

Enhanced Recovery After Surgery (ERAS) for Gynecologic Surgery

**Please bring this booklet with you
to all your appointments and to the
hospital when you come in for surgery.**

Pre-op Information at a Glance

Your Surgeon is: _____

Office number: _____

Your surgery date is: _____

If you have a cold, fever, cough or have any new sickness before your surgery, please call your surgeon's office as soon as possible. Also call if you become pregnant.



Your planned surgery is: _____

Check in time is: _____

One business day before your surgery date, your surgeon's office calls you to give you your check-in time. If you have not heard from the office by 2:00 PM, please contact the surgeon's office.



Item(s) with a tick box is/are some of the key areas that your surgeon and care team want you to focus on before surgery. For more information, please refer to this booklet on page 9.

<input type="checkbox"/>	Increase exercise
<input type="checkbox"/>	Practice breathing exercise
<input type="checkbox"/>	Stop smoking
<input type="checkbox"/>	Improve nutrition
<input type="checkbox"/>	Stop drinking alcohol
<input type="checkbox"/>	Relax
<input type="checkbox"/>	Anemia management
<input type="checkbox"/>	Diabetes management

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Important Notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare provider. If you have any questions, please ask any member of your care team.

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Introduction

You are going to have gynecologic surgery. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery to help plan your surgery. By using an Enhanced Recovery Program we can help you to recover faster. To find out more about Enhanced Recovery and your role, please check on the link below to watch a 5 minute video:

http://www.youtube.com/watch?v=swXJ_7Gtqz4

if the link fails, please type the link directly into Google Chrome to obtain the video.

Having a surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

Please bring this booklet with you to your Pre-Admission Clinic appointment and to the hospital when you come in for surgery. We will be using your booklet to help with your teaching and track what questions/concerns you might have.

There is space throughout the booklet to write down any questions that come to mind. Use this space as well to write down the answers to your questions. We will go through the information with you and give you instructions that are specific for you.

In the hospital, you could hear words you are not familiar with. At the back of the booklet is a section for you to keep track of words you would like explained. If you hear words that you do not understand, please write them down and ask us to explain the words to you.

You are an important member of your care team. **You will benefit from taking an active part in preparing for your surgery and your recovery.** Your care team is here to help you and your family through your surgery. If you have any questions or concerns, please feel free to discuss with any of us.



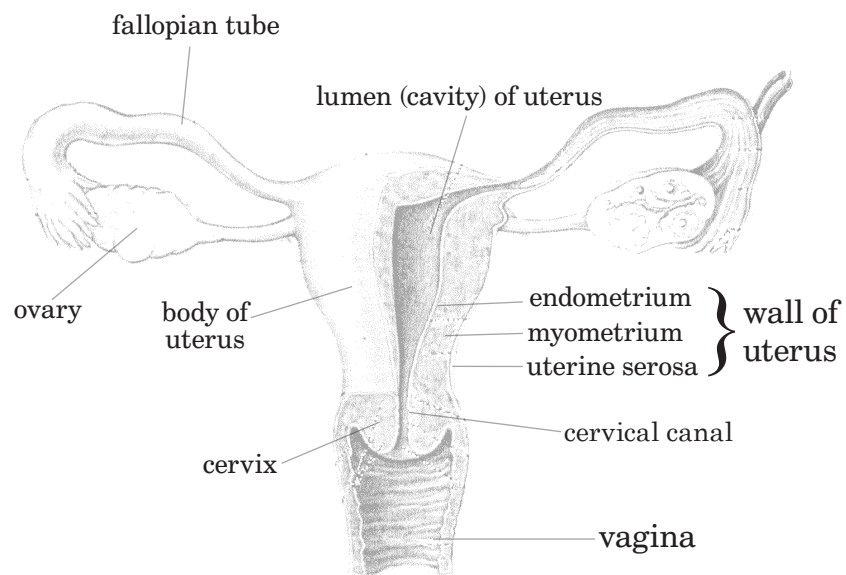
Please feel free to ask any health care provider to wash their hands.

Gynecologic Surgery – A Quick Review

The female reproductive organs are located in the abdomen and pelvis.

The female reproductive organs include: vagina, cervix, uterus, ovaries and fallopian tubes.

While lymph nodes (small bean shaped masses) are not part of the reproductive system, they are located near them. Lymph nodes act as a filter to remove things like bacteria, viruses and cancer cells.



Female Reproductive System

There are many different gynecologic surgery procedures that can be performed by your surgeon. They include:

- ❑ **Vagina Hysterectomy:** removal of the uterus through the vagina.
- ❑ **Total Abdominal Hysterectomy with Salpingo-Oophorectomy:** removal of the uterus, cervix, ovaries and fallopian tubes through the abdomen.
- ❑ **Total Laparoscopic Hysterectomy with Salpingo-oophorectomy:** removal of the uterus, cervix, ovaries and fallopian tubes through small cuts on the abdomen (laparoscopic approach).
- ❑ **Total Hysterectomy:** removal of uterus and cervix.
- ❑ **Subtotal Hysterectomy:** removal of uterus with cervix left behind.
- ❑ **Bilateral Salpingo-oophorectomies:** removal of fallopian tubes and ovaries.
- ❑ **Bilateral Salpingectomies:** removal of fallopian tubes.
- ❑ **Pelvic Mass Excision:** removal of a mass from your abdomen, such as ovarian cyst.
- ❑ **Vaginal Repair**
- ❑ **Tumour Debulking and Staging:** removal of bulky tumours with the ability to send tissues to pathology for staging of your disease.
- ❑ **Hysteroscopic procedures** such as ablation and fibroid resection.

Your Surgery can be done in one of three ways:

1. In **laparoscopic surgery**, several small cuts or incision are made on the belly through which small instruments the size of a pen and a camera are inserted.
2. In **abdominal surgery**, the surgeon makes a single larger incision on your belly.
3. In **vaginal surgery**, the surgery is done only through the vagina.

Your Surgeon discusses with you about which way will be best for you.

Before Your Surgery

Telephone Teaching Session (for some sites in Vancouver Coastal Health)

If the pre-admission anesthesiologist determines you are well, you will have a telephone teaching session with a pre-admission nurse. The nurse will help guide you through the process of your surgery, go over what you need to do to get ready for surgery, and answer any questions you have.



Pre-Admission Clinic

You may be asked to visit the Pre-Admission Clinic before surgery depending on your health history.

You meet with an anesthesiologist (the doctor who gives you the medicine you need to sleep through the surgery) and a nurse. Together they will help guide you through the process of your surgery, go over what you need to do to get ready for surgery, and answer any questions you have.

Since we give you a lot of information during this visit, **we encourage you to bring a family member or friend (and a translator if required) with you.**

During this visit or telephone teaching session:

- We ask you questions about your health and medical history. This information helps us plan your care. We also start planning for when you go home after surgery.
- We tell you which medicines you are to take or stop taking before the surgery. If you are not sure, ask us.
- We review what you need to do to prepare for the surgery.

What to bring to this appointment:

- All the medicine, supplements and herbal products you are taking in their original containers
- A summary of your medical history and your health problems
- **This booklet**

Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems. The recommendations below are things you can do to help prepare yourself for surgery.

1. Move

Exercise helps you be in the best shape possible before your surgery and can help speed up your recovery. You do not need to join a gym. Just going for a walk for 30 minutes each day is good exercise. Talk to your doctor before starting an exercise plan.

2. Breathe

- a) Deep breathing opens up your lungs, exercises the lung muscles and improves oxygen delivery to your body.

Deep breathing exercise: Do every hour while you are awake

- Start by placing your hands on your ribs
- Take a deep breath slowly through your nose, expanding your lower chest until you feel your ribs push against your hands
- Hold your breath for a count of 3
- Breathe out slowly through your mouth
- Repeat this 5 more times

b) **Smoking and Tobacco Use**

Research tells us that people who stop smoking at least 1 month before surgery have fewer complications after surgery. For free nicotine patches or gum to help you quit, call 8-1-1 and register for the BC Smoking Cessation Program. You can also visit the QuitNow website for more help: www.quitnow.ca, or email VGH Smoking Cessation Clinic at CessationClinic@vch.ca.



3. Eat

a) Your body will need extra energy, nutrients, and calories to heal. It is important that you be in the best nutritional shape that you can be. A dietitian can help you choose healthy foods that will help prepare you for surgery. If you have had unexplained weight loss or gain in the past 6 weeks, if you have noticed a decrease in appetite, or if you are overweight or underweight, it may be helpful to speak with a dietitian. You can get a referral to a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (Health Link BC) on your phone. Be sure to tell them you are going for surgery.

b) Alcohol

Alcohol can interfere with your anesthetic and other medicines we give you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

4. Relax

It is very normal to feel anxious before surgery. We also know that stress increases the release of hormones that can delay healing and recovery. Get moving, practice breathing exercises and dedicate time to positive things can help improve your outcomes after surgery.

5. Improve Anemia and Iron Stores

Anemia occurs when your red blood cell count (hemoglobin) is low. This impairs your body's ability to adequately deliver oxygen to tissues. Anemia is commonly caused by bleeding or low iron stores. Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in hospital. Improving your hemoglobin will also allow you to better heal, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by your doctor (for surgery scheduled for Richmond Hospital) or the Perioperative Blood Management Program (for surgery scheduled for Vancouver General Hospital) with suggestions to help improve your hemoglobin and iron stores.

6. Blood Sugar Control

Your blood sugar may be checked with a blood test called HgA1C. If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.

Planning now for when you go home

You are admitted to the hospital on the morning of your surgery.

You can expect to go home 1 to 2 days after your surgery, but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. If leaving the day after surgery, you will be ready to go home in the morning or early afternoon. Please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying). Get things ready in advance so they are ready when you leave the hospital. You will need help with meals, laundry, bathing, etc for the first week or so. Try and arrange for family and friends to help you. If you need help with wound care or other care, we will arrange this before you leave the hospital.

Something to organize and to prepare for a successful recovery:

- Where will you be going after you leave the hospital?
- Will you go home or stay with family or friends for a while?
- Who will drive you home from the hospital?
- Prepare and freeze meals ahead of time so all you have to do is microwave or reheat.
- Shop for extra food that is easy to prepare.



Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income. It is available to single people or to families. You may be eligible to get your discharge prescription medicines at reduced cost with Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link:

<https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan>

What to bring to the hospital?

- **Bring this booklet with you.** We refer to information in this booklet throughout your stay.
- If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.

Pack a small bag with things you could need during your hospital stay.

- **Sugar-free chewing gum for after surgery**
- Your BC CareCard and private insurance information
- Your Driver's License or other government issued identification
- All your medicines in original containers (including non-prescription medicines)
- Housecoat, slippers with non-slip soles, pyjamas
- Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs
- Clothes to wear on the day of going home
- Glasses (in the case with your name on it)
- Dentures and container labelled with your name
- Hearing aids and spare batteries (with the container labelled with your name)
- Mobility aids you normally use (cane, walker)

Note: We have a 'No Scent' policy. Do not bring in any scented products or perfumes.

Please limit belongings to 1 small bag.

**The hospital is not responsible for lost or stolen valuables.
Please leave any valuables at home.**

Special Preparations

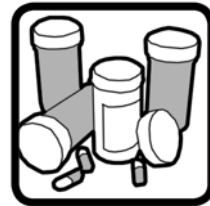
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

We have checked off () in this section which instructions you are to follow. Follow these instructions along with what your surgeon has given you.

The week before your surgery

Medicines

- 7 days before your surgery, stop taking Vitamin E and any herbal medicines.
- Follow the instructions from the anesthesiologist or nurse in the Pre-Admission clinic.



The day before surgery

Surgery Time

- Your surgeon's office calls you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 PM, call the surgeon's office to get this information.



Contact your surgeon's office as soon as possible if:

- You feel sick
- You have become pregnant
- For any reason you feel you need to cancel your surgery



The day before surgery, *continued*

Diet



Stop eating solid food after midnight, but you can continue to drink clear fluids up to 1 hour before your check-in time at the hospital.

A clear fluid is something you can see through, such as clear juices (look for ‘no pulp’ on the label), energy drinks, water, soft drinks, clear broth, consommé, or Jell-O. **Milk is not a clear fluid.**

Carbohydrate loading for non-diabetic patients and diabetic patients **NOT** on insulin



- The evening before surgery prior to midnight:
Drink clear fluids high in sugar (carbohydrate).
This helps to keep you hydrated and helps keep your blood sugar normalized during surgery. Do not use diet or sugar-free drinks.

Examples of drinks:

- PREcovery 400 mL
- Apple juice 500 mL = 2 cups
- Cranberry juice 500 mL = 2 cups
- Iced Tea (sweetened) 500 mL = 2 cups

Drink at least the amount shown. Drinking more is okay.

Carbohydrate loading for diabetic patients on insulin

- You are not required to drink a clear juice unless you feel hypoglycemic. You may continue to drink water to remain hydrated.

The day of your surgery

Medicines



The Pre-Admission Clinic Anesthesiologist or nurse will tell you what medicines to take on the day of surgery. You can take these medicines in the morning with a small sip of water.

Carbohydrate loading for non-diabetic patients and diabetic patients NOT on insulin



- 1 hour before your check-in time at the hospital, drink 400 mL PREcovery or 250 mL (1 cup) of the juices/tea as listed on previous page. Stop drinking all fluids once you have finished this drink.

DO NOT drink this carbohydrate drink if you have been told not to drink or eat after midnight.

Carbohydrate loading for diabetic patients on insulin

- 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.

At the hospital

- For surgery scheduled for **Richmond Hospital**, go to **Surgical Day Care** (Red Zone). You will be given directions on where to go.
- For surgery scheduled for **Vancouver General Hospital** and **Lions Gate Hospital**, go directly to the **Admitting Department**.
- We check you in and make sure all your preparations are complete.
- If you need your glasses, leave them on until we ask you to take them off.
- Keep your hearing aid(s) or cochlear implant in place until we ask you to take it off.
- Leave your dentures in until we ask you to take them out.
- We might give you some medicines to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.

The Surgery

We take you into the operating room about 15 minutes before your surgery.

You meet with the anesthesiologist who will take care of you while you sleep through the surgery.



We insert an intravenous (IV) into your arm.

General Anesthesia: The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

Spinal Anesthesia: The anesthesiologist inserts a small needle into the middle of your lower back and gives you local anesthetic drugs through this needle. The local anaesthetic numbs the nerves that supply the tummy, hips, bottom and legs. Once the nerves are completely numb you will not feel any pain from an operation and you will also not be able to move your legs. Other medications can also be injected which provide excellent pain relief for several hours after the operation.

Waiting room

Your family or friends can wait for you in the waiting room.

Your visitors will not be able to see you until you have been moved to the nursing unit. We let you and your family know which unit you are going to.



After Surgery

Post-Anesthetic Care Unit

When your surgery is finished, we move you to the Post-Anesthetic Care Unit (PACU), often called the 'recovery room'.



You wake up in the recovery room, although you may be drowsy. When you are able, we get you to put your hearing aid(s) or cochlear implant on. You can have your glasses at any time.

You will have an oxygen mask and at least one intravenous.

Depending on your surgical procedure, you may have a catheter in your bladder to drain urine (pee), even though often some may feel they need to urinate from this catheter.

We check your blood pressure, pulse, and breathing rate frequently. We also check the bandage (or dressing) covering your surgery area as well as your peripad. We ask you how much pain you are having and give you pain medicine when needed.

You can begin to do your leg exercises. You can also begin to chew gum.

When you are well enough to be cared for on our surgical nursing unit, we move you to that unit. Your family and friends can visit once you are on the unit.

Surgical Nursing Unit

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit for 1 to 2 days, but this varies with each person depending on the type of surgery you had and your health. The team will keep you informed of your progress and anticipated discharge date.

Pain control

Many people are concerned about pain after their surgery. Some people feel pain is expected and try to “grin and bear it” while others do not want to take pain medicine because they are afraid of becoming addicted. You cannot become addicted to pain medicine when it is used to treat your surgical pain.



Pain is not helpful to your recovery. Your recovery will be slower if you are in too much pain. It will be more difficult to breathe deeply and move easily which can increase complications such as pneumonia and blood clots. Pain interferes with your sleep and can affect your appetite. Pain also slows down wound healing.

We give you several different pain medicines regularly. This helps give you better overall pain relief. You will receive these pain medicines even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medicines.

- You will get regular acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay
- You may get NSAIDS such as naproxen and ibuprofen regularly, starting the day after your surgery.
- You may have a pain pump for you to give yourself pain medicine, such as a Patient-Controlled Analgesia (PCA) Pump.
- You will get other pain medicines as needed

Other things you can do to help ease the pain:

- Listen to music
- Do slow and relaxed breathing
- Imagine peaceful situations

Ask your nurse about these other ways to help manage your pain.

Your pain score

An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.

To help us assess your pain and the effectiveness of the pain medicine, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 – 10, where 0 means no pain at all and 10 is the worst pain ever.

Please point to the number that best describes your pain:



If you have trouble choosing a number for your level of pain, we use pictures of the faces above to ask about your pain (This tool is available in 22 languages).

Where we want your pain level to be:

- At a level less than 4 on the number scale, or
- At a comfort level that allows you to carry out your normal activities such as washing up, sitting and walking

Pain medicine works best if it is taken before pain becomes uncomfortable.

It is important to know that pain medicine will not make your recovery completely painless. The goal is to manage your pain and help you recover.

Let your nurse know if your pain does not get better with pain medicine or is getting worse.

Nausea and vomiting

You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medicine to prevent nausea every 8 hours for the first day, and then as needed. Let your nurses know as soon as you feel sick to your stomach so we can give you medicine right away and prevent it from getting worse. These medicines work best if you take them before the nausea gets uncomfortable.

Other ways to help settle your stomach:

- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips.
- Try distracting yourself with music or watch TV.



Eating, drinking, and digestion

After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to working normally.

We ask you often if you are passing any gas out of your backside (anus). This is a sign your bowels are starting to 'wake up' after the surgery.

- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You should chew gum for up to 15 minutes 3 times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

The stress of surgery can cause high blood sugars. Your blood sugar will be tested several times after surgery. Some patients need insulin to lower their blood sugar right after surgery.

Activity

The sooner you can get up and move around, the better it is for your recovery. Lying in bed leads to muscle weakness and can cause blood clots and pneumonia. Activity increases strength, helps to prevent complications, and helps get your bowels moving.

On the day of your surgery, your nurse or physiotherapist gets you up into a chair next to your bed. Remember to do your leg exercises (see page 23) when you are in bed.

When you start to eat, you will sit up in the chair for all your meals.

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than try to do everything at once. We don't want you to get too tired.

We will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking the day after surgery.



Deep breathing and coughing/ICOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercises help to clear this mucus from your lungs and prevent pneumonia. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medicine at least 1 hour before doing these exercises.

Deep Breathing Exercise

Do every hour while you are awake.

1. Start by placing your hands on your ribs.
2. Take a deep breath slowly **in through your nose**, expanding your lower chest until you feel your ribs push against your hands.
3. Hold your breath for a count of 3.
4. Breathe **out slowly through your mouth**.
5. Repeat this 5 more times.



Coughing Exercise

Do every hour while you are awake and after your deep breathing exercise.

1. Place a small pillow or blanket over your surgery area to protect or splint your incision. This helps decrease pain with coughing and allows a stronger cough.
2. Take a faster deep breath IN and cough.
Get rid of that mucus!
3. Take a 30 second break. Repeat 2 more times.



Moving around in bed

Change your position in bed at least every 2 hours. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You might find moving difficult because of incision pain.

To move your body sideways:

1. Lie on your back.
2. Bend your knees.
3. Lift your hips and shift them sideways.
4. Then follow with your shoulders.

To roll onto your side:

1. Bend your knees.
2. Support your incision with one hand (the hand on the side you are rolling onto).
3. With the other hand, reach across to the bed side-rail.
4. Pull yourself onto your side, rolling like a log.

To sit up on the side of the bed:

1. Bend the knee on the side you are not turning onto.
2. Use your bent leg to help you log roll onto your side. Roll your whole body as one as much as possible.
3. Drop your legs over the edge of the bed.
4. Push yourself up with your arms.

If you cannot remember how to do these exercises when you are in the hospital, don't worry. Your physiotherapist or nurse can review with you how to do all of these exercises. To help you remember to change positions, we remind you.

Leg Exercises

Exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. Exercises reduce the chances of you getting a blood clot.

Do all of these exercises **every hour** while you are awake until you can get up and walk around the nursing unit.

Ankle Pumps

1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat **5 times**.



Ankle pumps

Ankle Circles

1. Move your feet around slowly in large circles.
2. Repeat **5 times** in **each direction**.



Ankle circles

Hip Flexion

1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat **5 times**.



Hip flexion

Thigh Muscle Contraction

1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for **5 seconds**. Relax.
4. Repeat **5 times** then repeat this exercise with the other leg.



Thigh muscle contraction

Blood Clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a **Deep Venous Thrombosis** (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a **Pulmonary Embolism** (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk Factors for Blood Clots after Your Hospital Stay

The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

- Just had surgery for cancer.
- Have had previous DVT or PE.
- Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized).
- Taking hormone drugs or chemotherapy.

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe an anticoagulant (sometimes called a blood thinner) for you to take at home to lower your risk.

Signs and Symptoms of Blood Clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

- Swelling, throbbing, cramping or redness in a leg or calf.
- Pain in your leg when you stand or walk.

If you have PE, you may experience any of these:

- Sudden shortness of breath that you can't explain.
- Sudden chest pain that feels sharp or gets worse when you take a deep breath.
- Coughing up blood.
- Heart palpitations or racing, especially if you also feel light-headed or faint.

How Can You Reduce Your Risk of Blood Clots?

Effective ways to reduce your risk of DVT/PE:

- Take the anticoagulant if it is prescribed by your doctor.
- Walk and remain as active as possible as instructed by your doctor. Go to <http://www.healthlinkbc.ca/healthguide.stm> for information on leg exercises that you can do.
- Avoid getting dehydrated by drinking enough water and limiting alcohol intake.
- Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these.

Emotional Recovery

An operation, particularly a hysterectomy or oophorectomy, can affect you emotionally. You may be relieved that your previous symptoms are gone yet experiences mood swings or feel “down” about the changes in your body. Get support from those close to you. Talk to your doctor about your concerns. In some cases, hormone replacement therapy may be prescribed.

What to Expect Each Day

Every person's recovery is different. These next pages describe what most people can expect following gynecologic surgery.

Most people are ready to go home in 1 to 2 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

- Your pain is managed with pills only
- You are able to eat food without pain or bloating
- You are passing gas or have had a bowel movement
- You are able to do your basic activities of daily living
- There are no signs of problems from your surgery

Surgery day

Topic	What to expect
How will I feel ?	You probably feel sleepy and need to rest.
What equipment do I have?	You might have several pieces of equipment and tubes. These are different for everybody but can include: <ul style="list-style-type: none">- Oxygen mask- Intravenous for fluids- Patient-Controlled Analgesia (PCA) Pump for pain control- Catheter into your bladder to empty your bladder and measure the amount of urine- Dressing or bandage over your incision(s)- Peripad to absorb vaginal flow

Surgery Day, continued

<p>How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</p>	<p>We will ask you for your pain score at least every 4 hours.</p> <p>We treat your pain several ways:</p> <ul style="list-style-type: none">- Patient-Controlled Analgesia (PCA) Pump- Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours- Non-Steroidal Anti-inflammatory medicines such as naproxen or ibuprofen- Other pain medicines <p>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</p>
<p>What is my activity?</p>	<p>With help, you will get up to a chair or sit on the edge of the bed for a minimum of 15 minutes.</p> <p>Every hour while awake:</p> <ul style="list-style-type: none">- Deep breathing and coughing- Leg exercises when in bed <p>Sit up for all meals</p>
<p>What can I eat?</p>	<p>You can drink any hot or cold liquids.</p> <p>You will be able to start eating solid foods.</p> <p>We encourage you to chew gum for up to 15 minutes, 3 times a day.</p> <p>Tell the nurse if you pass gas or have a bowel movement.</p> <p>You will receive nausea medicine every 8 hours to prevent nausea.</p> <p>Your blood sugar will be tested regularly.</p>
<p>Can I wash?</p>	<p>We may help you wash in the evening</p>
<p>Can I have visitors?</p>	<p>You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.</p>

Notes:

Day 1

Topic	What to expect
How will I feel ?	You should feel stronger today. Rest between activities.
What equipment do I have?	We will start removing some equipment or tubes today. <ul style="list-style-type: none">- Intravenous – we leave it in place if you are not drinking liquids well or we are using it to give you medicines- Patient-Controlled Analgesia (PCA) Pump- Catheter in your bladder
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	We will ask you for your pain score at least every 4 hours. We treat your pain several ways, which may include: <ul style="list-style-type: none">- Patient-Controlled Analgesia (PCA) Pump- Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours- Non-Steroidal Anti-inflammatory medicines such as naproxen or ibuprofen- Other pain medicines if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.
What is my activity ?	Try to do a total of 4 hours of activity today. Walk to the bathroom with someone standing by. Sit up in a chair for meals. Every hour while awake: <ul style="list-style-type: none">- Deep breathing and coughing- Leg exercises when in bed At least every 2 hours: <ul style="list-style-type: none">- Turn or change your position in bed At least 2 times a day, walk one circuit around the unit with someone standing by in case you need help.

Day 1, continued

What can I eat ?	Eat and drink what you feel like. We encourage you to chew gum for up to 15 minutes, 3 times a day. Tell the nurse if you pass gas or have a bowel movement. You will receive nausea medicine if you need it. Your blood sugars may be tested before meals.
Can I wash ?	Wash at your bedside or in the bathroom. You might need some help to get set up.
Can I have visitors ?	Yes. Ask your family and visitors to let you rest for 2 hours during the day.
When can I go home ?	You may be going home today or, plan to go home on day _____. Review <i>The Day You Go Home</i> , on page 34 of this booklet to help get ready for discharge. Review your <i>Pain Control After Surgery: Patient Information</i> booklet. Learn how to self-inject Low Molecular Weight Heparin (LMWH) to prevent Deep Vein Thrombosis (DVT). If you need specialized help or equipment at home, you will talk to a social worker, an occupational therapist, and/or physiotherapist.

Notes:

Day 2

Topic	What to expect
How will I feel ?	You start feeling stronger today. Rest between activities.
What equipment do I have?	If not already taken out, we may remove the: <ul style="list-style-type: none">- Intravenous- Patient-Controlled Analgesia (PCA) Pump- Catheter in your bladder- Dressing
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	We treat your pain several ways: <ul style="list-style-type: none">- Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours- Non-Steroidal Anti-inflammatory medicines such as naproxen or ibuprofen- Other pain medicines if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.
What is my activity ?	Try to do a total of 4 to 6 hours of activity during the day. Get up to the chair without help. Sit up in a chair for all meals. Walk to the bathroom with someone standing by. Every hour while awake: <ul style="list-style-type: none">- Deep breathing and coughing- Leg exercises when in bed At least every 2 hours when in bed: <ul style="list-style-type: none">- Turn or change your position At least 2 times a day, walk one circuit around the unit with someone standing by in case you need help.

Day 2, continued

<p>What can I eat?</p>	<p>Eat and drink what you feel like.</p> <p>We encourage you to chew gum for up to 15 minutes, 3 times a day.</p> <p>Tell the nurse if you pass gas or have a bowel movement.</p> <p>You will receive nausea medicine if you need it.</p> <p>Your blood sugars may be tested before meals.</p>
<p>Can I wash?</p>	<p>Wash at your bedside or in the bathroom.</p>
<p>Can I have visitors?</p>	<p>Yes.</p> <p>Ask your family and visitors to let you rest for 2 hours during the day.</p>
<p>When can I go home?</p>	<p>You may be going home today or, plan to go home on day _____.</p> <p>Review <i>The Day You Go Home</i>, on page 34 of this booklet to help get ready for discharge.</p> <p>Review your <i>Pain Control After Surgery: Patient Information</i> booklet.</p> <p>Continue to learn how to self-inject Low Molecular Weight Heparin (LMWH) to prevent Deep Vein Thrombosis (DVT).</p> <p>If you need specialized help or equipment at home, you will talk to a social worker, an occupational therapist, and/or physiotherapist.</p>

Notes:

Day 3 until you leave the hospital

Topic	What to expect
How will I feel ?	You continue to feel stronger. Continue to rest as required.
What equipment will be on me?	Your incision will be left open to air if there is no drainage. No other equipment or tubes.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive: <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 4 to 6 hours - Non-Steroidal Anti-inflammatory medicines such as naproxen or ibuprofen as needed - Other pain medicines as needed
What is my activity ?	You do at least 8 hours of activity throughout the day. Sit up in a chair for all meals. Do deep breathing and coughing exercises. At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own.
What can I eat ?	Eat and drink what you feel like. We encourage you to chew gum for up to 15 minutes, 3 times a day.
Can I wash ?	Take a shower.
Can I have visitors ?	Yes. Ask your family and visitors to let you rest for 2 hours during the day.

Day 3 until you leave the hospital

When can
I go **home**?

You may be going home today or,
plan to go home on day _____.

Review *The Day You Go Home*, on page 34 of this booklet
to help get ready for discharge.

Review your *Pain Control After Surgery: Patient
Information* booklet.

Continue to learn how to self-inject LMWH.

Before you leave, if you still have questions, take time
to ask us.

Notes:

The Day You Go Home

How you know you are ready

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery.

Generally, you are ready to leave the hospital when:

- Your blood tests are normal or close to normal
- Your blood pressure, heart rate, and temperature are normal for you
- Your incision is healing
- Your abdomen is soft and not bloated
- You have bowel activity (**passing gas or having bowel movements**)
- You can pass urine in the bathroom
- You are able to control your pain with just pain pills
- You are eating well enough
- You are able to walk around the unit and do most activities you could do before you had your surgery
- You can look after yourself at home (with help if needed)
- You can self-inject your LMWH (if needed)



Your ride home

Most people are ready to go home at 10:00 a.m. If leaving the day after surgery, you will be ready to go home in the morning or early afternoon. Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so that we can get your bed cleaned and ready for the next patient.

If there is a problem getting a ride or getting home, you might need to stay in a local hotel for 1 or 2 nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.

Before you leave

Make sure you have:

- All your personal belongings including any medicines you brought with you
- Your house keys
- Your prescriptions
- Instruction sheet for any new medicines
- Your information booklets
 - *ERAS Gynecologic Surgery*
 - *Pain Control After Surgery: Patient Information*
- Found out where and when you are to get your staples removed
- Talked with an occupational therapist if you need equipment at home
- Asked your surgeon when you need to make a follow-up appointment
- Someone to stay with you for the first few days at home in case you need help

Follow-up visit

Make follow-up appointment as directed by your physicians within a few days of returning home, or once you have received your pathology results.



If you have having problems once you are discharged, please call your surgeon's office to speak with them or their on call colleague. If more urgent care is needed, it is generally preferable to return to the hospital where your surgery took place (VGH Emergency Department for surgeries performed at both VGH and UBCH).

At the follow-up appointment, your surgeon reviews how you are recovering, talks with you about any test results from your surgery, and tells you if you need any further treatment.

If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon's office.

Caring for Yourself at Home

It can take 6 to 8 weeks to recover from gynecologic surgery. Even when you are 'healed', it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

Pain

By the time we send you home, you will only need your pain pills. It is normal to have some abdominal pain for the first few weeks.



When you have pain:

1. Try first taking regular acetaminophen (Plain Tylenol®) to see if this will help it.
2. If the Tylenol® alone is not enough to ease your pain, take ibuprofen or another non-steroidal anti-inflammatory medicine regularly.
3. If we gave you a prescription for an opioid pain medicine (e.g. hydromorphone or oxycodone), only take this medicine if the Tylenol® and ibuprofen does not help.

Continue to use the pain rating scale as a guide to treating your pain. Try to keep your pain score less than 4 out of 10 on the pain scale.

Caring For Your Incision (if you have one)

Your incision or port sites are usually closed and dry after a couple of days. You usually do not need a dressing and can leave the incision open to air. If you have staples or sutures, these can catch on your clothing. If this happens, place a light dressing or covering over top.

You may have reddish or brown vaginal discharge for a few weeks after surgery. Use sanitary pads to absorb the drainage. **Do not** use tampons or douches.

If you had a hysterectomy or vaginal procedure, **do not** have anything in the vagina for 6 weeks, that is no sex, no tampons or douches.

Do not put creams or lotions onto the wound (such as Polysporin, Vitamin E) unless your surgeon tells you to.

- **Bathing:**

You can take a shower but try not to let the water spray directly on your incision for more than a few seconds.

For 2 weeks after your surgery, **do not soak in a bath, EXCEPT if you have a vaginal hysterectomy, sitting in a warm bath helps you heal.**

- Staple removal if required:



Call your family doctor to have your staples removed.

Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon's office.

Diet

It might take some time before your appetite returns to normal. To heal, your body will need extra calories, nutrients, and especially protein.

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day (1 glass equals 250 mL).
- Eat foods high in protein such as chicken, beef, fish, eggs, tofu, lentils, dried peas, and beans. Dairy products such as milk, yogurt and cheese are also good sources of protein.
- Try to eat 5 or 6 small meals throughout the day rather than 3 big meals.
- If you are not able to eat enough food each day, you can continue drink 1 or 2 oral nutrition supplement drinks (e.g. Boost or Ensure) each day.

If you have questions about your diet, you can call 8-1-1 (HealthLink BC) any time and ask to speak to a dietitian.

Caring for your bowels

You might find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

- Constipation

This can be from your pain medicine, especially if you are taking opioids.

To prevent constipation:

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day unless you have been told differently because of a medical condition.
- Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
- Keep active. Go for a walk every day.

To treat constipation, talk to your pharmacist about a mild laxative or stool softener.

Fruit lax can also help with constipation. Fruit lax recipe from HealthLinkBC.

Combine and soak the following ingredients overnight:

- 250 mL (1 cup) prunes
- 250 mL (1 cup) raisins
- 250 mL (1 cup) dates
- 125 mL (1/2 cup) orange juice
- 150 mL (2/3 cup) prune juice
- 250 mL (1 cup) of wheat bran (optional)

The next day, blend until spreadable. It can be used on toast or mixed into hot cereal or plain yogurt. Fruit lax will keep for two weeks in the fridge, or it can be frozen.

Do not use an enema or suppository without checking with your surgeon first.

- Diarrhea

Persistent severe diarrhea is not normal and should be brought to your surgeon's attention.

So you do not become dehydrated, drink 8 to 12 glasses (2 to 2.5 L) of water each day unless your doctor or dietitian has told you to limit how much you drink.

Activity and exercise

- Rest

Rest is important for your recovery. Your body does its healing when you are resting.

Try to get at least 8 hours of sleep each night.

Take naps or rest breaks during the day.



- Exercise

No abdominal exercises for 6 weeks, otherwise exercise helps build your strength, improves your circulation, and generally makes you feel better.

Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.

Listen to your body. It will tell you if you are doing too much too soon.

These are only general guidelines.

Please confirm them with your surgeon.

- Plan your day to allow time for both rest and activity.
- Continue with your deep breathing and coughing exercises.
- Begin with taking short walks. Gradually increase how far you walk.

- For the first 4 to 6 weeks after your surgery:

Do not lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries.

Do not do any activities that pull on your incision and abdominal muscles such as vacuuming, raking, painting walls, or reaching for things in high places.

- For at least 6 to 8 weeks after surgery:

Do not do anything that puts extra stress on your stomach muscles such as doing sit-ups.

These activities can delay your healing and possibly lead to a hernia (an opening in a muscle that lets a part of your bowel stick out).

Driving a car

Avoid driving for 2 weeks. Before you start driving, check with your doctor to make sure it is okay.

- Only drive if you are able to:
 - Put pressure on the brake quickly and without pain.
 - Safely do a shoulder-check.
 - Wear your seat belt.
- You can drive if you are only taking Plain Tylenol or ibuprofen
 - Do not drive your car while you are still taking opioid pain medicine if it makes you sleepy.



Sports

About 8 to 10 weeks after your surgery and if your surgeon says it is okay, you can go back to playing any sports that do not involve contact such as golf, running, and tennis.

Ask your surgeon when it is safe for you to play contact sports such as hockey or football.



Sexual activity

Some women find that they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger. You can resume sexual activity after your 6-week follow-up visit with your gynecologist.

Going back to work

Always check with your family doctor before going back to work.

Some people return to work 6 to 8 weeks after surgery. When you go back to work depends on the type of work you do and the type of surgery you had. Sometimes it can take longer for you to recover enough to go back to work.



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“Voltaren” is a registered trademark of Novartis Pharmaceuticals Canada Inc.

When to Get Help

Contact your surgeon or family doctor if:

- Your pain gets worse or does not go away with pain medicine.
- You have a fever over 38.5° C (101.3° F).
- Your incision becomes red, swollen, or hot to touch.
- You notice a lot of clear liquid or foul smelling liquid coming from your incision.
- You notice foul-smelling discharge coming from your vagina.
- You start bleeding from your incision.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
- You have diarrhea that lasts for more than 2 days.
- If you have a drain that is accidentally pulled out.

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.

If you have signs or symptoms of DVT or PE (such as calf pain or shortness of breath, or chest pain), you should:

- Call your family doctor and request an **urgent appointment**, OR
- Go to the nearest Emergency Department if the family doctor's office is closed, OR
- Call 911 immediately if you are feeling faint or very short of breath

Additional Resources

A patient education video and patient story can be viewed at:

<http://enhancedrecoverybc.ca/learning-session-2/outcomes-congress-jan-12-2016>

Acknowledgements

Vancouver Coastal Health (2017) **Blood Clots: What You Need to know.**
Print Health Education Materials.

*We hope you found the information in this booklet helpful
in preparing you for your surgery. If there is information
you feel we missed, please let us know.*

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Going Home at a Glance

Usually you are ready to leave at 10:00 AM.

Please arrange for your ride to come just before this time.

Your Surgery: _____

Surgery Date: _____

Your Surgeon: _____ Office phone: _____

Follow-up Appointment: _____

Before you leave, do you:

- Know what to do or who to call if you have a problem?
- Have a prescription for your medicines (if needed)?
- Know how to care for your incision?
- Know how to manage your pain?
- Know how to prevent constipation?
- Know how to self-inject your LMWH
- Know about your activity levels at home?
- Have all your personal belongings?



If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

Special instructions:

Adapted from Colon Surgery: Your Guide to Recovery
Providence Health Care (FK.230.C719.PHC)

For more copies, go online at <http://vch.eduhealth.ca> or
email pchem@vch.ca and quote Catalogue No. **GE.230.G891**
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