

The Women's Centre, Gynaecology Ward
**Abdominal Hysterectomy –
your nursing care, recovery,
and getting back to normal**



Welcome to the Gynaecology Ward. This leaflet has been written to try to answer some of your questions about what will happen to you while you are in hospital. We hope the information will help you to make a good recovery.

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Admission

You will be admitted to the Gynaecology Ward the day before your operation. A nurse will show you to your bed and you will be able to familiarise yourself with the ward. A nurse will take your blood pressure, pulse and temperature and check your urine for any abnormalities. If appropriate, a pregnancy test will be done.

A doctor may visit you to see if you have any last minute questions about your operation. If you did not sign a consent form at the pre-operative assessment clinic this will be done with you. The consent form should clearly state what operation you are having, the potential benefits and the risks involved. Please read the form carefully before signing it. You will be given a copy to keep.

The anaesthetist will also see you to discuss what type of anaesthetic you will have, and the different ways of controlling your pain after the operation.

If you have any further questions, please do not hesitate to talk to one of us.

Medicines

Please bring into hospital any medicines (tablets, eye drops, inhalers etc) that you take at home. You may need to stop taking some medicines before your admission – e.g. aspirin, warfarin, HRT, the oral contraceptive pill, and herbal medicines. This may vary for individual patients so it is very important to check with the nurse or doctor at your pre-operative assessment appointment.

Visiting Hours

The Gynaecology Ward visiting hours are 2pm-4pm and 6.30pm-8pm daily. In fairness to all patients on the ward we would be grateful if you could stick to these times. If you have a genuine difficulty, please see a member of the nursing staff.

Patientline

Patientline is a television and telephone service available at each bedside. If you choose to use Patientline you will need to buy a card on the ward to operate it, and register as a user with the operator. Mobile phones are not allowed on the ward, but may be used in the conservatory area by the reception desk.

Preparation for your operation

You may need to shave the pubic hair off your lower tummy. You can do this yourself, or if you are unable to, a nurse can do it for you.

If you have not opened your bowels recently, we may give you a small enema to help you go to the toilet.

You will have your legs measured for anti-embolism stockings. These stockings help to prevent blood clots from forming in the veins in your legs (known as DVT or deep vein thrombosis). You will wear the stockings for the operation and throughout your hospital stay. However, it is still important that you begin to move your legs and ankles as soon as you can after the operation in order to increase the blood circulation in your legs.

You will not be able to eat or drink anything for a number of hours before your operation. The nurses will tell you when you need to stop.

You will need to have a bath or shower a few hours before the operation. If you are unable to do this on your own the nurses will help you.

You may be given some tablets to take before your operation. The nurse will explain what the tablets are for.

Before you go to the operating theatre the nurse will complete a safety checklist with you, to ensure you are correctly prepared for your operation.

A nurse will then go with you to the theatre, and will stay with you until you have been handed over to the theatre staff in the anaesthetic room.

After the operation

Observations

You will stay in the recovery area where you will be carefully observed until you are well enough to go back to the ward. You may have an oxygen mask on. The nurse will frequently monitor your blood pressure, pulse, breathing, and temperature. The nurse will also look at your wound dressing and check for any vaginal bleeding. You may have a wound drain coming out of your tummy, which normally stays in for a day or so. The doctors will decide when it can be removed, and one of the nurses will take it out.

Pain control

For the first 24-48 hours after the operation you may have a Patient Controlled Analgesia pump (PCA). This is a syringe pump containing a strong painkiller, which you can control yourself. If you have any pain you simply press a button. The PCA will give you a monitored amount of painkiller from the syringe, through a fine plastic tube that goes into a vein. The machine controls the amount of drug you have, so you cannot have too much in one go. The nurses will monitor the amount of drug you are having and how well it is working to control your pain.

If you do not have a PCA you may need to have strong painkillers by injection to keep you comfortable. Once you no longer require such painkillers, the pump will be removed or the injections stopped. You will also have a choice of tablets or suppositories to control any pain you may have. You will be encouraged to take painkillers, as being comfortable helps to speed up your recovery.

Many women get wind pains a few days following the operation, which can be uncomfortable and make the tummy feel bloated. This should not last long and can be relieved by medicines, eating and walking about.

Eating and drinking

The anaesthetic may make you feel nauseous (sick). If this happens we can give you tablets or injections that will help. You may also find that drinking straight after your operation makes you feel sick. A mouthwash or small sips of water may make you more comfortable.

You will have a drip going into one of your veins to make sure you get enough fluids while you are not able to drink. When you are drinking enough fluids and no longer feel sick, the drip will be removed. We will tell you when you can start to eat.

Passing urine

During the operation the doctors may put in a catheter. A catheter is a thin rubber tube that goes into your bladder and the urine drains into a bag by the side of your bed. The nurses will empty this. The catheter is usually removed the following day. If you do not have a catheter, the nurses will help you to use a bedpan, or help you out of bed to use a commode (a portable toilet) until you are able to walk to the toilet yourself.

Bowels

It may take two to three days to have your bowels open. If you are having difficulty we can give you some medicine to help you have your bowels open. You will also find it helps if you:

- Drink lots of fluid
- Eat a high fibre diet (e.g. wholemeal or granary bread, fruit, vegetables, cereals)
- Keep having short walks and staying mobile.

Mobility and exercises

You may wake up after your operation with Flowtron boots on your legs. These boots rhythmically compress your legs to improve the blood circulation and help prevent blood clots (DVT) from developing. They are usually removed the next morning when you are ready to get out of bed.

The first day after your operation you will be encouraged to sit out in your chair, even if only for short periods of time. While you are in bed it is important for you to move around in order to relieve pressure on your heels and bottom. You will be expected to move yourself, but the nurses will show you how and give you help if needed.

We will also encourage you to rest, but it is also important to start doing exercises as soon as you can. Here are some important ones to do:

Foot Exercises

- Why? To increase the blood circulation in your legs to help prevent DVT.
- How do you do them? With your legs straight, briskly circle or bend and stretch your feet up and down from the ankles 10 times.
- How often? Every hour until you are up and fully mobile.

Breathing Exercises

- Why? After an anaesthetic it helps to move any phlegm (thick mucus) from your throat or lungs.
- How do you do them? Sit comfortably supported with pillows and your knees bent. Take a long, slow breath in through your nose and hold for a count of two. Sigh the air right out slowly. Repeat 3 times.
- How often? Every hour until you are walking well and have no phlegm.

Moving in Bed

Why?

It is good for your circulation, it helps to prevent pressure sores and it also helps to move wind.

How?

Always bend your knees before turning or moving up and down the bed.

Place a pillow/towel between your knees.

Use a towel/pillow as a wedge to support your tummy.

Avoid twisting. Move your body as a whole keeping your shoulders and hips in line.

Wound Support

If you need to cough, sneeze or laugh you may want to support yourself to make this more comfortable.

Place a towel/pillow over your wound and apply pressure.

To get out of Bed

Bend your knees, turn onto your side. Let your legs drop off the edge of the bed. Push yourself up with your arms into a sitting position on the edge of the bed. Then sit on the side of the bed for a few minutes before standing up.

In the days following your operation you will need to take frequent short walks around the ward.

There are other exercises you need to do once you are at home. Physiotherapy classes are held on the ward 2-3 times a week and you are strongly encouraged to attend one of these sessions if you are able to.

Hygiene

On the morning after your operation a nurse will help you to have a wash. On the second morning, the nurse will help you to have a wash, shower or bath. On the third morning you will probably find you are able to have a shower or bath on your own, but if you need any help please ask. We recommend not using highly perfumed products and it is important to rinse away any soap from your wound, and then dry it carefully. It is best to avoid using talc around the wound area. Douching is not advised.

Wound and stitches

At first you may have a dressing covering the wound. This will be removed on the second day following the operation. The nurses will look at the wound a couple of times each day to check it. If you are worried about your wound, please talk to a nurse.

One of the nurses will remove your stitches or clips when your doctor says they can come out. This is not normally painful. If you have dissolvable stitches, they do not need to be removed. If you go home before your stitches or clips have been taken out, you will need to arrange to have them removed at your GP's surgery by the practice nurse. Before you leave the ward you will be given a letter to give to the practice nurse which will explain your operation and when the stitches or clips need to be removed.

Once you are at home, if you have any concerns about your wound (for example, if it starts to leak fluid, or if the edges of the wound come apart), please see your GP or the practice nurse at your surgery.

Vaginal bleeding

You may experience some vaginal bleeding after your operation. This may last up to a week or so. You are advised to use sanitary towels and not tampons at this time. Once you are at home, if you have new pain, fresh or heavy bleeding, or if you notice a smelly discharge, you should see your GP for a check up.

HRT / Menopause (Change of life)

If your ovaries are removed, then you will now be menopausal and your medical team will discuss HRT with you if appropriate. If your ovaries have not been removed, you will become menopausal sometime in the future. It is not possible to predict when this will be; it is sometimes sooner than expected after gynaecological surgery and the menopause may be more difficult to recognise without periods. If you think you may be menopausal, speak to your GP, particularly if you are in your forties or even younger.

This advice is intended as a general guide. Everyone is different. You may also receive further information which is more specific to you, to aid your recovery.

Recovery is a time-consuming process, which can leave you feeling very tired, emotionally low or tearful. This often happens during the early days and is a normal reaction. The body needs time and help to build new cells and repair itself.

Going home

- You will be discharged from hospital once you are medically fit. This will be approximately 2-5 days after your operation, but in some cases it may be longer. Try not to compare your recovery with other women on the ward, as everyone is different.
- Once doctors have decided you are well enough to go home, we aim to get patients home early in the day, i.e. before 11.00am. Please consider this when arranging for a family member or friend to collect you.
- You will need to arrange for someone to collect you to take you home.
- You may be transferred from the ward to the discharge lounge while you wait to be collected.

Before you go home

- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your GP about your operation. This will be sent in the post. You will be given a copy for your own records.
- Make every effort to attend a physiotherapy class so you understand the exercises you should do at home.
- Ask if you need to take any medicines home with you.
- Ask if you need to attend the Outpatient Department again or where your follow up will be.

- If you have any questions or concerns, please speak to one of the nurses.

Help at home

It will help you if you can arrange to have someone at home for the first week or two to look after you and do the cooking, washing and housework etc.

The first two weeks at home

DO:

- Eat a well balanced diet including fruit and vegetables and drink plenty of fluids to avoid constipation. By eating a healthy diet you will help to improve the healing process.
- Get dressed properly each day and get out for a short walk, 5 minutes the first time, increasing in length each day. Rest when you feel tired.
- Only light household duties e.g. dusting, making a cup of tea etc.
- Accept any offers of help from family or friends to ensure the essentials such as washing and cooking are done.
- Continue to do the exercises taught by the physiotherapist.
- Continue to bath or shower every day as you have done in hospital.
- Occupy yourself. Read, sew, do things that you enjoy.

DO NOT:

- Carry shopping, toddlers or heavy objects (more than a full three-pint kettle).
- Move furniture or use the vacuum cleaner.
- Drive a car.

Getting back to normal

After two weeks you can gradually start to do more. By 6 weeks most women are back to normal activity with the exception of any work involving heavy lifting or doing prolonged or vigorous sports. As a general rule, listen to your body and use your common sense. Do not push yourself too hard.

Exercise

It is important to continue to exercise and walking is an excellent example of this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. You should avoid high impact exercise (e.g. jogging, aerobics) for about 3 months.

Driving

From a surgical viewpoint we recommend that you do not drive for about 6 weeks, but always check with your GP or hospital doctor first. You will also need to check with your insurance company that you have insurance cover before you start driving again. It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop if needed. Remember, you need to think of yourself and other people's safety.

Back to work

Some jobs are more strenuous than others. Some women are able to return to work soon after their post-operative check up at approximately six weeks, but you can be away from work for longer than this. Discuss this with your surgeon or GP to decide what is best for you. It may take up to six months until you feel completely fit.

Resuming sexual relations

We advise that you avoid penetrative intercourse for about 6 weeks, until you have had your check up with the doctor. This will allow time for everything to heal. However, every individual is different and therefore we suggest that you discuss this with

your doctor before you leave hospital. If you do experience any problems, once you resume sexual intercourse, you could discuss them with your GP.

Cervical smears

If your cervix has been removed (i.e. if you have had a total hysterectomy) you will no longer need cervical smear tests. However, some women may still need smears taken from the top of the vagina. You should discuss this with your doctor. If your cervix has not been removed (i.e. if you have had a sub-total hysterectomy), you will need to continue to have cervical smears.

If we can be of any further help please contact us at:

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Reference

Haslett S, Jennings M, Walsgrove H, Weatheritt W (2003). Hysterectomy, Vaginal Repair, and Surgery for Stress Incontinence. 5th Ed. Beaconsfield Publishers Ltd. UK

Further information

The following websites give more information on HRT and the menopause.

www.menopausematters.co.uk

www.daisynetwork.org.uk

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473**. When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

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Version 2, August 2009
Review August 2012
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