

A Guide to Gynecologic Surgery



This booklet will help you understand, prepare for, and recover from your surgery. Take this booklet with you on the day of your surgery and use it throughout your recovery.





IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.

This booklet was developed in collaboration with the Enhanced Recovery Canada (ERC) Gyne expert panel and patient engagement working group, based on the original work by the MUHC Surgical Recovery working group (SURE).

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This material is also available through the Enhanced Recovery Canada website:
www.enhancedrecoverycanada.ca



www.healthcareexcellence.ca

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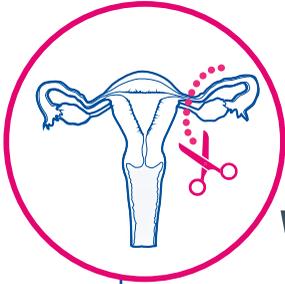
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Summary

Your health care team recommends that you have gynecologic surgery.

This is a short explanation of what to expect and what you can do. You will find more information in the rest of this guide. Your health care team will talk with you about the information in this guide. Take it with you when you come to the hospital.



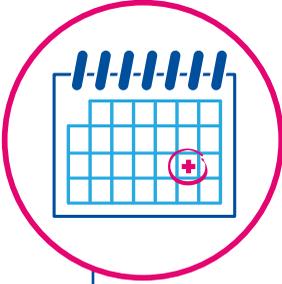
What is gynecologic surgery?

- Gynecologic surgery is surgery on any part of a woman's reproductive system, including the vagina, vulva, cervix, uterus, fallopian tubes, and ovaries. Some women may also need surgery on their urinary tract, which may include the bladder.
- Your surgeon will describe the type of gynecologic surgery you will have.
- A small percentage of people may also need a part of their bowel removed, which may or may not require an ostomy. See page 53 for more details.
- Your surgeon will tell you if you need this or not. If you need an ostomy, a nurse will show you how to take care of it.

This booklet explains what you can do to heal better and safely.

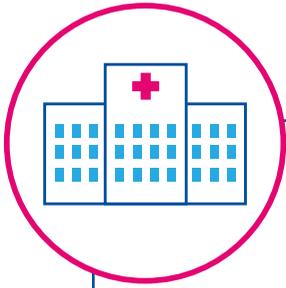
You can help at 3 important times:

- before your surgery,
- in hospital, and
- at home.



Before surgery:

- Exercise and eat well. Try to limit smoking and alcohol. You may need help around the house after your surgery. Make a plan. Since you cannot drive, you must also arrange a ride to and from the hospital.
- You will have a clinic visit before your surgery. This is to check your health and plan your care. You may need some tests, for example blood work or x-rays. Tell your team about any special dietary needs and what medications you are taking. Ask if you need to make any changes to your medication routine. Also discuss anything you are worried about. Your health care team will tell you how to get ready.
- Many patients have trouble understanding and remembering this information. Tell the surgeon if something is unclear. Bring someone with you to this appointment to listen to this information and to provide support for you. It may also be helpful to write down any questions you have and bring them with you. Your support person can also take notes.
- After this visit, you should know:
 - What medications to take before surgery.
 - How to wash before surgery.
 - What to eat and drink before surgery.
 - What to take to the hospital.



In the Hospital:

- Arrive at the time you were given. Remember to bring your medication and other important items that were discussed during the clinic visit.
- You will meet the surgical team. You will get medication so that you are asleep during surgery. A team member will let your friends or family know when they can see you.
- After the surgery, tell the nurse if you are having pain that stops you from moving. This will help the team know how to control any pain you may have. Be aware of the medications you are taking and ask if there are any side effects you should watch for.
- Start moving around after surgery as soon as you can; sit up, stand, and walk. This will help you recover better and prevent serious problems.
- For each day at the hospital, there are goals for your recovery:
 - Breathing well.
 - Being active.
 - Pain is under control
 - Eating and drinking well.
 - Tubes and lines removed.
 - Being able to pass gas and or have a bowel movement
- Follow the exercise plan the team gives you. This guide shows how to do these exercises.



At Home:

- Take your pain medication so that you can be more active and heal faster. Make sure you know when to take it and what the side effects can be. **It is important to control your pain safely but not take pain medication if you do not need it.**
- Some pain medication may cause constipation. Exercise and fibre in your diet will help with bowel movements.
- Eat foods that have protein to help your body heal.
- Drink plenty of fluids.
- **Remember, exercising is very important to your recovery, even at home.** An exercise plan will be made for you.
- Follow the care instructions for your incisions (cuts) so that they heal quickly and there is no infection.

Know what warning signs to look out for. Know when you need to call your surgeon. Make sure you have the phone number to call your surgeon's office.



**Your health care team is here to help.
Ask us if you have any questions!**

Introduction

What is a care pathway?

When you come to the hospital for gynecologic surgery, you will be part of a recovery program called a **care pathway**. The goal of this program is to help you recover quickly and safely. Research shows that you will feel better sooner if you do the things explained in this booklet.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain what you can do to feel better faster and go home sooner.
- Show you what to expect each day at the hospital.
- Explain what to do to at home to help you recover.

Take this booklet when you come for surgery. Your health care team can also review it with you if you have questions.

Your surgery team



Contact information

If you have any questions, phone us.

Name of your surgeon:

Phone number of your surgeon:



Contact Information:

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.....
.....
.....

Other phone numbers:

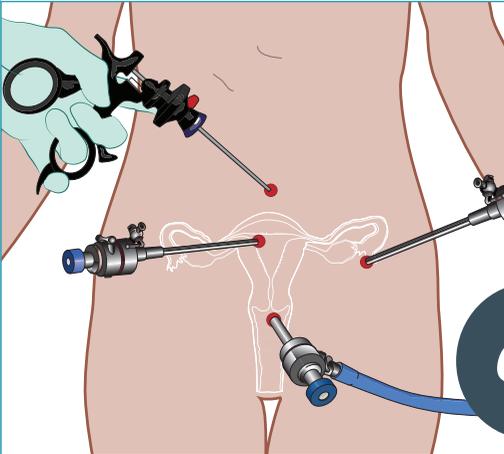
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What is gynecologic surgery

Gynecologic surgery is surgery on any part of a woman's reproductive system, including the vagina, vulva, cervix, uterus, fallopian tubes, and ovaries. Some women may also need surgery on their urinary tract, which may include the bladder.

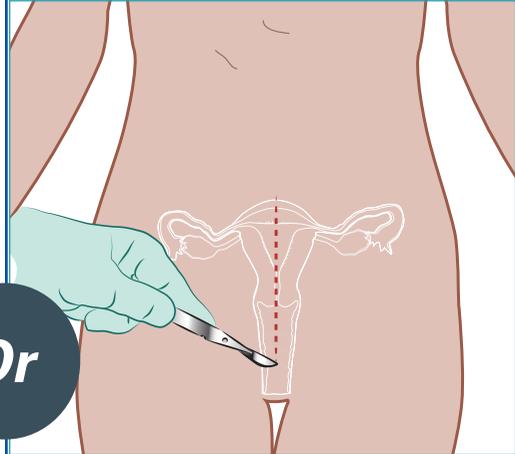
There are several ways to do the surgery. Your surgeon will explain which one you are having.

1. Laparoscopic



The surgeon will make 4 to 6 small cuts in your belly. With the help of a small camera, the surgeon uses special instruments to look at and/or remove the unhealthy part of the organ(s) affected through these small cuts.

2. Open surgery



The surgeon makes a single cut on your belly that is larger (about 10-20 cm). The surgeon can then remove the unhealthy parts of the organ(s) affected without using a camera.

Or

Before your surgery

Preparing for your surgery?



Be active

Try to exercise every day. Being physically active before surgery can make a big difference in how you recover. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. Exercise does not need to be hard to make a difference. A 10-minute walk every day is a good start.

Eat well

What you eat is important to your health. Eating well will help your body get ready for surgery and recover from surgery. It will also give you the energy you need to do your exercises and feel better soon.

Your health care team will check if you need extra nutrition to get ready for your surgery. They might also check that you are getting enough fluids (this is also called hydration). It is very important that you eat good food and drink the recommended amount of fluids each day.



Stop smoking

If you smoke, quitting will do a lot to improve your health. Quitting at least **4 weeks before surgery** can help you recover faster.

Quitting smoking isn't easy, so talk to your doctor. You can quit even if you have smoked for many years. Your doctor can help you.

See **page 55** to learn more.



It is never too late to quit!



Reduce your alcohol use

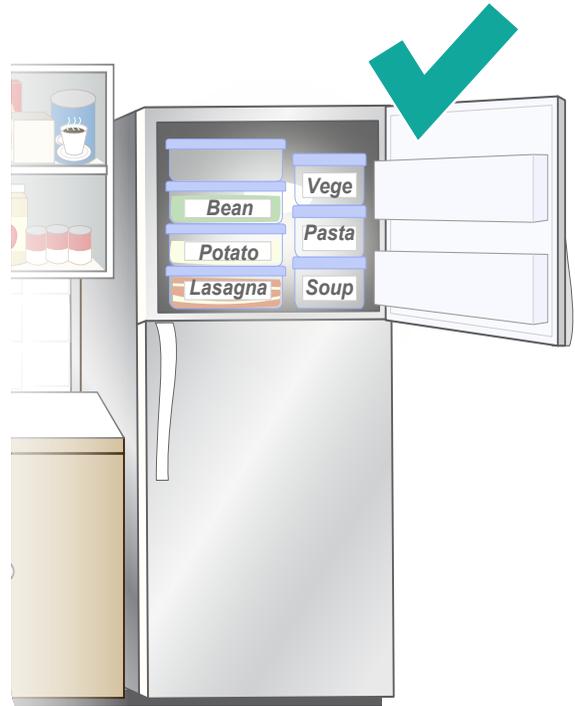
Inform your health care team about how much alcohol you regularly consume. The amount of alcohol you consume can negatively affect your surgery. Your health care provider can help you to cut down on your alcohol use. **In particular, do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medications work.**

Plan ahead

You might need some help after your surgery. Ask your family and friends for help with meals, laundry, bathing, housework, and transportation. Make sure you have food in the fridge or freezer that is easy to prepare.

If you do not have enough help at home after your surgery, talk with your community health clinic. They might offer services like housekeeping or meal delivery.

If you are still worried about returning home after surgery, speak with your doctor or another member of your health care team.



Before your surgery

Arrange transportation

Remember to arrange a ride home. The day of surgery is called Day 0. Depending on the type of surgery you have, you may go home as early as the day after your surgery (Day 1). Check with your team to learn when you might be discharged.

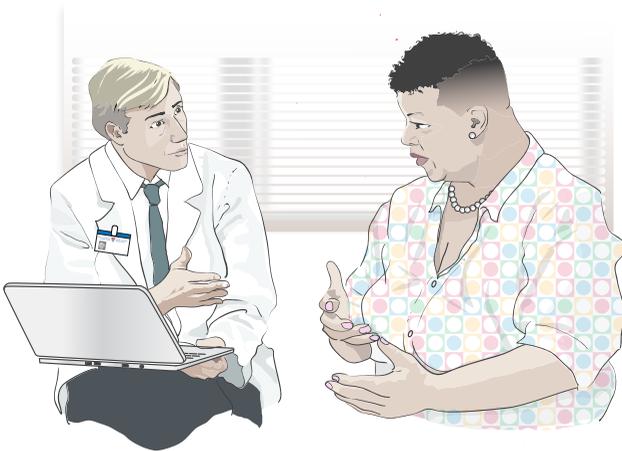


Remember to arrange a ride.

Tell your nurse if you are worried about going home.

See **page 56** to find out more about parking fees.

Pre-operative clinic visit



The reason for this visit is to check your health, plan your care, and make sure you are ready for surgery.

During your pre-operative clinic visit, you will meet with a nurse and a doctor.

They will:

- Ask you about your health and any medical problems you have
- Ask you about any medication that you are taking
- Ask you about habits like smoking and alcohol use
- Ask you about your nutrition, including whether you are drinking enough fluids
- Check your heart and lungs
- Tell you what exercises you should do before and after surgery
- Tell you how to get ready for your surgery
- Tell you what to expect while you are in the hospital
- Tell you what to expect after your surgery

You may be given a special soap to wash with before surgery. See page 21 for more information.



If you have medical problems, you might need to see another doctor (a specialist) before having surgery.

If you are not eating or drinking enough, you might need to see another member of the team to help with your diet (before and after surgery).

You should stay active before surgery. Your team will make an exercise plan that's right for you. See **page 48** to learn more. If you have any concerns about your physical activity or moving around, talk to your health care team.

Tell the health care team if you:

- Have diabetes.
- Have ever had bleeding that was hard to stop.
- Have ever had a blood clot.
- Have had a lot of nausea or vomiting after a surgery or get motion sickness.

Tell the health care team about any pills or natural products that you are taking even if you bought them without a prescription.

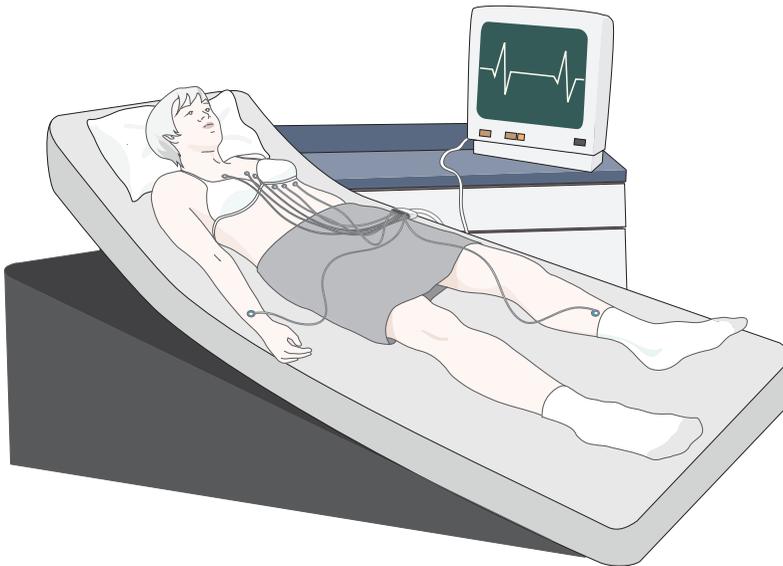


You might also:

- Need to stop taking some medications and natural products before surgery. During the appointment, the doctor will tell you which medications you should stop and which ones you should keep taking.
- Have blood tests
- Have an electrocardiogram (ECG) to check your heart



If you would like to speak to a counsellor, please discuss this with your health care team



If you have any questions, before surgery

call the Pre-operative Clinic at:

Open Monday to Friday from AM ~ PM

Pre-operative clinic Location:
.....

Phone call from admitting

The day before your surgery, the Admitting Department will call to tell you what time to come to the hospital. You must arrive 2 hours before your planned surgery time. The time of surgery is not exact. It may be earlier or later than planned.



Before your surgery

Exceptions:

If your surgery is scheduled for Monday, the hospital will call the Friday before.

If your surgery is planned for 7:30 a.m., you should be at the hospital at 6 a.m.

Date of surgery:

Time to be at the hospital:

Where to arrive:

.....

Cancelling your surgery

If sick, pregnant, or for any reason you cannot come to the hospital for your surgery, call the following numbers as soon as possible:



1. Your surgeon's office:
- AND**
2. The Operating Room Booking Office:

If you call after 3 p.m., leave a message on the answering machine. In the message, tell us:

- Your full name
- The date of your surgery
- Your telephone number
- Your hospital card number
- Your surgeon's name
- The reason for cancelling your surgery



It is possible that your surgery may be delayed or cancelled because of another emergency. If so, your surgeon will reschedule your surgery as soon as possible.

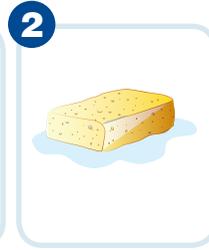
Washing

You may be asked to wash with a special soap or sponge before surgery. They have a product in them that kills the germs that cause infections. You should get information about this at your pre-operative clinic visit. Follow the steps on the next page.

The night before surgery



Use regular soap and shampoo for your face and hair.



Take a shower with either:

- Special soap / special sponge given.

OR

- an antiseptic soap



Wash your body from the neck down, including your belly button and your genital area.

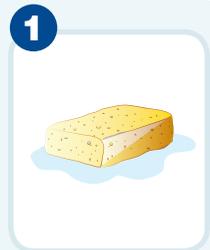


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of surgery



Take a shower or bathe as you were told with either:

- Special soap / special sponge given
- OR**
- an antiseptic soap.



Do not wear lotion, perfume, makeup or nail polish.

Do not wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

What to eat and drink

The nurse will explain what to eat and drink before your surgery.



CAUTION: Some people should not drink anything at all on the day of their surgery. Your nurse will tell you if you are not to drink anything.

The day before surgery:

- Eat and drink normally **the evening before surgery.**
- **You may have a light snack up to 6 hours before your surgery (e.g., non-fatty meal such as toast).**
- You can continue to drink clear fluids (a liquid you can see through) up to 2 hours before your surgery.

Examples of clear fluids are:

Water, fruit juices without pulp, tea, coffee (without milk or cream), or sports drinks that have electrolytes.





The day of surgery:



- You may have a light snack up to 6 hours before your surgery (e.g., non-fatty meal such as toast).
 - You can continue to drink **clear fluids** (a liquid you can see through) up to 2 hours before your surgery.
- * You may be given a special carbohydrate supplement drink called “maltodextrin” by your health care team. If so, drink it 2 hours before your surgery as instructed.

What to take to the hospital

- This booklet.
- Medicare card and hospital card.
- List of medications that you take at home. Include doses of prescribed and over-the-counter medications.
- Non-slip slippers or shoes, and loose comfortable clothing to wear home.
- Personal items (toothbrush, toothpaste, comb, deodorant, and tissues).
- Private insurance information (for private and semi-private rooms).



If needed

Bring these items in a small bag with your name on it. There is very little storage space.

- Glasses, contact lenses, hearing aids, dentures. Bring their storage containers labelled with your name.
- Cane, crutches, or walker labelled with your name.
- CPAP machine, if you have sleep apnea.



Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



Day of surgery

At the hospital

Admitting area

Go to at the time you were told. You will sign an admission form. The admitting clerk might ask what kind of room you prefer to stay in after surgery: a private or semi-private room, if available.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Fill out a pre-operative checklist with you



Before going to the operating room, you will be in a waiting area called pre-op.

Here you may have an intravenous (IV) line set up and receive:

- Antibiotics through your intravenous (IV) line.
- Pills to control pain. These pills are usually acetaminophen also called Tylenol and an anti-inflammatory pill such as Celebrex.
- A warmed blanket

You may also see your surgeon or anesthesiologist here. (This is the doctor who will give you medication so that you can be asleep and pain-free during your surgery).



It is normal to feel nervous before surgery. If you are feeling very anxious, please tell the nurse.

In the operating room.

You will be taken to the operating room to meet your health care team.

During surgery, your pain will be carefully controlled. The way your pain is controlled depends on the way your surgery will be done. This will be decided by the anesthesiologist. You will get pain medication through an intravenous (IV) line in your arm. You may also get pain medication in your back to block your spine from feeling pain.

While asleep, you may need a breathing tube. If so, you will likely

have a sore throat for a couple of days after your surgery.

You may also need a urinary catheter or tube to help drain urine from your bladder. This will be removed as soon as possible after your surgery.

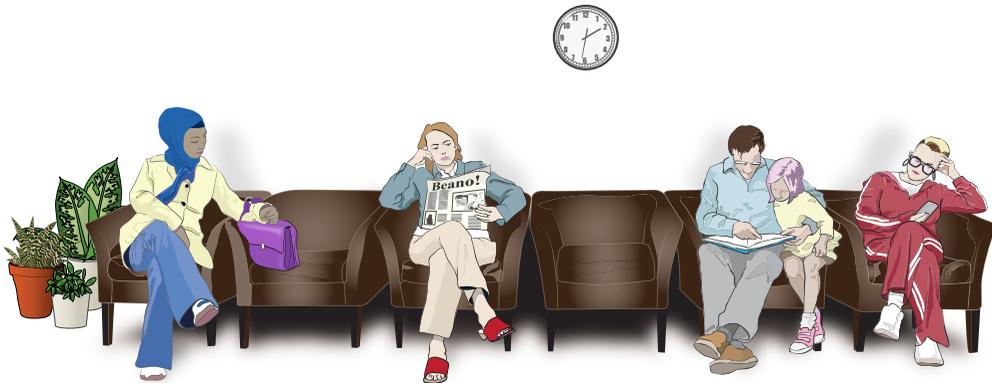
OPERATING ROOM 3



Waiting room

Family and friends can wait for you in the waiting room. The space is small so please limit the number of people you bring with you. If you prefer not to wait at the hospital, you can ask how long the surgery and recovery process will be so you can go home and return later.

After your surgery, the post-anesthesia care unit (PACU) nurse will contact your family member or friend to tell them how you are doing.



Internet access

Free WiFi is available at the hospital.



Connect to:

Network:

Username:

Password:

Other resources

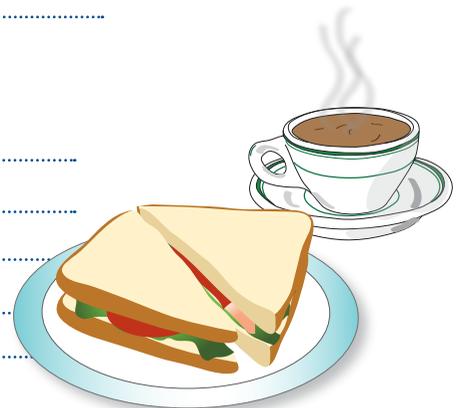
Coffee shops -

Cafeteria -

Bank machines -

Gift shop -

Library -



After your surgery

Post-anesthesia care unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). This is also called the **Recovery Room**.

You may have:

an **oxygen mask**
to give you oxygen

an **epidural** (a small
tube in your back) to give
you pain medication

an **intravenous (IV)**
to give you fluids

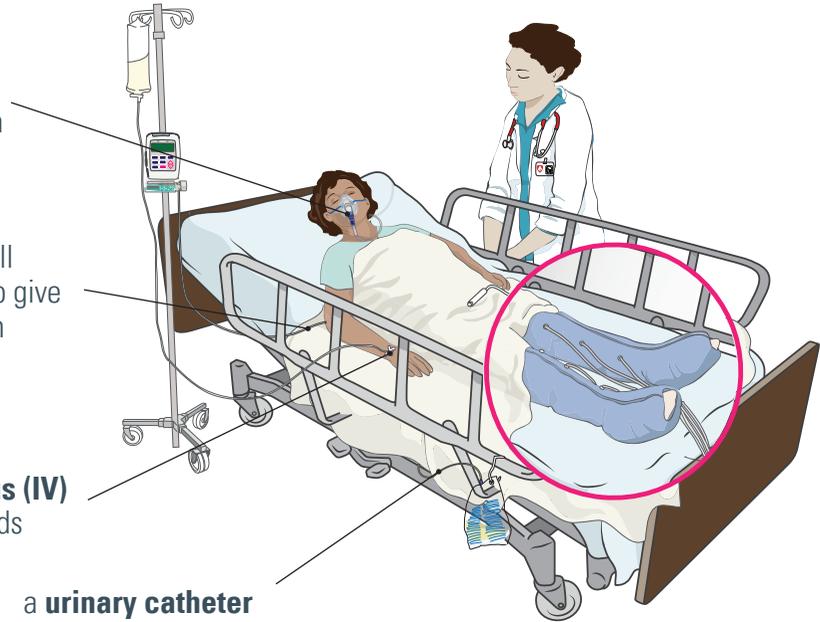
a **urinary catheter**
(tube) to drain urine
(pee) from your bladder

inflating compression boots on your
legs. These help to prevent blood clots

Your nurse will:

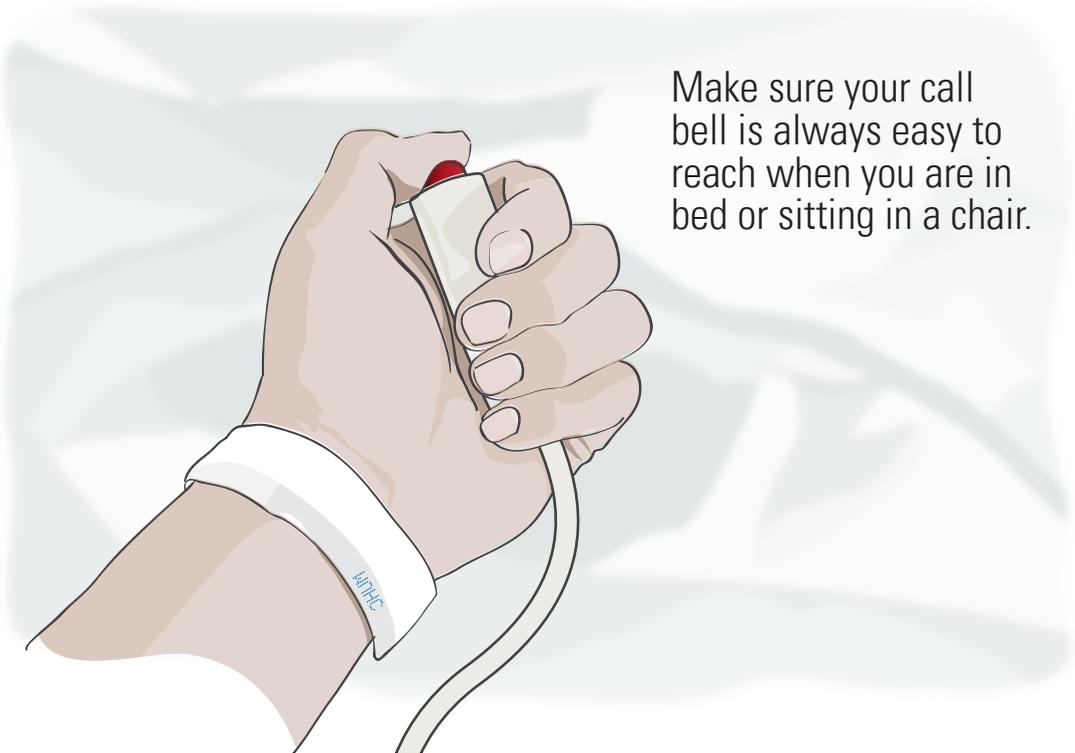
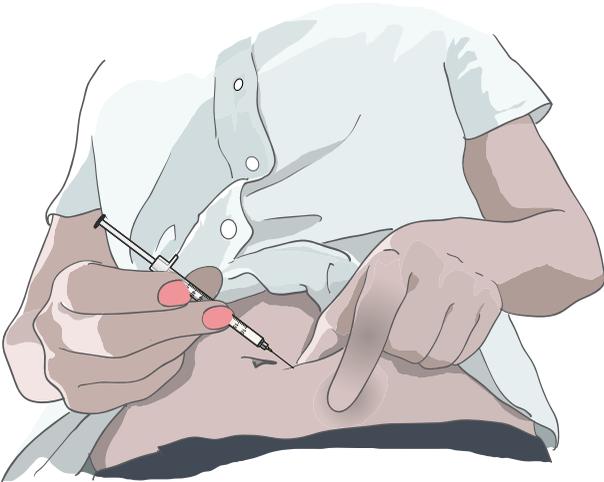
- Check your pulse and blood pressure often
- Check your bandage(s)
- Ask if you have pain
- Check that you are getting enough fluids
- Make sure you are comfortable

Your blood sugar levels will be checked after surgery. If they are too high, you may get insulin to keep your blood sugar levels under control.



Your surgeon will decide if you need a daily injection before and or after your surgery thin your blood and to prevent blood clots. Your surgeon will decide how long you need to keep taking this injection.

When you are ready, you will be moved to your room on the surgery floor. Your family can visit you here.



Make sure your call bell is always easy to reach when you are in bed or sitting in a chair.

After your surgery

Pain control

Pain relief is important because it helps you:

- Breathe better.
- Move better.
- Sleep better.
- Eat better.
- Recover faster.

Your nurse will ask you to rate your pain on a scale from 0 to 10.

(0 means no pain and 10 is the worst pain you can imagine.) Your nurse will give you medication if you have pain above a 4.



Our goal is to keep your pain score below 4 out of 10.

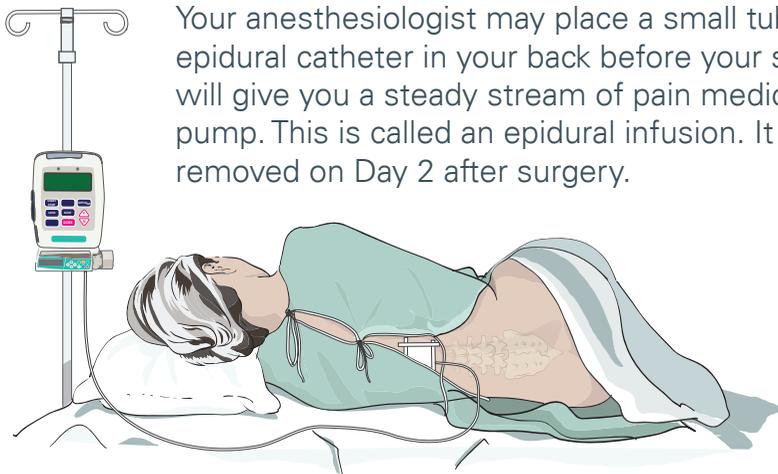
! Do not wait until the pain gets too strong before telling us.

Ways to control your pain

Another word for pain control is **analgesia**.

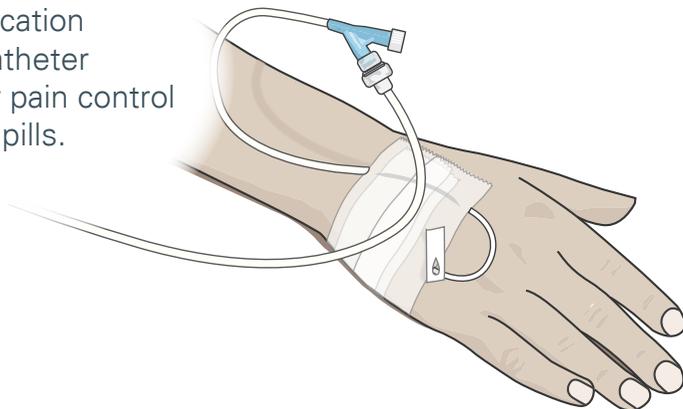
Epidural analgesia

Your anesthesiologist may place a small tube called an epidural catheter in your back before your surgery. This will give you a steady stream of pain medication through a pump. This is called an epidural infusion. It will usually be removed on Day 2 after surgery.



Intravenous analgesia

Another way of getting pain medication is through an **intravenous (IV)** catheter connected to a pump. When your pain control improves you will be switched to pills.



Patient-controlled epidural analgesia (PCEA)

Some patients may be given a button attached to the **epidural pump**. This will allow you to adjust the amount of medication to your comfort.



You will receive a continuous stream of medication through the pump. If you need more pain relief, you will be able to get a safe extra dose of medicine by pushing the button.

Patient-controlled analgesia (PCA)

Some patients will be given a button attached to the **intravenous (IV) pump**. When you push the button, you will receive a safe dose of pain medication

Pills

You will get pills to control pain after the surgery. These pills are usually acetaminophen, also called Tylenol and an anti-inflammatory pill such as Celebrex. These medications act as your “base” for pain control and should be taken regularly. Some patients may need stronger medications.

If this is not enough to control the pain, we will give you a stronger medication such as an opioid. **Opioid medications are safe if they are used in a careful and planned way.** You will always be closely monitored when taking these medications, to minimize side effects and ensure safety.

If you were taking a pain medication before surgery, your body might have **tolerance** to the medication. This means that you might need more medication to control your pain. Your anesthesiologist may consult with a **pain service team**. This will help you control your pain using a safe combination of treatments and medication.





Nerve block

Some patients will receive pain medication to numb or freeze the nerves at or near their surgical site. This is called a nerve block. Small tubes or catheters may be placed near these nerves, so that a constant stream (infusion) of freezing medication can be delivered to the nerves. These nerve blocks will provide a constant infusion of freezing medication to keep you comfortable during and after your operation

Wound infusion

Some patients will get a steady stream of pain medication into their incision through a small tube or catheter.

Exercises

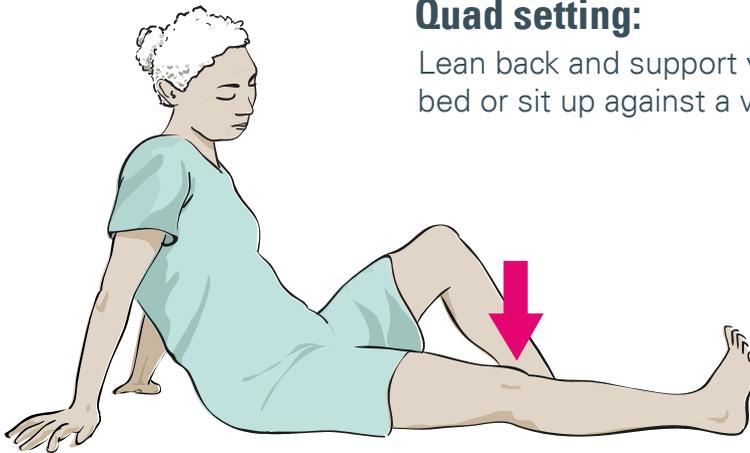
It is important to move around after surgery. Exercise helps prevent pneumonia, blood clots, and muscle weakness. Exercise will also help you recover better. Your team will make an exercise plan that is right for you.

Start your exercise plan when you wake up and are in your hospital bed. Continue while you are in the hospital. You will also get special exercises to do when you go home.

Your family and friends can help you with these exercises in the hospital and when you go home.

Quad setting:

Lean back and support yourself on the bed or sit up against a wall.



Tighten your thigh muscle (your quads) in the leg that is straight. An easy way to do this is to push the back of your knee down to the floor. When you do this, your thigh muscle will tighten. Your kneecap will also move towards you. If you are doing the exercise well, both of these will happen.

Doing this 8 -12 times is called a set. Do one set every hour.



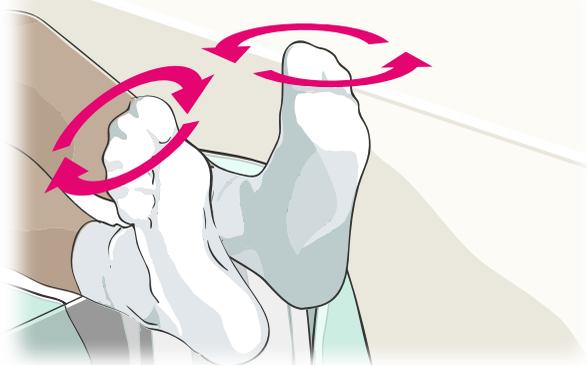
Even though you may get an injection to prevent blot clots, keep doing your leg exercises and stay active. The combination of exercise and the injection is the best way to prevent complications from a blood clot.

Leg exercises

These exercises help your blood flow in your legs. Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Wiggle your toes and bend your feet up and down.



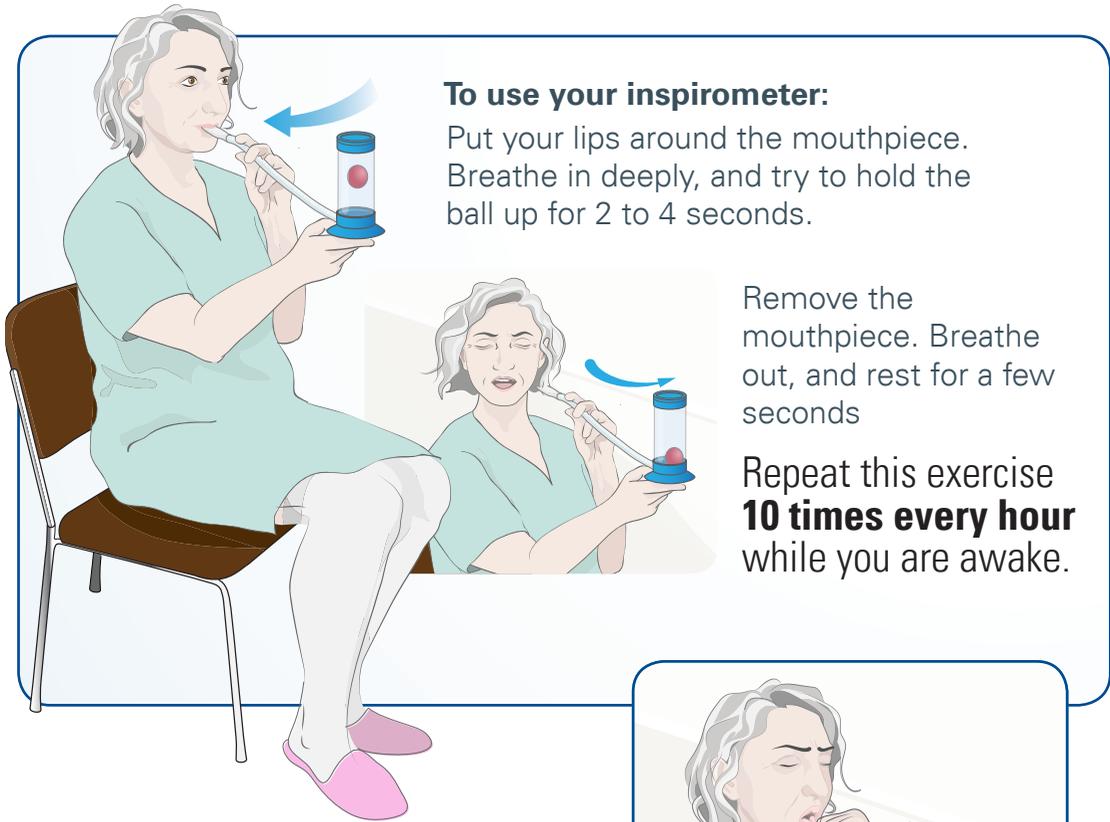
Rotate your feet to the right and left.



Stretch your legs out straight.

Deep breathing and coughing exercises

An **inspirometer** is a device that helps you breathe deeply to prevent lung problems.



To use your inspirometer:

Put your lips around the mouthpiece. Breathe in deeply, and try to hold the ball up for 2 to 4 seconds.

Remove the mouthpiece. Breathe out, and rest for a few seconds

Repeat this exercise **10 times every hour** while you are awake.

Take a deep breath and cough. If you have some secretions, cough them up. It can help to hug a pillow against your belly over the place where you had your surgery as you try to cough.



Goals for Day 0: Day of surgery

Goals for the evening of surgery:



- Sit in a chair with help from a member of your health care team.



- Drink clear liquids. You can also chew gum for 30 minutes to help your bowels start to work. When you are ready, eat regular foods.

- Do your leg exercises (see **page 35**).
- Do your breathing exercises (see **page 36**).
- Do your other exercises (see **page 48**).



If you can stand easily, try walking. Walk only a short distance at first. Always have a member of your health care team with you in case you need help.

 Remember, exercise is important for your mobility and your health. **Not moving around can slow down your recovery.** Staying in bed for a long time can even cause serious health problems



If you have an ostomy, start reading your guide and prepare to ask the nurse any questions you may have.

Goals for Day 1

Breathing

- Do your breathing exercises.

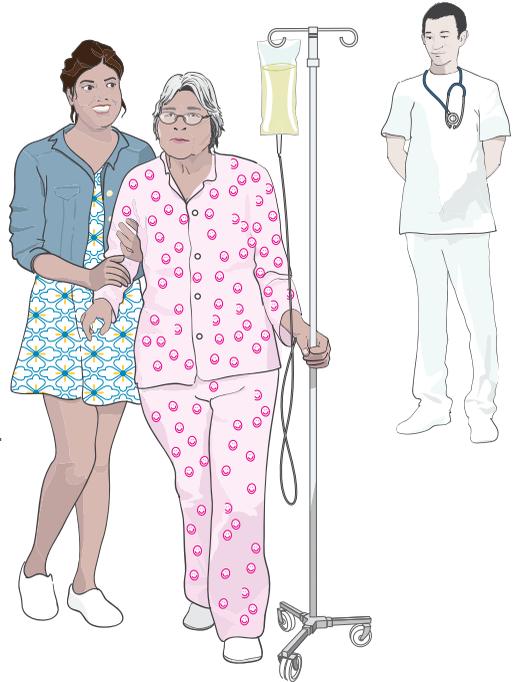
Activities

- Sit in a chair for meals.
- Do your foot and leg exercises.
- Do your other exercises.
- Walk in the hallway 3 times, with help.

Did you know? A friend or family member can also help you go for walks.

Speak with a member of your health care team to find out how they can help.

When you feel comfortable, go on longer walks. Take breaks when you need.



 If you feel dizzy or have pain while standing or walking, sit back down. Take a break. Do an exercise that is easier, for example, a sitting or bed exercise.

You should not be in pain while doing exercises. Make sure your health care team knows if you are feeling pain.

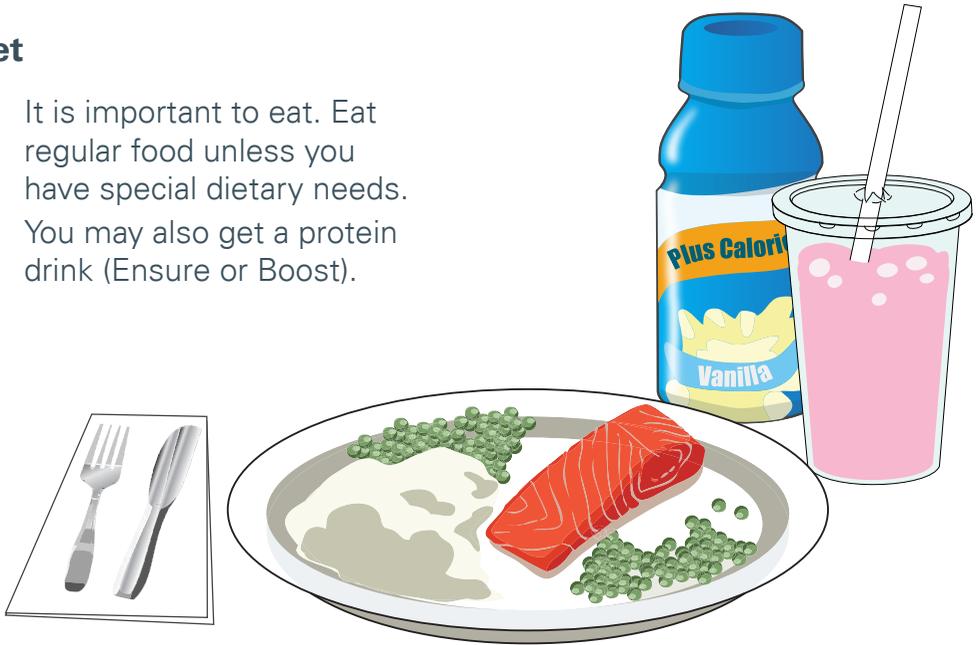
Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale.



Diet

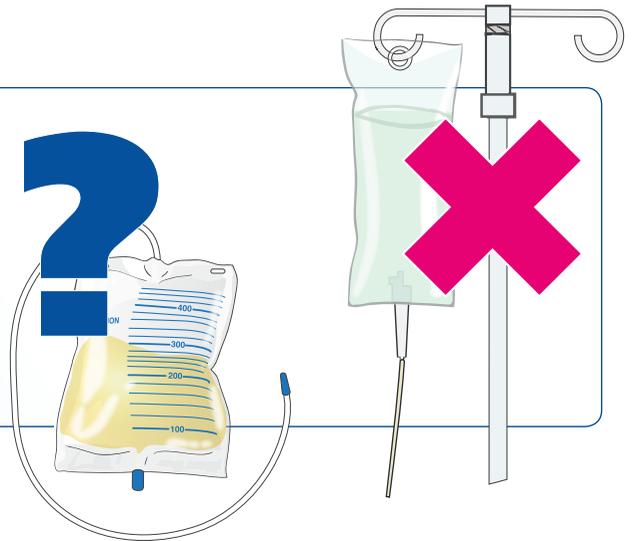
- It is important to eat. Eat regular food unless you have special dietary needs.
- You may also get a protein drink (Ensure or Boost).



Tubes and lines

Your urinary catheter might be removed today.

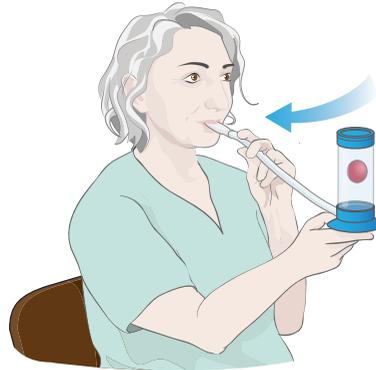
Your IV will be removed when you are drinking well.



Goals for Day 2

Breathing

- Do your breathing exercises.



Activities

- Sit in a chair for meals.
- Do your foot and leg exercises.
- Do your other exercises.
- Walk in the hallway 3 times.
- Go on longer walks when you can.

Diet

- Eat regular food unless you have special dietary needs.
- Drink liquids including protein drinks like Ensure or Boost, if available.

Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale.

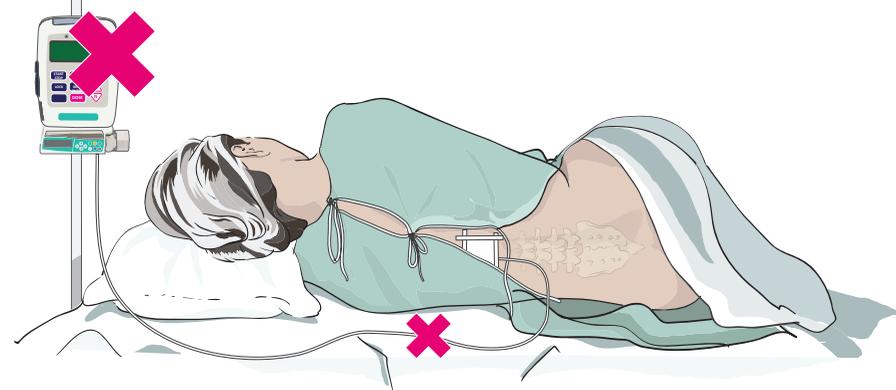


Tubes and lines

- If you still have any tubes or lines, you can expect them to be removed today.
- If you have a patient-controlled analgesia (PCA or PCEA) pump: it might be removed today, and you will take pills to control your pain.



If you have an epidural: you will have a “stop test” today, to see if your pain can be controlled only with pills.



Depending on your surgery, you can expect to go home any time after Day 1.

Remember to arrange your ride. Tell your nurse if you have any concerns about going home.



Going home

Plan to go home before noon.

Before leaving the hospital, make sure you have all the information you need to manage your care at home including:

- Before and after hospital medications and prescriptions
- Follow up appointments and home care services if needed
- Concerns or questions you may have

A member of your health care team will give you an exercise plan to continue at home. This will help you recover so that you can resume your normal activities. See pages 48 for exercises you can do every day and how to do them.



If you will need to have injections to prevent blood clots at home, your nurse will show you how to give yourself the injection.



Ask your surgeon when you can go back to work and/or resume sexual activity and intercourse. This will depend on your type of surgery, your recovery and if work, the type of work.

At home

Pain

You will have some pain and discomfort for a few weeks after your surgery. This is normal, but it will get better.

To relieve your pain, take acetaminophen (Tylenol) and your anti-inflammatory first.

Add the opioid (Oxycodone) prescribed to you **only if your pain is still not controlled**.

If your pain medication causes burning or pain in your stomach, stop taking them and call your surgeon's office.



! If you have severe pain, and your medication is not helping, call your surgeon's office. If you can't reach someone, go to the emergency department.

Pain medication may cause constipation.

To help your bowels stay regular:

- Drink more liquids.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 10 minute walk is a good start).
- Take stool softeners if your doctor tells you to.



Incisions

Your incisions (cuts) may be slightly red and uncomfortable for 1-2 weeks after surgery.

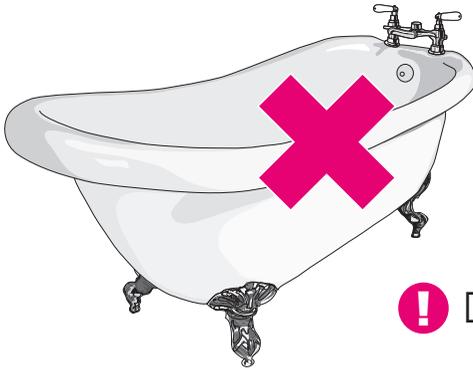
You can take a shower:

- about 1 day after laparoscopic surgery
- 2 days after open surgery

Let the water run softly over your incision(s) and wash the area gently.



! Do not scrub.

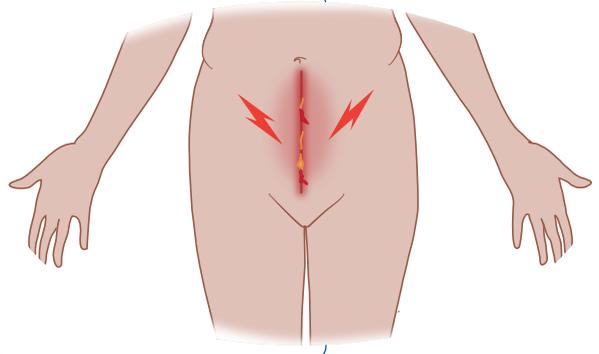


! Do not take a bath for 2 weeks.

Your nurse will arrange for your community health clinic to remove any clips or stitches about 7-10 days after your surgery. Your community health clinic will contact you at home.

! **Contact your surgeon if:**

- Your incision becomes warm, red, and hard.
- You see pus or drainage coming from it.
- You have a fever higher than 38 °C/100.4 °F.



Diet

You can eat anything you want, unless your surgeon, nurse or nutritionist tells you not to.

Eat foods that have protein to help your body heal. Meat, fish, chicken, and dairy are good sources of protein. If you have any special dietary needs, restrictions, or concerns, speak with your health care team before you leave the hospital.

Drink fluids to make sure that you are well hydrated.

If you have an ostomy, your bowel habits might change after surgery. You might have loose stools,

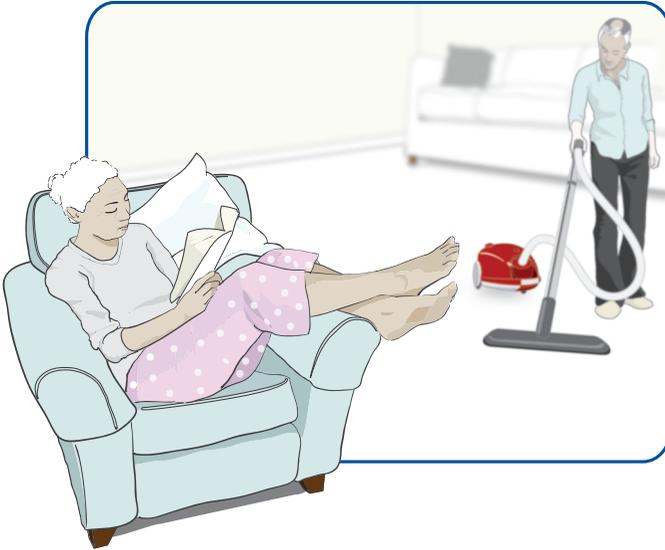
become constipated, or go to the bathroom more often. Over time, your bowel habits can return to normal. Some foods might upset your stomach or cause loose bowel movements at first. If this happens, stop eating those foods for a few weeks. Start them one at a time when you feel better.

If you find you get full quickly, try eating smaller meals and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements like Ensure or Boost.



 If you have nausea or if you vomit, call your surgeon.

Activities



Ask your family and friends for help with:

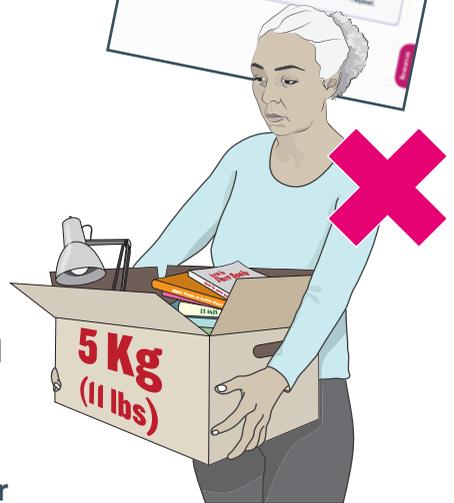
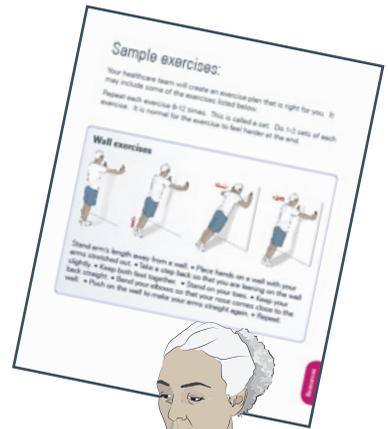
- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

Exercise

- **Continue to walk 3 times each day.** Increase the distance until you reach your usual level of activity. You can also try climbing stairs as part of your exercise. If it is hard to climb stairs every day, try doing this every other day until you are more used to it.
- **Try to get a total of 150 minutes of moderate exercise every week.** You can divide it up how you wish. For example, you can do 30 minutes of an activity 5 times a week. Examples are walking or biking, but there are many others.



- Your health care team will give you an exercise plan. Follow the exercise plan. This may include leg, arm, and core exercises.
- It is normal to feel some stiffness or discomfort when you start new exercises, and you should expect that your incision is secure. **You should not be in pain when doing exercises.** Start slowly. Gradually increase the number of exercises you do.
- These exercises will get easier over time. You will be able to do more. This will also help you get stronger and recover better.
- If you are feeling pain, check that you are taking the medication that was given to you as prescribed. This should help control your pain.
- **If you are feeling pain, and your medication does not work, contact your health care team.**
- **Do not lift more than 5 kg (11 pounds)** for 1-2 weeks after your surgery.
- **Do not lift more than 15 kg (33 pounds)** for 3-4 weeks after surgery.
- **Do not drive while you are taking narcotic pain medication.**
- When you are pain-free, you can go back to doing most activities.



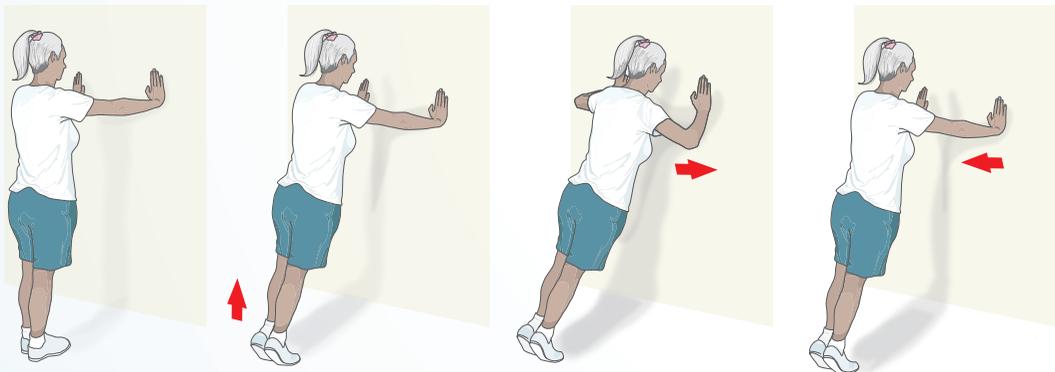
 Remember, exercise is important for your mobility and your health. Not moving around can slow down your recovery. Staying in bed for a long time can even cause serious health problems.

Sample exercises:

Your health care team will create an exercise plan for you. It may include some of the exercises listed below.

Repeat each exercise 8-12 times. This is called a set. Do 1-2 sets of each exercise. It is normal for the exercise to feel harder at the end.

Wall exercises:



- Stand arm's length away from a wall.
- Place hands on a wall with your arms stretched out.
- Take a step back so that you are leaning on the wall slightly.
- Keep both feet together.
- Stand on your toes.
- Keep your back straight.
- Bend your elbows so that your nose comes close to the wall.
- Push on the wall to make your arms straight again.
- Repeat.

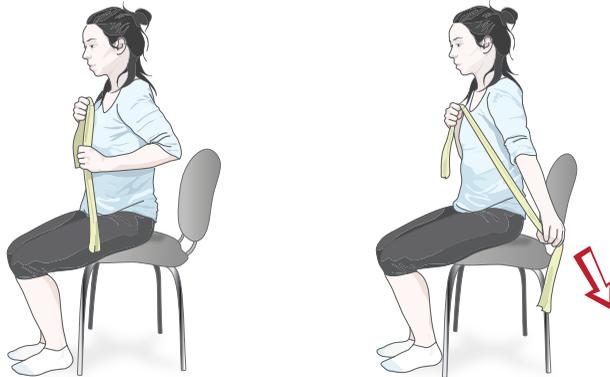
Bicep Curl:



- Sit on a chair or bench.
- Place a large elastic band under both feet.
- Hold the elastic in both hands with your arms down by your sides.
- Keep palms facing out.
- With elbows glued to your sides, bend your forearm up towards your shoulders.
- Bring your arm back down.
- Repeat.

* You can use a can of food, water bottles or bag of beans instead of elastic bands.

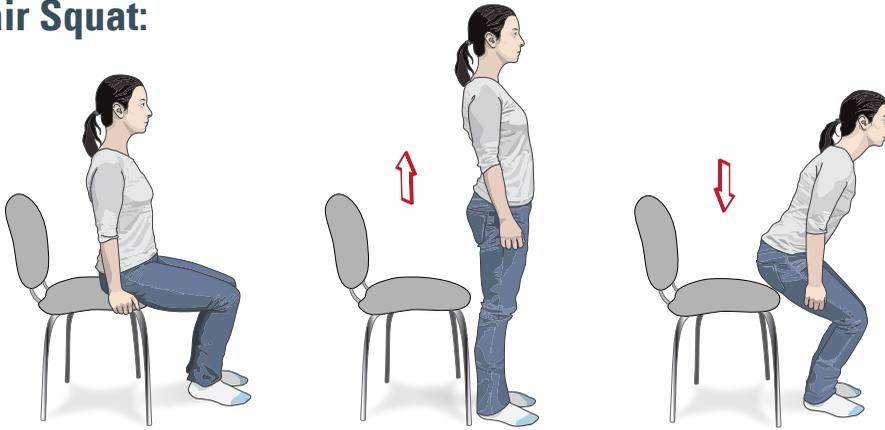
Tricep Curl:



- Hold the elastic in both hands to your chest.
- With one hand, keep your elbow pressed to your waist and pull the elastic down.
- Bring your arm back up.
- Repeat.

* You can use a can of food, water bottles or bag of beans instead of elastic bands.

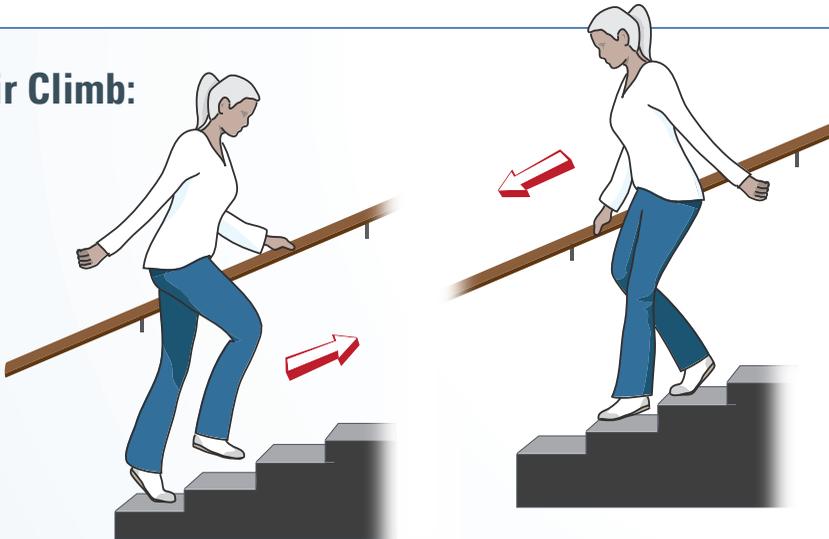
Chair Squat:



- Sit at the edge of your chair with your legs at an angle of 90°.
- Stand up without using your hands.
- Sit back down.
- Repeat.

* Try not to move your feet.

Stair Climb:

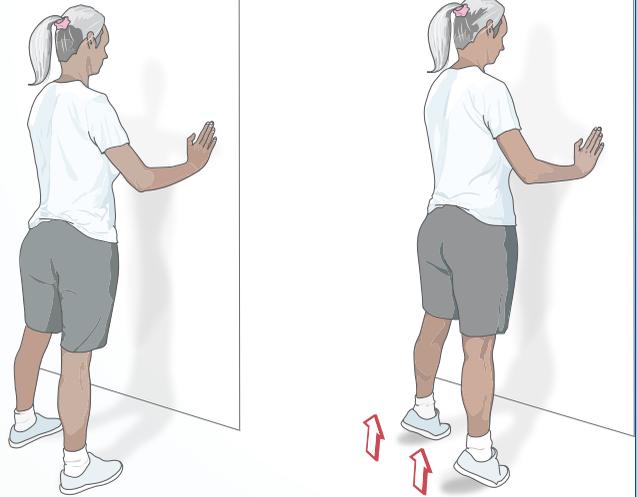


- Walk up and down a flight of stairs.

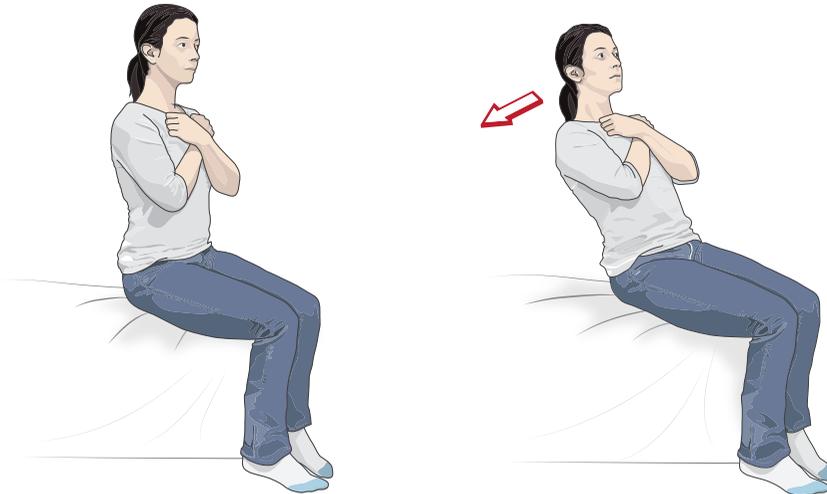
* Try not to hold on to the railing or wall on the way up if possible.

Calf Raises:

- Stand facing a wall or a chair.
- Be prepared to use this for support if needed.
- Lift both heels off the ground at the same time.
- Return heels to floor.
- Repeat.



Abdominal Crunches



- Sit at the edge of a chair or a bed.
- Cross your arms over your chest.
- With your feet on the floor, lean back as far as you can before your feet begin to lift off.
- Hold this position for 2 seconds.
- Sit back up.
- Repeat.

When to call your surgeon

Call your surgeon if:



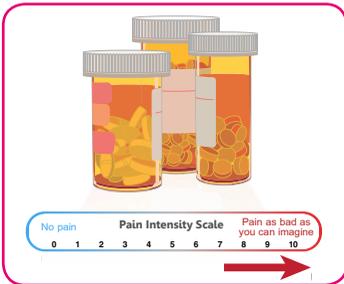
Your incision is warm, red and hard, or if you see pus or drainage coming from it.



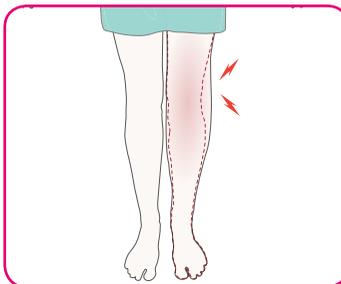
You have a fever higher than 38 °C/100.4 °F.



You cannot drink or keep liquids down (nausea or vomiting).



Your pain is getting worse and your pain medication does not help.



You have redness, swelling, warmth or pain in your leg.



You urinate (pee) a lot, have a burning feeling or pain when you urinate, or always feel a strong need to urinate right away.



You have trouble breathing.



If you cannot reach your surgeon, go to the nearest Emergency Department.

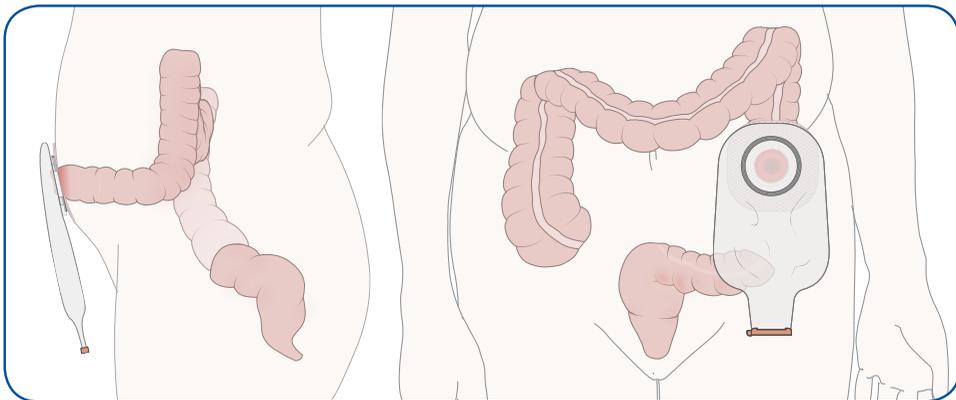


Resources

What is an ostomy?

Some people who have gynecologic surgery may also need to get an **ostomy** during surgery. **An ostomy is an opening in your belly where stool and gas pass** out into a bag instead of out your anus. This opening might be used for a short time or it can be permanent.

Before the surgery, your surgeon will tell you if you need an ostomy. If you do, you will also meet with a nurse who specializes in ostomy care. Our team will offer advice for how to care for your ostomy, and how to manage any side effects you may have. In time, you should be able to return to your normal activities.



A nurse who specializes in ostomy care is also called an **enterostomal therapist (ET) nurse**.

You may contact the ET nurse if you have questions.

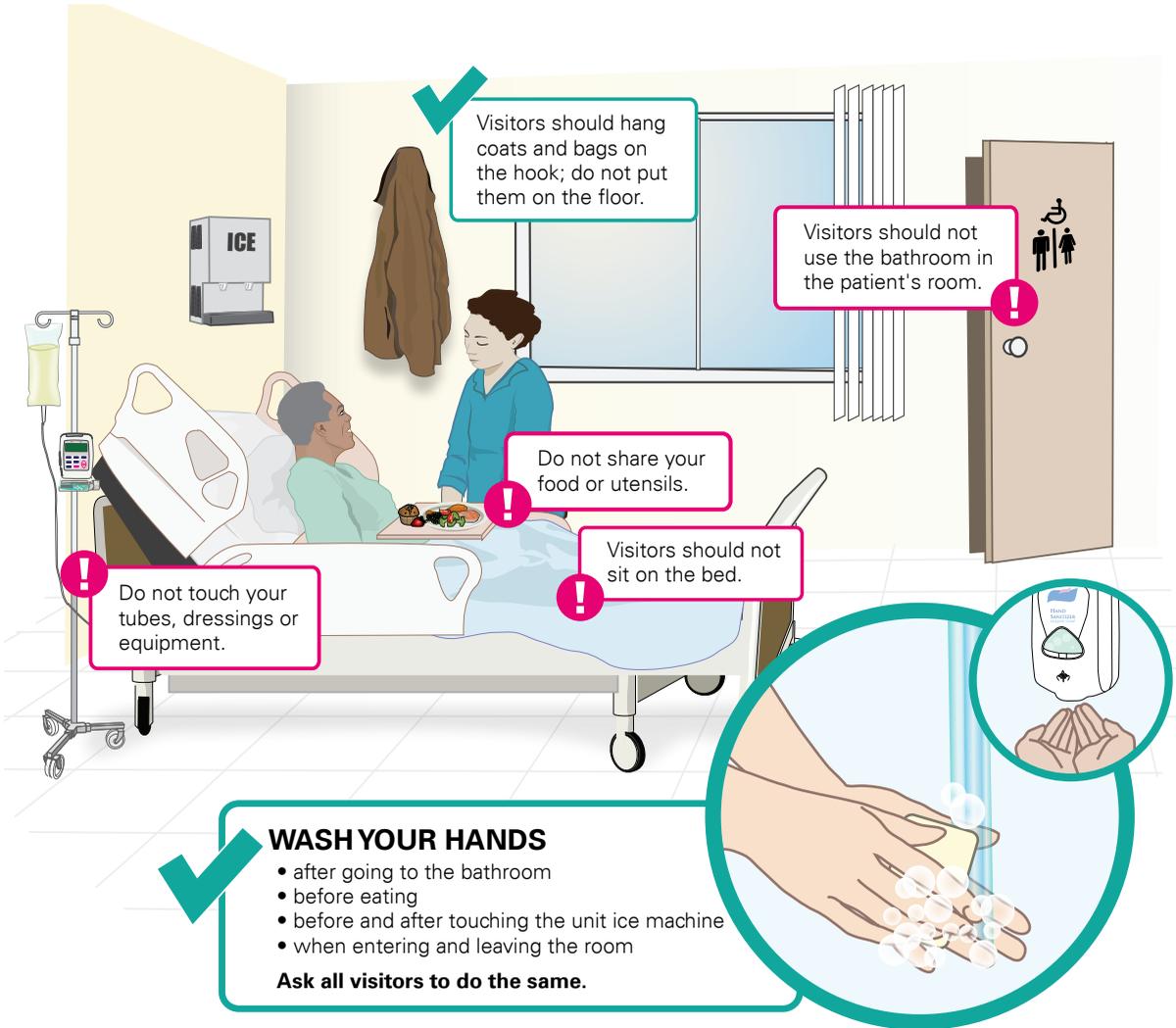
Telephone:

E-mail:

For more information about ostomies, follow this link:

<http://muhcguides.com/module/ostomy>

Preventing infections in your hospital room



Websites of interest

Resources to help you stop smoking



Quit line:

1-866-527-7383 (free) or www.iqitnow.qc.ca

Quit Smoking Centers

Ask your Community Health Clinic for information

The Lung Association:

1-888-566-5864 or www.lung.ca

Smoking cessation clinic at your hospital:

(needs a referral from your doctor).

Send the referral by fax:

Looking for more information on your surgery?

For more about ostomy care:

www.muhcguides.com/module/ostomy

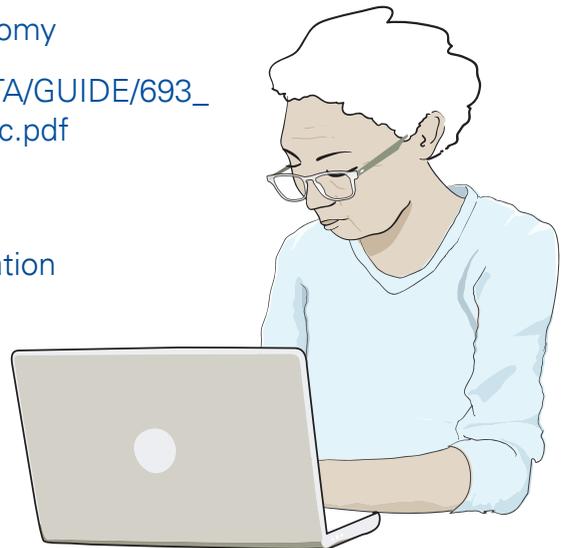
www.muhcpatienteducation.ca/DATA/GUIDE/693_en~v~ostomy-recovery-poster-muhc.pdf

For more about anesthesia:

www.cas.ca/english/patient-information

MUHC Libraries – Patient portal:

www.muhclibraries.ca/patients



Parking Information



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes

FREE

4-24 hours

FLAT RATE \$24

EXPRESS PARKING
4-24 hours

FLAT RATE \$30

REDUCED PARKING RATE PASSES

WEEKLY PASS

7 DAYS

\$60

Unlimited entry and exit at the hospital where the pass was purchased

Available at payment machines

14 DAYS

\$85

LONG-TERM PASS

30 DAYS

\$70

Certain conditions apply

Available at the Customer Service Parking Office

FLEXI-PASS

7 VISITS

\$100

1 entry 1 exit per visit
No expiry date

Available at the Customer Service Parking Office

WHERE TO PAY



Cash or by credit card
Visa or MasterCard

Automated payment machines
on each P level



By debit card or
credit card

Customer Service Parking
Office on RC level



By credit card Visa or
MasterCard

Barrier gate at exit
(hourly parking only)

CONTACT US



Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

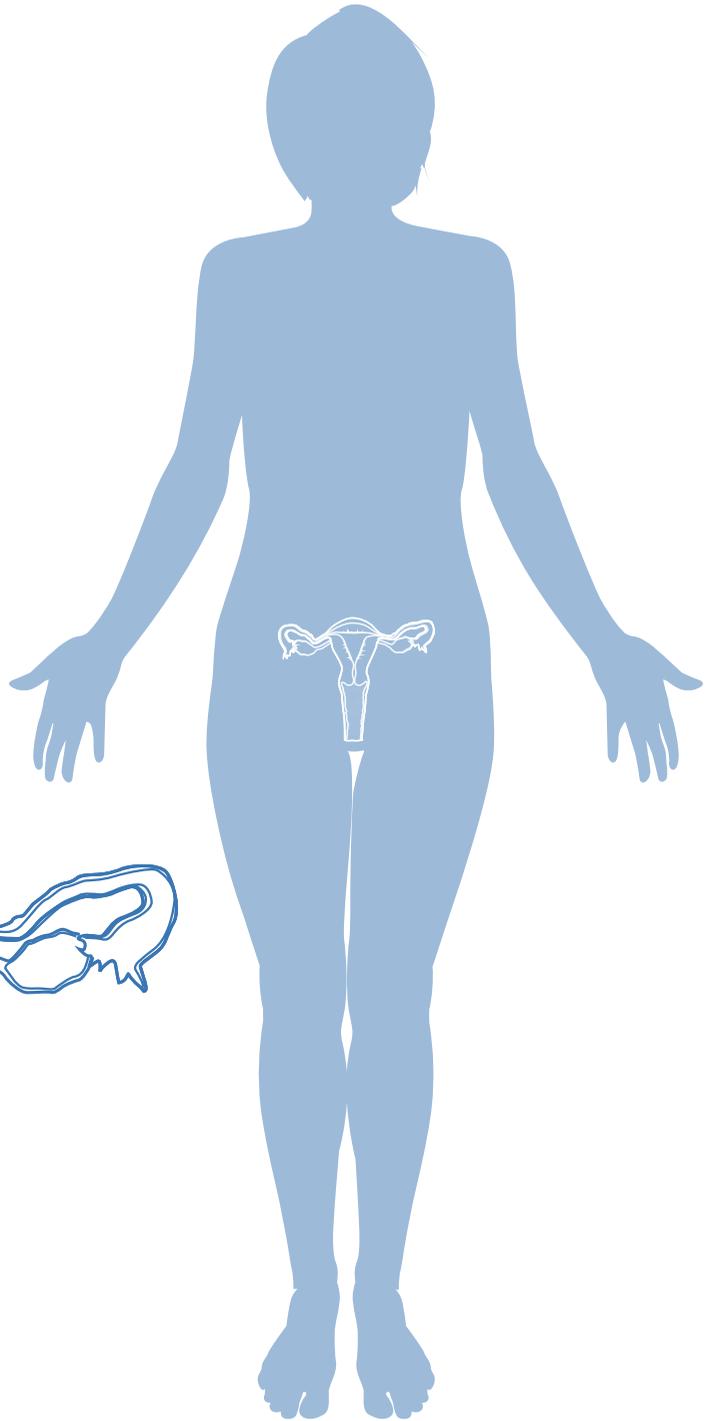
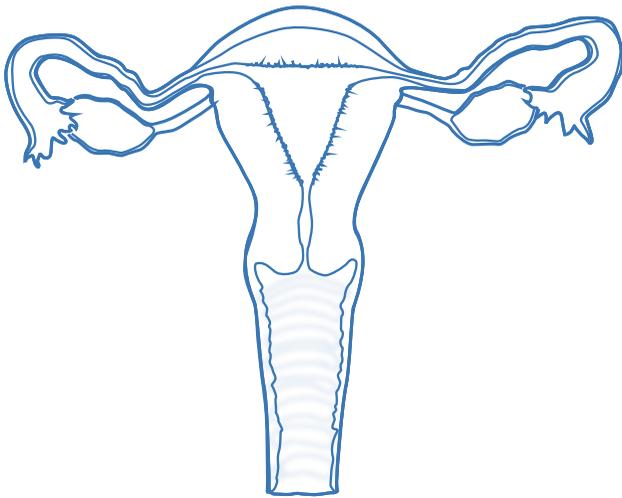
Customer Service Parking Office
Royal Victoria Hospital Main Entrance
D RC.1000 514 934-1934, 32330
Montreal Children's Hospital Main Entrance
A RC.1000 514 412-4400, 23427



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

Notes

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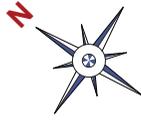
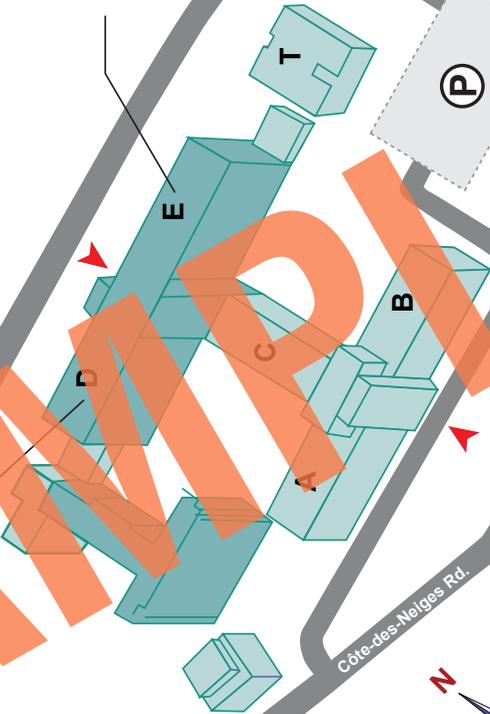


Hospital Map

SAMDFE

D10.124
Surgical admission
services

E10.117
Preoperative clinic



Legend

- Entrances
- Parking

Cedar Ave.

Côte-des-Neiges Rd.

Pierre Ave.
Guy St.

(P)

(P)