

Preparing for your Surgery:



UHN

Information for Patients undergoing a:

- **Minimally Invasive Hysterectomy**
- **possible removal of one or both ovaries and tubes**

This pamphlet explains:

- what kind of surgery you will have
- how to prepare for your surgery
- what to expect after your surgery

What kind of surgery will I be having?

Your doctor has arranged for you to have a hysterectomy. This surgery removes your uterus and cervix. Depending on what you and your doctor decide, you may also have one or both of your ovaries and tubes removed (salpingo-oophorectomy).

Your surgery will be minimally invasive. “Minimally-invasive” surgery is a type of surgery that is done by making small incisions (cuts) in the abdomen (belly), to pass through surgical tools and a long tube-like instrument attached to a video camera. The video allows your doctor to see into your abdomen during the surgery. Your uterus and ovaries are then removed through a small cut at the top of your vagina.

Minimally-invasive surgery can be done in two ways:

Laparoscopically: the surgeon moves the tools during the surgery.

Robotics: the surgeon controls a robot that will be moving the tools.

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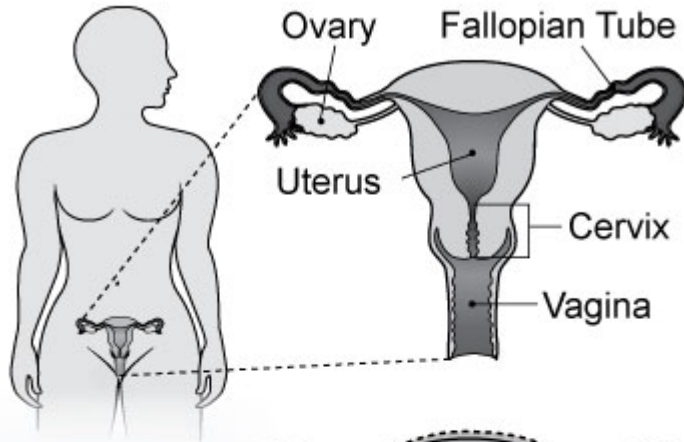
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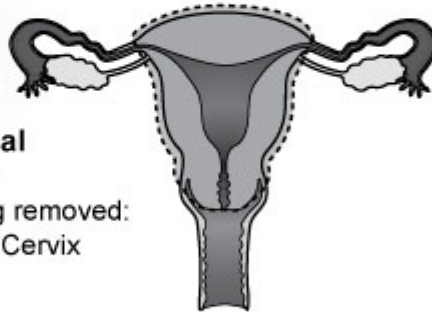
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Female Anatomy



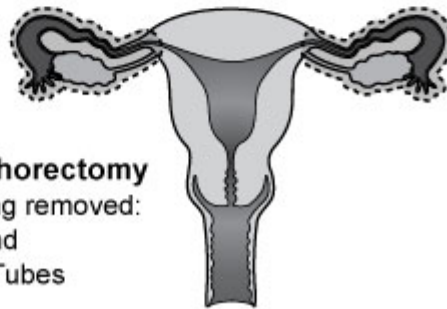
Total Abdominal Hysterectomy

Areas being removed:
Uterus and Cervix



Salpingo-oophorectomy

Areas being removed:
Ovaries and Fallopian Tubes



About 2 weeks before your surgery

Your pre-admission visit

What is a pre-admission visit?

Before your surgery, you will be given an appointment to visit the Pre-Admission Clinic on the ground floor of the Toronto General Hospital (TGH). The visit will be within 2 weeks of your surgery.

Your pre-admission visit will help prepare you for your surgery. A nurse will ask you questions and do tests ordered for you by your doctor. This could include blood tests, an electrocardiogram (ECG) for your heart, or a chest X-ray.

The Toronto General Hospital (200 Elizabeth Street) is across University Avenue from PMH.

To get to the Pre-Admission Clinic from the Elizabeth Street entrance:

- Enter TGH through the Elizabeth Street entrance
- Follow the signs to the Pre-Admission Clinic on the ground floor

To get to the Pre-Admission Clinic from PMH:

- Enter TGH through the main entrance on University Avenue
- Use the elevators straight ahead (West Elevators) to go down to the Ground (G) floor
- Follow the signs to arrive at the Pre-Admission Clinic

Who can I speak to if I think I will need help at home after my surgery?

If you think you will need help when you are home, let your health care team know before you are admitted for your surgery.

Preparing 1-2 Days before your surgery

Preparing your bowels and keeping in contact with your health care team

How should I prepare my bowels before my surgery?

Your doctor may ask you to empty your bowels 1-2 days before surgery using a “bowel prep”. Follow the specific instruction given to you by your doctor.

Also, it is important to follow these instructions 1-2 days before your surgery:

- Drink only clear (see-through with no solids) fluids. Fluids that are OK to drink include:
 - Apple juice
 - Orange juice (without pulp)
 - Grape juice
 - Cranberry juice

- Lemonade
 - Beef or chicken broth (no noodles or vegetables)
 - Jell-o
 - Popsicles
 - Pop (ex. Ginger ale, 7-up, coke)
 - Water
 - Coffee and tea (with no milk or cream)
- Do not have any solid foods (like meat, vegetables, bread) or milk products.
 - You may be asked to take a laxative called GoLYTELY® 1-2 days before your surgery. Follow the instructions given to you. This laxative will make your bowel movements clear (like water).
 - Do not eat or drink anything after midnight (12 am) the night before your surgery. Your stomach must be empty when you are given the anesthetic (the medicine that puts you to sleep).
 - If your doctor has told you to take certain medications before surgery, take them with sips of water.

IMPORTANT:

**Your surgery may be cancelled if
you eat or drink after midnight.**

What do I need to know the day before my surgery?

It is very important that your doctor or nurse is able to contact you the day before your surgery. If you are going to be away from home at any time during that day, please give your doctor or nurse a phone number where you can be reached.

The Morning of your Surgery

When to arrive and where to go

Where should I go?

Your surgery will be at the Toronto General Hospital (585 University Avenue), across University Avenue from PMH. Go to the Surgical Admission Unit on the 2nd floor.

To get there:

Enter TGH through the main entrance on University Avenue

Use the elevators straight ahead (West Elevators) to go to the 2nd floor

Follow the signs to arrive at the Surgical Admission Unit

When should I arrive at the hospital?

Please arrive at the Surgical Admission Unit 2 hours before your surgery.

Where will I be taken after I am admitted?

A nurse will prepare you for surgery. You may receive an injection of a blood thinner under your skin to prevent blood clots from forming during and after your surgery.

After that you will be taken by an attendant to the Pre-Operative Care Unit. From there you will be taken to the operating room for your operation.

Where can my family wait during my surgery?

Your family can wait until your surgery is over in the surgical waiting room on the 3rd floor of the New Clinical Services Building.

After your Surgery

What to expect during your recovery

Where will I be staying at the hospital after my surgery?

After your surgery, you will wake up in the recovery room. When you are fully awake and stable, you will be brought back to the 6A West nursing unit.

How long will I be in the hospital?

You will be in the hospital for about 1 day.

What can I expect to feel during recovery at the hospital?

After your surgery you will have:

- A cut in your abdomen (belly) that will be covered with a dressing. The cut in your abdomen will be closed with staples that can be removed within 3-10 days of your surgery, depending on your incision (cut) type
- An intravenous (IV) for fluids
- A bladder catheter (tube) to drain urine from your bladder. This catheter will be removed the morning after your surgery unless your doctor decides it needs to stay in.
- An oxygen mask, if you need one to help you breathe

Breathing

Right after your surgery, your nurse will ask you to breathe deeply and cough. The incentive spirometer will help you to do that. This brings air into your lungs and helps to prevent pneumonia.

Pain Control

You will feel pain at the incision sites (holes in your belly). Your pain will be controlled with intravenous (IV) pain medication that is given to you through a vein by your health care team. This is followed by pain medication that you can take by mouth. Side effects of pain medication may include nausea, vomiting, itchiness and constipation.

You may also feel discomfort in your abdomen and/or shoulder. This is due to the insertion of gas that was put into your abdomen to separate your intestines from your pelvic organs. To help ease the discomfort, elevate (raise) your feet higher than your shoulders after the surgery.

Hormones Changes

If your ovaries have been removed and you have not yet reached menopause, you may have symptoms like hot flashes and night sweats within a few days of your surgery.

This is because your body is no longer making the hormones (estrogen) that were produced by your ovaries.

If you have already reached menopause, there will be no difference in your menopause symptoms after surgery.

Food and drink

Your bowel will not begin to work again until about 2 days after surgery. Your health care team will tell you when you are able to eat or drink. You will begin with fluids on the first day after surgery.

Activity

The first day after your surgery the nurse will help you get out of bed and walk. Wiggle your toes and move your feet often while you are in bed. This helps to increase circulation in your legs and prevent blood clots.

Bathing

You will likely be able to shower in the first few days after surgery, but check with your doctor before taking a bath.

Constipation

You may experience constipation because of your surgery, the general anesthetic used to put you to sleep, and/or pain medication. You will be given stool softeners and laxatives to help with constipation. Try to walk as much as you can because walking helps you to pass gas and ease the discomfort.

When will I see my doctor again?

Before you leave the hospital, you will be given an appointment for a follow-up visit with your doctor. This visit is usually about 3-4 weeks after the surgery. Your doctor will go over the results of your surgery with you at this appointment.

Be sure to read “Going Home after your Surgery” for more information about how to care for yourself.