Abdominal Hysterectomy:
Preparing for Your Surgery and Recovery at Home

Information for patients and families about radical abdominal hysterectomy or total abdominal hysterectomy

I am having:

- Radical Abdominal Hysterectomy
  - Possible removal of one or both ovaries and tubes
  - Possible removal of pelvis lymph nodes

OR

- Total Abdominal Hysterectomy
  - Possible removal of one or both ovaries and tubes
  - Possible removal of pelvis lymph nodes

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If you are having a radical abdominal hysterectomy
This surgery removes your uterus, cervix, tissue surrounding your cervix (parametrium), and a small part of the top of your vagina.

Depending on what you and your doctor decide, you may also be having your pelvic lymph nodes (Pelvic Lymphadenectomy) and one or both of your ovaries and tubes removed (Salpingo-oophorectomy). This will have been discussed with your doctor.

This surgery is done through an incision (cut) in your abdomen (belly). The incision may be vertical (up and down).

A radical hysterectomy will require you to have a tube (catheter) that will drain urine into a bag. You will be discharged home with a catheter and asked to return to the Princess Margaret Cancer Centre Gynecologic Oncology Clinic in about 7 to 10 days to have the catheter removed.
If you are having a total abdominal hysterectomy

Your doctor has arranged for you to have a total abdominal hysterectomy. This surgery removes your uterus and cervix through an incision (cut) in your abdomen (belly).

Depending on what you decide with your doctor, you may also be having one or both of your ovaries and tubes removed (Salpingo-oophorectomy). This procedure will have been discussed with your doctor.

The incision may be vertical (up and down).
Preparing for surgery

When is my Pre-Admission Clinic visit?
You will have an appointment in the Pre-Admission Clinic 1 or 3 weeks before your surgery.

This visit is very important to assess your health and help you prepare for your surgery and recovery. If you do not come to this visit, we may have to cancel your surgery. Plan for your visit to take at least 4 hours. We encourage you to bring someone with you to this appointment.

To get to the Pre-Admission Clinic from the Elizabeth Street entrance:
• Enter Toronto General Hospital (TGH) through the Elizabeth Street entrance
• Follow the signs located at the corner of Druxy's to the Pre-Admission Clinic on the ground floor

To get to the Pre-Admission Clinic from Princess Margaret:
• Enter TGH through the main entrance on University Avenue
• Use the elevators straight ahead (Munk elevators) to go down to the Ground (G) floor
• Follow the signs to arrive at the Pre-Admission Clinic

What should I bring to my Pre-Admission Clinic visit?
Please bring:
□ Your Ontario Health Card (OHIP)
□ Information about any other medical insurance you have, including policy numbers
□ All medications you are taking in their original pharmacy containers.
□ Bring your prescription medications and the medication, supplements, herbs and natural products that you buy without a prescription.
□ A list of your questions about the surgery and recovery
What happens at my Pre-Admission Clinic visit?

During this visit, you will have tests:

- You will have blood tests and routine skin swabs. Swabs are taken from your nose and other areas of your body to check for germs that could cause infections.
- You may also need an electrocardiogram (ECG) to check your heart and a chest x-ray to check your lungs.

You will meet many health care providers during your Pre-Admission Clinic visit such as Anesthesiologist, Medical Team, Thrombosis team and Stoma nurse depending on your medical history and the type of surgery you are having. Please feel free to ask them any questions you may have.

You will meet with the pre-admission nurse, who will:

- Review your health history
- Teach you how to prepare your skin for surgery. Shower every day for 5 days before your surgery. Most importantly, shower:
  ✓ The evening before your surgery
  ✓ The day of your surgery
- Teach you the breathing and leg exercises you need to do after surgery

You will meet with the Clinical Nurse Specialist (CNS), a specialist in the care of women with cancer of the reproductive system. The CNS will:

- Review the plans for your surgery
- Teach you how to care for yourself after surgery
- Review the plans for your follow-up care

You will meet with a Pharmacist to review your medications. The Pharmacist will tell you which medications to stop before surgery, and which to take on the morning of your surgery with a sip of water.
Depending on your needs, you may also meet:

• An Anesthetist who will discuss your anesthetic (the medication that will make you sleep during surgery) and pain relief after surgery.
• A member of the Medicine team, if you have other health problems.
• A member of the Thrombosis team, if you take blood thinners or have had a blood clot.

How can I prepare for surgery at home?

• Arrange for someone to take you home from the hospital after surgery.
• Arrange for help at home during the first few weeks of your recovery.
• You may need help with groceries, cooking, laundry, cleaning and rides to medical appointments.
• **If you smoke, try to stop.** You will have fewer heart and breathing problems, fewer infections, and heal faster after surgery. There are programs that can help:
  ▪ TGH Outpatient Pharmacy Quit Smoking Program
    Phone: (416) 340-Q-U-I-T [7-8-4-8]
    Fax: 416 340 4177
    Email: quitsmoking@uhn.ca
  ▪ Asthma & Airway Respiratory Educator/Certified Tobacco Educator:
    Asthma and Airway Centre, Toronto Western Hospital
    East Wing – 7th floor
    Phone: 416 603 5504
    Fax: 416 603 3456

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, speak to the Gynecology Oncology CNS in Pre-Admission Clinic before your surgery.
What should I do the day before 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.

Please remove all nail polish and body piercings.

You may need to start a liquid diet or clean out your bowels (a bowel prep).

Your surgeon will order the following:

□ Bowel preparation with CoLyte and clear fluid diet
  • Buy CoLyte (bowel prep) from a pharmacy before surgery. You do not need a prescription for this and can buy it over the counter. Keep it in the fridge if you desire for taste.
  • Follow the bowel prep instructions given to you at the surgeon’s office. Instructions from your health care team will specify if you have to drink 2 litres or 4 litres of the CoLyte. While drinking the CoLyte, you may continue to drink clear fluids for hydration.
  • 1 Day before your surgery, starting from when you wake up, you may have clear fluids only until midnight. Clear fluids include water, apple juice, broth, soda and Jell-o. Do not have any solid foods, milk or milk products.
  • Start to drink the bowel prep CoLyte at noon. It will start to work in 1 to 4 hours. Plan to be near the toilet during this time. You will have frequent, watery bowel movements.
  • It is important to continue drinking clear fluids to replace the fluids lost with frequent bowel movements.
  • Do not have anything to eat or drink after midnight.
  • Before your surgery, you must shower or bathe at home to clean your skin and reduce your chance of infection after your surgery.
• Clear fluids (see-through with no solids) 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 (for example 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.

• Do not eat or drink anything after midnight (12:00 am) the night before your surgery. Your stomach must be empty when you are given the anesthetic (the medicine that puts you to sleep).

**IMPORTANT:**
Your surgery may be cancelled if you eat or drink after midnight.
What to expect on the day of surgery

If the Pharmacist or the nurse in Pre-Admission Clinic told you to take a medication on the morning of surgery, take it at home with a sip of water before coming to the hospital.

Bring these things to the hospital:

- Your Ontario Health Card (OHIP)
- Information about any other medical insurance you have, including policy numbers
- All medications you are taking, in their original bottles. This includes prescription medications, and the medication, supplements, herbs and natural products that you buy without a prescription.
- Comfortable shoes, house coat, tooth brush and tooth paste and personal toiletries to the hospital

When do I come to the hospital?

Come to the Surgical Admission Unit
2 hours before your surgery is scheduled.

You are responsible for your belongings.
Please leave jewellery and valuables at home.

Surgical Admission Clinic
2nd Floor
Peter Munk Building
Toronto General Hospital
Phone: 416 340 3851
When you arrive at the Surgical Admission Unit:

- The nurses will help you get ready for surgery. They will check your blood pressure, pulse, temperature and breathing.
- You will change into a hospital gown
- The nurses will put an intravenous (IV) in a vein in your arm. The IV will be used to give you fluids and medications during and after surgery.
- When everything is ready, you will go to the operating room.

For your safety, we will check your hospital identification band and ask the same questions many times, such as your name, date of birth, and the type of surgery you are having.

What happens after surgery?

You will go to the Post Anesthetic Care Unit (PACU). This is the recovery room where the nurses will care for you for 1 to 2 hours until you wake up.

In the PACU:

- Nurses will check your vital signs often. This includes your heart rate, breathing and blood pressure.
- You will be given fluids through your intravenous.
- You will be given oxygen to help you breathe comfortably.
- A soft, thin tube called a catheter will be in your bladder to drain urine. While the catheter is in place, you may feel like you have to pass urine. The catheter may be removed the next morning unless your doctor recommends to keep it in longer.
- Deep breathing and coughing exercises will help keep your lungs clear. Moving your toes, feet and legs will help blood flow in your legs.
When you are ready, you will go to **Nursing Unit 6B-PMB Gynecology Oncology Unit**. The nurses will:

- Check your vital signs, incisions and vaginal bleeding.
- Give you medication to relieve your pain.
- Remove your IV when you are drinking well.
- Help you to sit up and get out of bed.

**How can I take care of myself after surgery?**

- Continue your deep breathing, coughing and leg exercises.
- You will feel pain at the incision site. However your pain will be controlled with either a Patient Controlled Analgesia (PCA) pump, an epidural, or oral medications by mouth. A PCA pump is a medication pump that you can control. Your nurse will show you how to use it. An epidural is a small tube placed in your lower back that delivers pain medication into your body.

Side effects of pain medication may include nausea, vomiting, itchiness and constipation. Your nurse will review these with you while you are in the hospital.

If you are taking pain medication by mouth, tell your nurse when you have pain. Do not wait until your pain gets very bad to ask for pain medication.

- Walk around the unit. Moving early and often helps you to recover.
- Once your catheter comes out, It is important to empty your bladder well. If you have difficulty passing urine, tell your health care team right away.

**When will I go home?**

If you are recovering well, you will go home in 3 to 4 days after your surgery. Make sure you have arranged for someone to take you home before 11:00 am.
Before you leave the hospital, the nurses will:

- Review with you and your family all instructions for your care.

This includes:

- what to eat and drink
- physical activity and exercise
- personal care
- how to manage your pain
- how to resume your usual activities
- what warning signs to watch for
- when to get medical help
- How to care for the urine catheter if you are going home with it. The catheter may be in place for up to 10 days.
- Your health care team will tell you how many days the catheter will stay in place. If you do go home with a catheter, your nurse will teach you how to manage your catheter and provide you with extra supplies to take home with you. Your health care team will provide you with instructions and will make an appointment date and time to have your catheter removed as an outpatient in the Gynecology Oncology Clinic at Princess Margaret Cancer Centre.

- **Review your medications.** You will get a prescription for any medications that are new or have been changed. You may fill your prescriptions at the hospital pharmacy before leaving the hospital.

- **Tell you when your follow-up appointment** is scheduled in the Gynecology Oncology Clinic at Princess Margaret Hospital, or who to call to make this appointment.

- **Give you a discharge summary.** This contains important information including the details of your surgery, written instructions for your care, and follow-up.

- Answer any questions you have before going home.
After your surgery

How to care for yourself at home
Within 48 hours of your discharge home, the Gynecology Oncology CNS will call to check on you and answer any questions you may have. You will continue to recover at home over the next few weeks. Plan to have someone help you with heavy lifting and grocery shopping for the first 4 to 6 weeks after your surgery. Remember no heavy lifting of more than 10 pounds is allowed for 4 to 6 weeks after surgery.

How do I manage pain at home?
Take your pain medication as prescribed by your surgeon.

There are 3 options:

<table>
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<tr>
<th>Option</th>
<th>Instructions</th>
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</table>
| **Naproxen**   | • Your surgeon may prescribe Naproxen to relieve pain and inflammation.  
                 • Take Naproxen exactly as prescribed. The usual dose is 500 mg of naproxen two times a day (morning and evening), taken with food. |
| **Acetaminophen** (such as Extra Strength Tylenol) | • Take 500 to 1000 mg acetaminophen (1 or 2 tablets) every 6 hours, as needed. Do not take more than 4000 mg of acetaminophen in one day.  
                 • Start by taking the medication regularly, then decrease as you feel less pain. |
| **Narcotic** (such as Oxycodone, Dilaudid or Morphine) | • Your surgeon may prescribe a narcotic, which is a strong pain medication.  
                 • Take this exactly as prescribed. |
• It is important to control your pain. You need to be comfortable enough to move and walk. This helps you recover faster. If the medication does not relieve your pain, call the Gynecology Oncology CNS.

• As you heal, you will feel less pain and will not need pain medication as often.

• You may have some pain in your shoulder, due to the gas that was put into your abdomen during surgery. Walking and moving around can help.

What can I eat and drink?

• Drink lots of fluids. Drink 6 to 8 glasses of fluid a day, unless you are given other instructions.

• Slowly return to your usual diet over a few days. You may find it easier to start with small meals.

• Healthy eating can give you energy and strength, and help you recover.

• Eat a variety of foods from the four food groups. Choose foods that are low in fat, cholesterol and salt.

• For more information see Canada’s Food Guide. Go to Health Canada’s website: www.hc-sc.gc.ca and click on ‘Food and Nutrition’, then ‘Canada’s Food Guide’.

How can I prevent constipation?
Constitution is common after surgery. To keep bowel movements soft and regular:

• Drink lots of fluids.

• Eat foods high in fibre such as fruits, vegetables, lentils, beans and whole grain breads and cereals.

• Take a laxative or stool softener for 4 to 6 weeks to prevent straining when you have a bowel movement. You can buy these at the pharmacy.
When can I shower or take a bath?

- You can have a shower once you go home after surgery.
- Avoid baths until your incision has completely healed and you have been cleared by your surgeon at your follow-up appointment.

How do I care for my incisions?

- Incisions are usually closed with staples and do not require a dressing.
- Staples are generally removed in 10 to 14 days from the date of your surgery. Staples will need to be removed at your family doctor’s office. You will be provided with a staple remover at the time of your discharge from the hospital. You will need to take this to your family doctor’s clinic to remove the staples.
- Check your incisions each day. Look for any signs of infection: redness, swelling, pain or discharge.
- Keep your incisions clean and dry. Gently wash them with mild soap and water. Rinse well and pat dry with a clean towel. Do not put creams, lotions or powder on your incisions.
What activities can I do?

• You can go back to your usual activities when you feel ready. Start with light activities the first week after surgery, such as short walks.

• You may get tired easily. Listen to your body and don’t do more than you can handle.

• If an activity causes discomfort or pain, stop and rest before trying that activity again.

• When taking long car rides, stop every 2 hours to walk around. Sitting for a long time increases the chances of developing a blood clot.

Regular physical activity helps:

• Speed your recovery from surgery
• Keep your blood flowing, which can prevent blood clots from forming
• Prevent constipation
• Keep your heart healthy
• Build strong muscles

For 3 to 4 weeks after surgery, do not do activities that strain your stomach muscles such as:

• Heavy lifting (lifting anything over 10 pounds or 5 kilos)
• Vacuuming or pushing a lawn mower
• Weight training
• High impact sports
When can I drive?

• You can drive a vehicle when you have no pain and/or you are no longer taking strong pain medication (narcotics).

• Call your auto insurance company to see if there are any other driving restrictions after surgery.

When can I have sex?

• Do not have sexual intercourse or place anything in your vagina for 6 to 8 weeks after surgery. During this time, you can be intimate in other ways such as cuddling and touching.

• If the top part of your vagina was removed, your vagina will be shorter. As the vagina is stretchy, you may not notice a difference during sexual intercourse.

• The surgery should not affect your desire for sex or ability to have an orgasm. However, your orgasms may feel slightly different.

How long can I expect to have bleeding?

Some light vaginal bleeding and spotting is normal for up to 5 weeks after surgery. When you have bleeding use pads, not tampons.

When can I go back to work?

Your surgeon will let you know when it is safe for you to return to work. This will depend on the extent of your surgery, your recovery and the type of work you do.
How will surgery affect my emotions?

It takes time for your mind and body to recover after surgery. It is normal to feel low at times during your recovery. Some women also feel a sense of loss after a hysterectomy.

You may find it helpful to discuss your feelings with people who are close to you. If your feelings seem overwhelming, see your family doctor for help.

When do I need follow-up appointments?

- If you went home with a catheter in place, you will have a follow-up appointment in approximately 10 days to have the catheter removed. This appointment will be in the Gynecology Oncology Clinic on the 5th Floor at Princess Margaret Cancer Centre.

- If your incisions were closed with staples, make an appointment with your family doctor to have them removed 10 to 14 days from the day of your surgery.

- **You will have a follow-up appointment 3 to 4 weeks after your surgery to check how well you are healing.** This appointment will be in the Gynecology Oncology Clinic on the 5th Floor at Princess Margaret Cancer Centre.

At this visit, your surgeon will discuss the pathology report from your surgery. This report describes the cells and tissues that were taken during your surgery and examined under a microscope. It takes about 3 to 4 weeks for this report to be ready.

Your surgeon will discuss the next steps in your treatment at this appointment.
### Who to call if you have questions

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<tr>
<th>If you have questions or need support, you may call:</th>
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<tbody>
<tr>
<td>Clinical Nurse Specialist (CNS) for Gynecology Oncology</td>
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<tr>
<td>Gynecology Oncology Resource Nurse</td>
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<th>If you are calling after business hours or on a weekend or holiday:</th>
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<tr>
<td>Call the Nursing Unit on 6B – Gynecology Oncology at 416 340 3521</td>
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When to get medical help

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<tr>
<td>• Bright red bleeding from your vagina (soaking a pad every 2 hours)</td>
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<tr>
<td>• Pain that is not relieved by pain medication or is getting worse</td>
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<tr>
<td>• Persistent nausea and vomiting</td>
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<tr>
<td>• Discharge from your vagina or incisions that smells bad</td>
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<td>• A temperature higher than 38 °C (100 °F) and/or you feel chills</td>
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<tr>
<td>• Redness or increased pain around your incision</td>
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<tr>
<td>• Constipation (difficulty having bowel movements)</td>
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<tr>
<td>• Bright red bleeding (soaking a pad every hour) or you are passing large clots from your vagina</td>
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<tr>
<td>• Severe pain that does not get better with pain medication or pain that is getting worse</td>
</tr>
<tr>
<td>• Severe nausea and vomiting</td>
</tr>
<tr>
<td>• Pain, redness or swelling in your calf or your leg</td>
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<tr>
<td>• Sudden shortness of breath</td>
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Visit [www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca) for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: pfep@uhn.ca