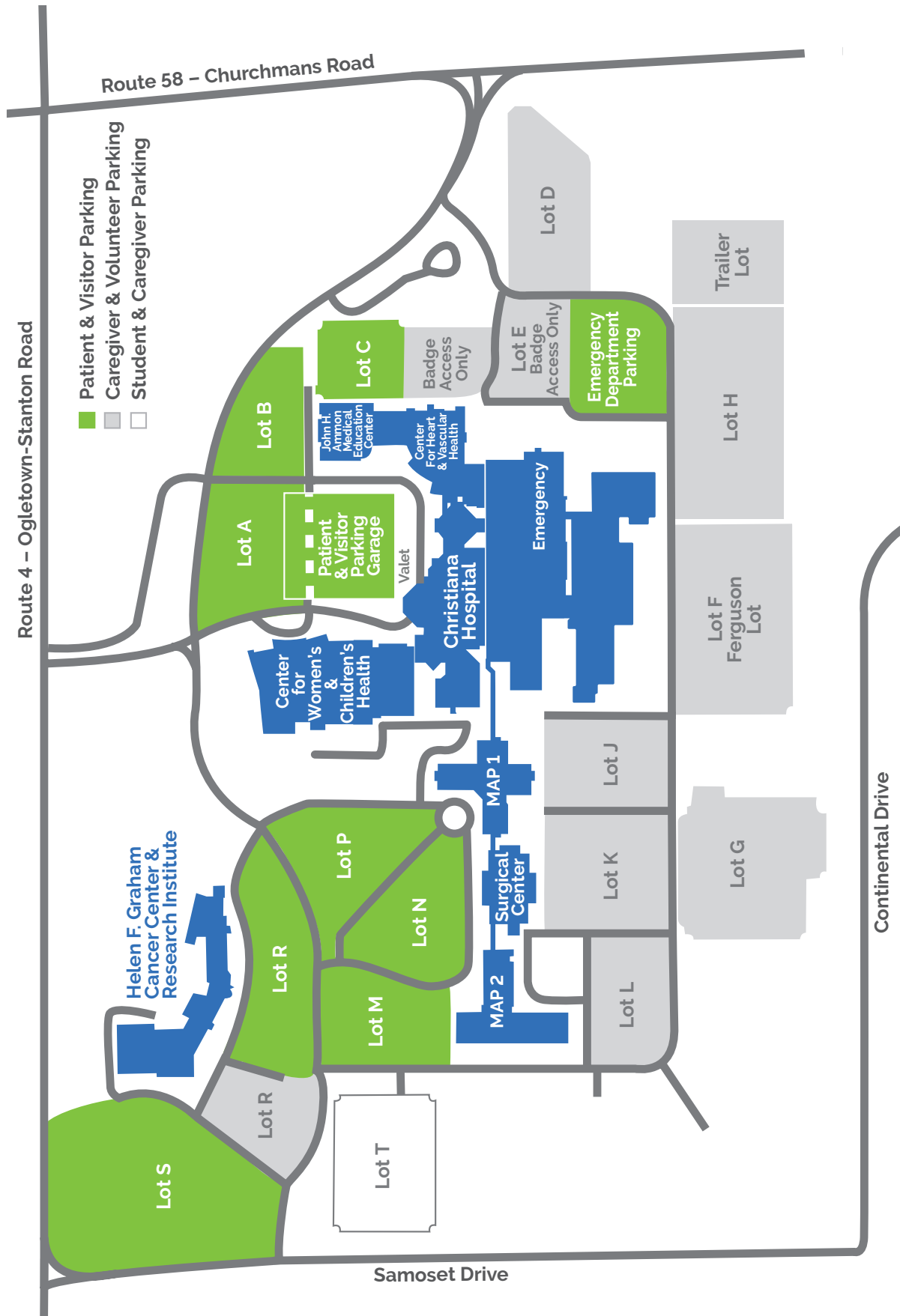
You will get checked in and change into a hospital gown.

Prep & Holding:

The staff will hook you up to monitors and get baseline readings of your vital signs.

- You will review your allergies, medications and medical history with the nurse. Let the nurse know if there have been any changes or if you forgot to mention something to the PEP nurse.
- You will meet your anesthesia team and discuss the plan for your anesthesia.
- You may or may not see your surgeon or his or her assistant prior to going to the operating room.
- If you have questions for your surgeon, please address these in the office prior to arriving to the hospital the day of surgery.
- You will have an IV placed before you go to the operating room.
- You will verify your identity, your allergies and the procedure you are having several times throughout the process. This is for your safety.
- You may receive some medication before going to the operating room. This will help control your pain after your procedure.
- Your nurse anesthetist will transport you to the operating room where you will be assisted to transfer to the OR table.
- The anesthesia team will get you connected to monitors and repeat your vital signs.
- The Surgical, Anesthesia, and OR teams will complete a "Time out" which is a safety check to ensure everyone in the room is aware and in agreement that they are caring for the right patient, doing the right procedure and that everyone is aware of the risks in the environment. Once this is done you will be given anesthesia.
- Once you are completely asleep, the surgery can begin.
- Once the surgery is completed, your surgeon will give your family an update on the surgery as well as your condition.

Newark Campus Parking



Wilmington Campus Parking



Post-operative Care

The following will help you understand what to expect after surgery, and how you can continue to recover and heal quickly at home.

Recovery immediately following the procedure

You will be transferred from the Operating Room to the Post Anesthesia Care Unit (PACU) for ongoing evaluation and care.

- Vital signs, pain levels and assessments will be monitored frequently after surgery in this area.
- Medications for pain and nausea will be given to you as needed.
- After the immediate recovery phase, you will either be transferred to a room in the hospital or the post-operative unit for continued recovery before you are discharged home.
- Your family/friends can visit you once you are in your post-op room or in the post-operative unit.

How long will my hospital stay be?

- If your hysterectomy is completed through a minimally invasive approach you may go home the same day as your surgery, although it is possible that you may need to stay overnight.
- If you have an open hysterectomy, you may spend 2-3 days in the hospital.
- Your length of stay will be determined by successfully meeting milestones needed for discharge such as controlling your pain with pain medication by mouth and tolerating a regular diet.
- Patients who prepare for surgery prior to admission and follow recommendations for activity and diet spend less time in the hospital after surgery.

If you need to stay in the hospital after your surgery

- Once you arrive on the nursing unit, vital signs will be taken frequently and a nurse will be assessing your lungs, abdomen, incision, pain level, and comfort at intervals.
- While in bed, you will need to wear boots on your legs that will inflate every few minutes to help the blood circulate in your legs. This will help prevent the formation of blood clots in your legs.
- You can also do ankle pumps and rotations 10 times every hour while awake to improve the circulation in your legs and prevent blood clots.
- Getting out of bed and taking small short walks is recommended the same day as your surgery.

Foley Catheter

- If you have a catheter in place draining your urine, it will be removed as soon as possible in order to decrease your risk for a urinary tract infection.
- You may have some discomfort when urinating. This can be due to the cleanser we use on the vaginal area before surgery and the catheter we place to drain the bladder. The discomfort will improve in 2-3 days.
- If you are unable to urinate on your own, your care team may need to drain your bladder for you or the foley catheter may need to be replaced and removed at a later date after you are discharged home.

Post-operative Care

Eating and Drinking

Once you are able to tolerate clear liquids, your diet will be advanced to a regular diet and your IV will be discontinued.

If you need to stay overnight, you will be given a breathing therapy tool called an incentive spirometer to use several times a day. This will help improve your breathing and prevent pneumonia.

Breathing exercises

Continue to do breathing exercises to prevent problems with your lungs by:

- Coughing and deep breathing 10 times an hour or
- Using the incentive spirometer 10 times an hour.



Do I have to move after my operation?

Yes, it is important to move after your operation. Rest when you become tired, and increase your activity level as tolerated

- You should get out of bed for six hours every day, including two to three short walks.
- If you do not move, you make yourself more at risk for blood clots in your legs, which can travel to your lungs and cause a prolonged recovery.
- Not moving around after surgery may cause you to develop pneumonia (infection in your lungs).
- You will be up and walking the same day as your surgery.
- You may use the stairs, just use them slowly and carefully.
- If you are unable to go home the same day as your surgery and you need to stay in the hospital, the hospital staff can help you get up and out of bed so that you are able to walk and move around.
- You should not use your abdominal muscles. No lifting, pushing, or pulling anything more than 10 pounds. This can be things like vacuuming or walking a dog.
- Do not exercise until you have been seen by your surgeon after surgery.

Whether you are home or in the hospital, you should continue to work on breathing exercises, getting out of bed, and pain control with pain medication by mouth.

Pain Control

Will I have pain after surgery?

- Yes, you will experience pain post-operatively, but this pain will gradually get better.
- If you had a laparoscopic surgery, you may feel bloated and have pain in your shoulder or chest.
- Your pain will improve based on how active you are in the immediate post-operative period. For example, the more you move, the more manageable your pain will be, although overall it is important that you listen to your body!
- Your pain medication will be electronically sent to your pharmacy

How will my pain be treated?

Pain after surgery is best managed with a combination of medications. We have listed here general guidelines and practice:

- *Your pain medication will be electronically sent to your pharmacy*
- *Make sure to use the medications and doses your surgeon prescribes for you.*
- *Do not share your prescription medication with anyone else.*

Ibuprofen (Advil, Motrin) and Acetaminophen (Tylenol) are the main medications we use for pain control. It is safe to take these two medications together! Start with:

- **Tylenol** 1000mg by mouth 3 times daily for 7 days. You may take it longer than this if directed by your surgeon. **Do not take more than 4000 mg of Acetaminophen (Tylenol) per day.**
- **Ibuprofen** 400mg, 600mg, or 800mg (dose determined by your surgeon) by mouth 3 times daily for 7 days, and take it with food. You may take it longer than this if directed by your surgeon. **Do not take more than 2400 mg Ibuprofen per day.**

For patients who have larger incisions or had an abdominal hysterectomy,

- **Gabapentin** 100mg, 200mg, or 300mg (dose determined by your surgeon) by mouth may be prescribed.

How will I control pain that is not controlled with over-the-counter medication?

Narcotic or opioid pain medications are used sparingly for break-through, more intense pain after surgery. These include Oxycodone, Dilaudid, and Tramadol. *Narcotic pain medication can be habit forming so use in moderation and only when necessary.*

- Most hysterectomy patients with minimally invasive surgery tend to use fewer than 10-15 pills.
- Patients who have abdominal hysterectomy tend to use fewer than 20 pills.
- **Do not use this medication for any other reason than pain from surgery.**
- **Do not drive or operate dangerous machinery while taking narcotic medications.**
Driving while using narcotics is illegal!

Going Home

Discharge Milestones

Whether you are going home the same day or being discharged one to three days after your surgery, the same milestones need to be met in order to go home:

- Tolerate small amount of food – you most likely will not want to eat your usual amount. This is normal.
- Tolerate liquids.
- Able to urinate.
- Pain managed with pain medication by mouth.



Going home after surgery

In the first several days or weeks, you may need assistance with meal preparation, laundry, housekeeping, transportation and caring for elders, children and pets.

Assemble a support team by reaching out to friends and family so that they can help you with your day-to-day tasks while you recover from surgery. This friend or family member can also assist with making decisions and coordinating your care in preparation for discharge from the hospital.

Are there things I should avoid when I go home?

It is important not to lift anything heavier than 5-10 lbs. for six weeks or more post-operatively. This is when the healing is occurring and lifting can damage this process.

You will not have any diet restrictions unless directed by your surgeon. Be sure to eat healthy meals. Avoid smoking and alcohol. Drink plenty of fluids, especially water. Eat only when you are hungry and what you are comfortable eating. We recommend several small meals rather than 3 large meals.

We recommend you do not drive for at least 1-2 weeks post operatively. Do not drive while taking narcotic medication. Also, do not drive until you are moving (standing, sitting, walking) easily without pain or hesitation and you feel you can adequately work the brake/gas pedals.

When will I be able to return to work?

You may return to work after you are cleared by your surgeon. Depending on your job and your type of surgery, you may be able to return to work as soon as two weeks or as late as 6 weeks after your surgery.

Do I see my surgeon after discharge from the hospital?

You will meet with your surgeon after your operation typically in 2-4 weeks. At this appointment, ask your provider to review with you the results of your final pathology, also known as an analysis of your body's tissues, cells and fluids from your recent surgery.

Having a friend or family member accompany you to your post-operative visit is beneficial to care and healing.

Caring for Yourself After Hysterectomy

Discharge Instructions

Other limitations: Do not put anything in the vagina (do not have sex, douche or use tampons) until cleared by your surgeon. Do not soak in a bath, pool, hot tub, or the ocean until your surgeon says it is okay.

Sexual Activity: Sexual satisfaction should not change after your surgery and you will continue to have orgasms. Once you are cleared by your surgeon to engage in sexual relations, it is important to gently ease back into it as your body continues to heal.

Hormone Replacement: You may or may not be a candidate for hormone replacement. Please discuss this with your surgeon.

Bowel Regimen: You may not have a bowel movement for several days post-operatively. Please keep bowel movements soft by adding extra fiber to your diet, drinking plenty of fluids, and by using an over-the-counter stool softener. You can use Senna, You can use Senna, Mirilax, or another over-the-counter stool softener as needed if you have not moved your bowels in 2-3 days and you are uncomfortable.

Wound Care

It is normal for small amounts of fluid or blood to leak from your incisions. You may gently clean your incisions with soap and water but do not scrub them.

You may shower after your surgery. Keep all surgical wounds clean and dry. You may use warm compresses or clean ice packs to help with soreness.

If you have a bandage or dressing covering your incision, please remove it in 24 hours.

Steri strips may be removed if they are falling off. You should remove them after a week if they have not come off on their own.

If you have stitches under the skin, they will dissolve on their own.

If you have surgical glue over your incision, this will wear off over time and does not need to be removed.

If there is any irritation, swelling, or worsening redness of your surgical wounds, please call your surgeon.



Contact Information

My surgeon _____

Office hours _____

Office location _____

Phone number _____

Other helpful contacts

ChristianaCare admitting office _____

Prep and holding _____

Surgical waiting room _____

When to call your surgeon

- Fever > 100.4 degrees F or 38.0 degrees C, chills, nausea, vomiting, problems urinating, increasing abdominal pain, or concerns with your incisions.
- Heavy vaginal bleeding or large blood clots, (light spotting after surgery is normal and is a sign of healing, even 3-4 weeks after surgery).
- You have foul smelling green or yellow discharge.
- Pain that is not controlled with prescribed pain medication.
- Swelling, redness or pain in your legs.
- Any time, you have questions or concerns, you should feel free to call your surgeon.

If you have trouble breathing, chest pain, or any other emergency, you should call 911.

Notes

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Notes

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