your guide to urological surgery
Before Surgery
Preparing for Surgery

Patients able to be discharged to go home are cared for by our perioperative team in the Surgical Care Unit. Whether or not your surgery is considered day surgery is determined by several factors:

- Complexity of the surgery
- Length of the surgery
- Whether you have other chronic health conditions that may complicate your recovery

Making Arrangements at Home and at Work
As you prepare for your surgery, you will need to make arrangements to give yourself some “responsibility-free” time after you go home.

It is also important to make arrangements at work. Obtain work excuses, return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.

The following checklists may be helpful in your planning. (Check as completed)

- You MUST arrange for transportation to and from the hospital. You cannot drive yourself home.
- When possible, make arrangements for someone to care for your children, parents, pets or other dependents while you are in the hospital and after you are home.
- Children must be with an adult at all times if they visit you in the hospital. You may NOT be the caregiver. Please do not bring sick children to the hospital to visit you. Be sensitive to other patients—playing or crying children might disturb them.
- Arrange to have someone such as family, friends, church members and/or neighbors available to help you when you return home.
- Cook and freeze nutritious meals so you will have some rest from the kitchen after surgery.
- When friends offer to help, ask them to provide a meal after your surgery or ask them to bring lunch and visit with you at the same time. You could also ask if they would run an errand for you.
- Stock up on groceries and routine medications for yourself and your family before you have surgery.
- Rearrange furniture items and sleeping quarters for your convenience if needed.
- Check your home for fall hazards such as slippery surfaces and scatter rugs. Consider purchasing safety items such as a bathtub mat, a shower bench or a rail if needed.
- Call Woman’s Social Services at 225-924-8456 if you have special needs for home care or sitter services. Social Services can work with you to explore available community resources.
- Clean your house and do your laundry before surgery. You may not be able to do these tasks for a period of time after surgery.
- Call your health insurance company to be sure they have approved your surgery and to obtain pre-certification numbers if needed.
- Obtain work excuses, return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.
Before Surgery

Getting Ready
Pre-operative Evaluation with Your Doctor(s)
At your pre-operative appointment with your doctor, discuss any questions you have. Knowing what to expect helps relieve any anxiety you may have about your surgery.

Some frequently asked questions about surgery include:

• What type of pain will I have after surgery?
• Where will the pain occur, and how long is it likely to last?
• When can I eat after surgery?
• How long will I stay in the hospital?
• When can I return to work?
• When can I ride in a car, and when can I drive myself?
• When can I walk for exercise at home?
• When can I return to my exercise program?
• When can I resume sexual relations?

Inform your doctor of all medical conditions you have, such as asthma, diabetes, thyroid problems, back/neck pain, mitral valve prolapse, etc. Your doctor will determine if it is necessary to have clearance from any other doctors before you have surgery.

If you smoke, discuss with your doctor prior to your surgery whether medication (patches, pills, nasal spray) is needed during your hospital stay to help you cope with not smoking. Woman’s is a smoke-free environment and can provide you with resources to help you quit smoking if desired.

If you are being followed by other doctors for special medical conditions, please notify them you are going to have surgery. Ask which medications that they prescribe need to be continued at the hospital.

Tell your doctor ALL medications you are taking, including:

• Prescription
• Non-prescription
• Herbs
• Diet pills
• Vitamins

Ask your doctor when to stop taking any of these medications before your surgery.

Your doctor may give you a prescription for medicine you will need after your surgery. Please have this filled before your surgery date so that you will have it when you get home.

If you feel sick (have fever, sore throat or any type of infection) between now and the time for your surgery, tell your doctor. Also, tell your doctor if you have a staph infection of the skin or any skin sores or ulcers with redness, warmth, swelling, drainage or pain. Do not wait until the day of surgery.
**Tips for Scar Massage**

- Massage the scar 5 to 15 minutes every day.
- You may use a warm compress before the massage.
- You may use vitamin E cream, aloe or cocoa butter after four weeks and only AFTER the massage, not during. During the massage you may feel strong pulling or light burning. You should never feel stabbing or sharp pain.
- When you feel the scar to be “stuck” in a particular direction, gently hold in this position until you feel it get “unstuck.”

Call Woman's Therapy Services at 225-924-8450 for information on specific abdominal rehabilitation and strengthening classes, and specific pelvic floor strengthening classes.

You may ask your doctor to refer you to the Therapy Center at Woman’s Center for Wellness. Our physical therapists specialize in women’s health and offer several classes to help you recuperate after surgery. Call 225-924-8450 for additional information or to register for a class.

When your doctor gives you a referral, present the information to your insurance company to receive the services.

**Preparing Yourself for Surgery**

- Eat and drink healthy. Your body needs good nutrition and plenty of liquids to heal, fight infection and avoid dehydration. This is NOT a time for dieting. Drink at least six 8-ounce glasses of fluid per day, preferably water. Avoid bladder irritants such as citrus juices and cranberry juice.
- Practice the postoperative exercises in this booklet daily so that you are familiar with them. You will need to do them during and after your hospital stay.
- Leave all of your jewelry at home the day of surgery.

**Pre-Surgery Bathing Instructions**

Taking an antiseptic pre-surgery shower or cleansing before surgery can reduce the risk of surgical site infection. Your doctor may recommend Hibiclens® or a different type of antibacterial soap, such as Dial®, to use for cleansing the skin before visiting the hospital. Carefully follow the steps listed below to help you complete the pre-surgery shower/cleansing process:

1. Do not shave or wax your abdomen, thighs or the area around your vagina for at least a week before surgery. Shaving with a razor can nick the skin. This increases the risk of getting a wound infection. Depending on the type of surgery you will be having, if hair needs to be removed, it will be done at the hospital with special clippers.
2. If your doctor recommends Hibiclens®, you will need to purchase a bottle at your local pharmacy (drug store). If you are unable to locate the Hibiclens®, please ask the pharmacist for assistance. This product contains an antibacterial skin cleanser known as chlorhexidine gluconate. You will need to use Hibiclens® or antibacterial soap to shower, bathe or clean your surgical site area the night before and the morning of your procedure.

**Pre-Surgery Center Appointment**

Either your doctor’s office will make your pre-Surgery Center appointment, or they will ask you to call 225-924-8604 to make your appointment.

Your appointment at Woman’s Pre-Surgery Center will take one to two hours. We suggest that you do not bring young children with you to this appointment. It may cause delays for you and other patients.

Bring a current printout of all prescription medicines from your pharmacy with you. Also bring a list of all non-prescription medications, herbal medications and vitamins with you. The staff will review and record each of the medicines you take.

You should also bring:
- Your insurance card
- Your driver’s license
- A copy of your living will, if you have one

The staff will tell you where to park on the day of surgery, and where you should check in.

If you do not speak English and need an interpreter, bring one with you if possible. Interpretive and sign-language services are available.

**Preparing Yourself for Surgery**

Please call Woman’s Social Services at 225-924-8456 if you are experiencing anxiety and need to discuss those feelings.

It is very important to prepare yourself physically for surgery. Here are important steps you should do to prepare:

- Eat and drink healthy. Your body needs good nutrition and plenty of liquids to heal, fight infection and avoid dehydration. This is NOT a time for dieting. Drink at least six 8-ounce glasses of fluid per day, preferably water. Avoid bladder irritants such as citrus juices and cranberry juice.
- Practice the postoperative exercises in this booklet daily so that you are familiar with them. You will need to do them during and after your hospital stay.
- Leave all of your jewelry at home the day of surgery.
• DO NOT use Hibiclens® on your hair, face or anywhere above your neck.
• DO NOT use Hibiclens® directly on your genital area.
• Tell the nurse if you have ever had a reaction to Hibiclens® or chlorhexidine gluconate.
• DO NOT use Hibiclens® if you are pregnant or nursing.

Dealing With Your Feelings
Adjusting to changes in your body and its ability to function can be a difficult process. After surgery, you may have feelings of depression, anger, sadness or a sense of loss. If you had a hysterectomy or oophorectomy (your ovaries removed), some of these feelings may be due to changes in your hormones.

Here are some suggestions to help manage your feelings:
• Ask your doctor or social worker for advice on dealing with your feelings.
• Learn more about your condition. The Internet may provide opportunities to “chat” with other women who are in the same situation. Some key words to search on the Internet include surgically induced menopause, premature menopause, hysterectomy and endometriosis. However, make sure the Internet sources you use are trustworthy. Federal government sites are good places to get health information. Also, please visit womans.org for helpful information.
• Talk about your feelings with your partner or other family members.
• Ask your healthcare provider for information on a possible support group for patients with a condition like yours. Woman’s Social Services provides resources and referrals for counseling, if needed. Call 225-924-8456.

Scar Massage
Why massage the scar?
Scarring tissue will form at the incision for up to one year after surgery. Massaging the scar will help it become soft and lessen the chance that it will pull on your pelvic organs. Massaging the scar also lessens the “pulling” sensation in the scar when you cough, sneeze or reach overhead.

2–4 Weeks after Surgery
(When there is no oozing from the scar and the staples are gone)
• Wash your hands before beginning scar massage.
• Rub a clean wet or dry washcloth over the scar to make it less sensitive and to make it ready to “touch.”
• With your finger or a washcloth, GENTLY rub in circles around the scar.

4–6 Weeks after Surgery
(When the scar has healed)
• Place two fingers on the scar, and move the skin in all directions.
• When you feel the skin to be “stuck,” hold in this position for 60 seconds.
• Continue to move the skin in other directions and hold if the scar feels stuck.
• As you feel the skin loosen, place two fingers on the scar, apply gentle pressure (so that you are massaging a deeper layer of skin), and continue moving and holding the skin layers as described.
Before Surgery

Cleaning the Surgical Site

• Take your shower when someone is at home with you in case you feel weak and need help.
• Unless your doctor has approved tub baths, you may shower and allow soapy water to run over your incision, rinse well and then pat dry, making sure to completely dry the incision (a blow dryer on the “cool” setting may be used to help dry the incision).
• It is important to keep your incision clean and dry, especially if you have an abdominal “roll” or “fold” that hides your incision when sitting or standing. A clean sanitary napkin or panty liner may be placed over the incision to keep the area dry (pad side toward the skin). It should be changed frequently to keep the area clean and dry.
• Use a mild liquid soap when showering or bathing
• Use a separate, clean laundered washcloth and towel to clean and dry your incision.
• When cleaning your incision between baths or showers, try to gently wipe away any drainage or dried blood that may have built up around it using a clean, damp cloth (face cloth or moist towelette).
• Do not apply lotions, powders or ointments near or on your incision unless directed by your doctor.
• Wear loose fitting clothing that will not rub against your incision while it’s healing.

If you have had a hysterectomy, do not douche, have intercourse or use tampons until your doctor says it is all right to do so.
If you have had a hysterectomy, you will no longer have a menstrual period. However, some spotting for two to three weeks after surgery is normal.

Medications

• Your doctor will give you written prescriptions as needed.
• Resuming medications that you took before surgery will be discussed on an individual basis.
• If you have a sore throat, use non-prescription lozenges.
• You may take stool softeners and laxatives as needed. Examples of stool softeners that you can buy at a drug store include these brands: Senokot®, Surfak® and Peri-colase®.

General Activities

Have a common sense approach to activity. The general rule to follow is “If it hurts, don’t do it.”

• Plan on resting and lying down several times during the day when you first go home. Have short periods of activity followed by periods of rest. Ask your doctor if you can do the other exercises listed in this book.
• Limit stair climbing for the first few days after surgery. If you have stairs in your house, plan ahead so you have to make only 1–2 trips per day up and down the stairs.
• It is most helpful to gradually increase your activities of daily living. Do not try to return to all responsibilities at one time.
• Ask your doctor when you can drive and begin your other normal activities.
• Do not do heavy housework, go grocery shopping or take long outings without your doctor’s permission. Do not lift heavy objects, including toddlers!

If you will be staying overnight at the hospital, also include:

• Socks
• Robe
• Nightgown
• Slippers (we recommend slippers that you can just slide your feet into)
• Your advance directive (living will), if you have one

We do not allow the use of personal or home medical equipment in the hospital (such as nebulizers, CPAP units, etc.) due to Patient Safety and Infection Control Standards. Personal walkers, canes, braces and special shoes are allowed.

We will provide the medical equipment with a doctor’s order. Please communicate any special needs you may have to the nurse during the admission process.

Frequently Asked Questions about General Anesthesia

Will I need an IV? Yes, every patient who has surgery at Woman’s has an IV (intravenous) line started before going to the operating room. This IV line is used to give you medications and fluids directly into the vein.

Why will I have a tube in my throat? Usually a tube is needed to keep your airway open during surgery. The tube is placed in your throat after you are asleep and removed before you wake up. This may cause you to have a scratchy feeling in your throat after surgery. If you have questions about this, please call Anesthesia at 225-924-8149.

Will someone be with me the entire time I am asleep? Yes. The anesthesia care team includes both a doctor who is an anesthesiologist and a nurse who is a certified registered nurse anesthetist (CRNA). This type of team provides the best anesthesia care. At least one member of the team will be with you the entire time you are asleep.

Where will I wake up? After your surgery is over, you may begin to awaken as you are transported to the recovery room. There you will continue to wake up. Most people do not remember the early waking process.

Will I hurt when I wake up? Some pain after surgery is to be expected. However, the amount of pain varies depending on the individual and the type of surgery you have. Your doctor will have ordered pain medications to be given if you need them. Our staff will keep you as comfortable as possible.

Can I drive myself home from the hospital? No, you must have a responsible adult drive you home from the hospital after surgery.

Do not bring valuables. The hospital is not responsible for any lost items.

Do not bring electrical appliances such as fans, heating pads or coffee makers.

Do not bring candles, incense or anything with an open flame.

Do not bring any electrical appliances or anything that could be considered home care equipment such as nebulizers, CPAP units, etc. (such as medical nebulizers, CPAP units, etc.) due to Patient Safety and Infection Control Standards. Personal walkers, canes, braces and special shoes are allowed.
Instructions for Eating and Drinking Before Surgery

For your safety while undergoing anesthesia, you must have an empty stomach. The possibilities of complications are increased if any food or drink remains in the stomach. Food may cause vomiting before, during and after the anesthetic. Make sure you understand when to stop eating and drinking before your scheduled surgery time.

We have provided some examples of light meals and clear liquids to help you select food and drink before your surgery. We have also provided a list of gas-producing foods, which should be avoided.

If your surgery is scheduled between 7:00 AM and noon:
• Eat a light meal the night before surgery.
• Do not eat or drink anything after midnight.

If your surgery is scheduled between noon and 4:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 6:00 AM the day of surgery.
• Do not eat or drink anything after 6:00 AM.

If your surgery is scheduled between 4:00 PM and 9:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 10:00 AM the day of surgery.
• Do not eat or drink anything after 10:00 AM.

Gas-Producing Foods to Avoid
• Apple, raw
• Banana
• Beans
• Broccoli
• Brussels sprouts
• Cauliflower
• Corn
• Cucumber
• Egg
• Melon
• Milk
• Onion
• Peas
• Pimento
• Radish
• Rutabaga
• Sauerkraut
• Sweet potato
• Turnip

Call 911 or go to the nearest emergency room if you have any of these symptoms listed below:
• Fever and chills or low temperature
• Pale skin color
• Listlessness (no energy; can’t get out of bed)
• Changes in mental status (acting differently than normal or confused)
• Breathing fast
• Fast heart rate
• Decreased urine output
• Low blood pressure
• Nausea, vomiting, diarrhea
• Problems with bleeding or clotting

Personal Care
• Always wash your hands after using the bathroom.
• After urinating or having a bowel movement, use lukewarm water in the spray bottle given to you to rinse the area gently. When using toilet tissue, gently pat the area dry and always wipe front to back toward the rectal area. Stool should not come in contact with the vaginal or urinary openings as this can cause infection.
• It is recommended that you take a shower daily, using soap and water to wash the incision. You may wash your hair as desired.
• Do not douche, have intercourse or use tampons until your doctor says it is all right to do so.
• It is common to have spotting, light bleeding or a brownish discharge from the vagina for several weeks. Wear a sanitary pad if needed. If the discharge becomes heavy or has a foul odor, call your doctor.

Wound Care
Caring for Your Abdominal Wound: Proper Hand Washing
You will need to wash your hands before and after caring for your abdominal wound or urinary catheter. Follow these steps:
• Take all jewelry off of your hands.
• Wet your hands, pointing them downward under warm running water.
• Add soap and wash your hands for 15 to 20 seconds (sing “Happy Birthday” or the “Alphabet Song” two times through). Clean under your nails also (a new toothbrush works great).
• Rinse well, keeping your hands pointed downward so that the water runs from your wrists downward off your fingertips.
• Dry with a clean towel.
• Use a towel to turn off the faucet so you don’t get any germs on your hands from the faucet.

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Gas-Producing Foods to Avoid
• Apple, raw
• Banana
• Beans
• Broccoli
• Brussels sprouts
• Cauliflower
• Corn
• Cucumber
• Egg
• Melon
• Milk
• Onion
• Peas
• Pimento
• Radish
• Rutabaga
• Sauerkraut
• Sweet potato
• Turnip
**Prevention of DVT Before and After Surgery**

Your doctor will assess your risk of DVT prior to surgery and order a treatment plan according to your risk.

- Your doctor may prescribe medications to prevent blood clots from forming before or after surgery or when you go home.
- You may be told to stop taking certain medications before surgery.
- During your hospital stay, you may wear special elastic stockings or inflatable boots that squeeze the leg muscles to help keep blood flowing. You may need to wear them until you are out of bed and walking or until you go home.
- The nursing staff will assist you to get up and walk around soon after your surgery.
- If you are on bed rest, exercise your legs every hour and change positions at least every two hours. Stretching your legs with “heel to toe” movements and moving feet in circles are good exercises to prevent DVT. Refer to “Activity/Exercise” in the “After Surgery” section of this booklet.
- After you go home, do not sit or lie in bed for long periods of time during the day. Continue walking around your home and changing positions frequently.

**Sepsis (also called infection in the blood):**

Sepsis is a life-threatening condition caused by an infection or its toxin spreading through the bloodstream and tissues. It usually starts as an infection somewhere in the body (bladder/kidney infection, wound infection, uterine infection, pneumonia, burn, etc.) and spreads to the blood. Sepsis affects the entire body and can result in organ damage.

**Risks Factors for Sepsis:**
- Recent illness or hospital care
- Poor health condition
- Poor immunity due to medical conditions such as cancer, diabetes or AIDS
- IV drug use
- Very young or elderly

**Symptoms of Sepsis:**

- The first symptoms may be different depending on the site of the infection. Signs that the infection is progressing to sepsis are listed below. Sepsis is a medical emergency that requires hospitalization and immediate treatment.

**Symptoms of Sepsis:**
- Very ill or unwell, with symptoms of infection
- Extreme pain or tenderness in the area of the infection
- Rapid breathing
- Rapid heartbeat
- Fever, chills or shaking
- Sudden, unexplained cough (may have bloody mucus)
- Unusual bleeding or bruising

**Examples of Light Meals**

**Example 1:**
- One small baked potato without skin OR ½ cup white rice
- One small dinner roll
- One 3–4 oz baked chicken breast OR lean roast beef
- ½ cup fruit sorbet OR ½ cup peaches
- 2 tsp non-fat sour cream OR 1 tsp butter or margarine
- ½ cup well-cooked vegetables (such as green beans)
- Decaffeinated beverages or water

**Example 2:**
- Turkey sandwich with 3–4 oz lean turkey; two slices white bread, dressed with tomatoes, lettuce, mustard and 1 tsp mayonnaise
- 10–15 pretzels
- ½ cup canned pears OR ½ cup fruit cocktail
- ½ cup low-fat frozen yogurt

**Clear Liquids:**
- Water or apple juice
- Decaffeinated coffee, tea, sports drinks, Delaware Punch®, Sprite®
- Clear broth or bouillon
- Do not drink nectars, milk, cream, cocoa, juices with pulp or energy drinks.

**Important Last Minute Instructions Before Surgery:**

☐ Take a shower the night before surgery with an antibacterial soap such as Hibiclens®. Put on clean, freshly washed clothes after showering. Refer to page 3.

☐ Take another shower the morning of surgery with antibacterial soap and put on clean, freshly washed clothes to come to the hospital. If you are unable to take a shower, you still need to wash the surgical area thoroughly with antibacterial soap. Follow instructions on page 3.

☐ You may brush your teeth, but do not swallow any water.

☐ If you have been told to take medications on the day of surgery, take with 1 oz. (2 tbsp) of water.

☐ Give yourself an enema or laxative if you have been told to do so.

☐ Remove ALL body piercings and jewelry.

**What NOT To Do:**
- Do not apply lotions or powders
- Do not suck on mints or chew gum
- Do NOT smoke the morning of your surgery
Managing Pain After Surgery

Managing your pain after surgery is important for your recovery as well as your comfort. Pain control gives you these advantages:

- You may enjoy greater comfort while you heal.
- With less pain, you can start walking, do your breathing exercises, and get your strength back more quickly.
- People whose pain is well-controlled seem to do better after surgery. With less pain, you can increase activities—this helps to decrease your risk of having some problems such as pneumonia and blood clots.

Pain is personal and can be an unpleasant feeling such as throbbing, shooting, burning, stabbing or other sensations. The type and amount of pain you feel may not be the same as others feel—even those who have had the same operation. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you can expect to have some pain after surgery.

You can help your doctor and nurses "measure" your pain. Your nurse will ask you to rank your pain level on a scale of 0 to 10. By using the pain rating scale below, your pain can be more effectively managed.

![Pain Rating Scale](image)

**Managing Pain After Surgery**

**How much does it hurt?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
</tr>
<tr>
<td>1</td>
<td>Mild Pain</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td>3</td>
<td>Severe Pain</td>
</tr>
<tr>
<td>4</td>
<td>Very Severe</td>
</tr>
<tr>
<td>5</td>
<td>Worst Possible</td>
</tr>
</tbody>
</table>

You may also set a pain control goal (such as having no pain that is worse than “2” on the scale). You will need to tell your nurse when your pain level is higher than your goal. Few people are able to meet a goal of “0.” Reporting your pain as a number helps the doctor and nurses know how well your treatment is working and whether to make any changes. You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.

Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.

Other Possible Complications After Surgery:

**Blood Clots (also called deep vein thrombosis or DVT)**

Deep vein thrombosis (DVT) is a blood clot that forms in a vein, deep in the body, that may partially or completely block the flow of blood through the vein. Most deep vein blood clots form in the lower leg or thigh, but clots can also form in the pelvis and other parts of the body.

A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called pulmonary embolism (PE). PE is a very serious condition that can be life-threatening.

**Causes of DVT**

- Damage occurs to a vein’s inner lining
- Blood flow is slower than normal
- Blood is thicker or more likely to clot than normal
- Inherited conditions, such as blood clotting disorders

**Risk Factors for DVT**

Some people are more likely to get blood clots. Your risk for DVT increases if you have more than one of the risk factors listed below. Talk to your doctor to see if you are at risk.

- History of blood clot or family member who has had a blood clot
- Recent surgery and age over 40 (although DVT can occur at any age)
- Broken bones requiring a cast or surgery (hip, pelvis or leg)
- Immobility (bed rest for three days or more)
- Cancer and recent or ongoing treatment for cancer
- Overweight or obesity
- Smoking
- Use of birth control methods that contain estrogen or hormone therapy. Smoking and older age add to this risk.
- Blood clotting disorders
- Central venous catheter or PICC line (in the past month)
- Severe varicose veins
- Certain illnesses, including heart failure, inflammatory bowel disease and some kidney disorders
- Pregnancy and the first six weeks after giving birth
- Long trips or long periods of sitting (more than an hour) in a car, airplane, bus or train

**Symptoms of DVT**

Symptoms of DVT may occur when the clot blocks the flow of blood through the vein.

Notify your doctor immediately if you have any of the following symptoms of DVT:

- Soreness or pain in your arm or leg
- New swelling and/or redness in your arm or leg
- Tenderness along a vein path
- One leg feels warmer than the other leg

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**Risk Factors for DVT**

Some people are more likely to get blood clots. Your risk for DVT increases if you have more than one of the risk factors listed below. Talk to your doctor to see if you are at risk.

- History of blood clot or family member who has had a blood clot
- Recent surgery and age over 40 (although DVT can occur at any age)
- Broken bones requiring a cast or surgery (hip, pelvis or leg)
- Immobility (bed rest for three days or more)
- Cancer and recent or ongoing treatment for cancer
- Overweight or obesity
- Smoking
- Use of birth control methods that contain estrogen or hormone therapy. Smoking and older age add to this risk.
- Blood clotting disorders
- Central venous catheter or PICC line (in the past month)
- Severe varicose veins
- Certain illnesses, including heart failure, inflammatory bowel disease and some kidney disorders
- Pregnancy and the first six weeks after giving birth
- Long trips or long periods of sitting (more than an hour) in a car, airplane, bus or train

**Symptoms of DVT**

Symptoms of DVT may occur when the clot blocks the flow of blood through the vein.

Notify your doctor immediately if you have any of the following symptoms of DVT:

- Soreness or pain in your arm or leg
- New swelling and/or redness in your arm or leg
- Tenderness along a vein path
- One leg feels warmer than the other leg

**Other Possible Complications After Surgery:**

Deep vein thrombosis (DVT) is a blood clot that forms in a vein, deep in the body, that may partially or completely block the flow of blood through the vein. Most deep vein blood clots form in the lower leg or thigh, but clots can also form in the pelvis and other parts of the body.

A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called pulmonary embolism (PE). PE is a very serious condition that can be life-threatening.

**Causes of DVT**

- Damage occurs to a vein’s inner lining
- Blood flow is slower than normal
- Blood is thicker or more likely to clot than normal
- Inherited conditions, such as blood clotting disorders

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- One leg feels warmer than the other leg
Home Care
After You Go Home

Your nurse will give you detailed instructions that will help you once you go home. We offer some general suggestions in this section.

Call Your Doctor if:
- You have any unusual events that cause you concern.
- You have severe chills or fever over 100.4°F for more than four (4) hours.
- You have fainting spells.
- Your surgery site looks red, feels hot or swollen, or has unusual drainage.
- You have a reaction to the medication you are taking.
- You have severe or continuing pain that medication does not help.
- You have persistent nausea or vomiting.
- You have very heavy vaginal bleeding or vaginal discharge that has a foul odor.
- You notice a lot of blood in your urine.
- You have burning when passing urine or notice your urine has a foul odor.
- You have to urinate a lot more than normal.
- You have unusual bladder fullness, your catheter is not draining urine when opened, or you are not able to urinate once your catheter is removed.
- If you have diabetes, you have higher than normal blood sugar readings. Consider checking your blood sugar levels more often during the first two weeks after surgery.

Call your doctor to schedule your post surgery check up.

Diet
This is not a good time to begin a strict weight-loss diet. Your body needs good nutrition to heal.
- Drink plenty of fluids. Six 8 oz. glasses of fluid a day is usually recommended, at least half of which should be water.
- You should not overfill your bladder, but drink when you are thirsty.
- Eat a diet high in protein to aid the healing process. Protein is found in fish, lean meats, milk, peanut butter and eggs.
- For a few days after you go home, do not eat foods that cause gas.
- If your appetite is poor, eat several small meals and snacks rather than a larger meal.
- If food smells make you queasy, eat cold foods.

Constipation
- Pain medication and decreased activity may cause constipation.
- Drink plenty of liquids (no citrus).
- Eat lots of whole grains, fresh fruits and vegetables.
- Drink warm liquids to help your bowels move.
- You may take a laxative or stool softener if you need it.
- If you are still uncomfortable with gas pain, please read the sections on “Gas Producing Foods” on page 6 and “Exercises to Help You Pass Gas” on page 17.

Medication is Only One Part of Pain Control
The methods listed below can be effective for mild to moderate pain and to boost the pain relief effects of drugs. There are no side effects. These techniques are most effective if they are learned and practiced before your surgery.
- Visualizations or “daydreaming” about pleasant things
- Listening to soothing music
- Changing positions
- Massage
- Deep breathing and relaxation exercises

Slow Rhythmic Breathing for Relaxation
1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you.
4. To help you focus on your breathing and breathe slowly and rhythmically, breathe in as you say silently to yourself, “in, two, three.” Breathe out as you say silently to yourself, “out, two, three,” or you could say a word such as “peace” or “relax.”
5. You may imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once, or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow, deep breath. As you breathe out, say to yourself, “I feel alert and relaxed.”

If you intend to practice this breathing exercise for more than a few seconds, try to get in a comfortable position in a quiet place. You may close your eyes or focus on an object. This breathing exercise may be used for only a few seconds or for up to 20 minutes.

For your relaxation, a variety of music and guided imagery videos are available on the television in your room. These can be accessed under the patient education section of the main menu.

Be Sure to Talk With Your Nurses and Doctors About:
- Pain control methods that have worked well or not so well for you before
- Any concerns you may have about pain medicine
- Any allergies to medicines you may have or medication you cannot take
- Side effects that may occur with treatment
- Medicines you take for other health problems (your doctors and nurses need to know, because mixing some drugs with some pain medicines can cause problems)

After your operation, your nurses and doctors will ask you about your pain because they want you to be comfortable, and also because they want to know if something is wrong. Be sure to tell your doctors and nurses when you have pain.
Testing the Bladder if You Have a Foley Catheter

When your doctor feels you are ready, your catheter will be removed. You will then try to urinate (void) on your own. A container will be placed in the toilet to collect all urine. After you have voided several times, your nurse may do a scan of your bladder or insert a small catheter to see if your bladder is empty. The amount of urine left in the bladder is called residual urine. If this amount is small, the catheter is taken back out.

If the residual amount of urine is large:

• The catheter may be left in place for a few more days.
• You may be taught to catheterize yourself. (It may be helpful to ask a family member to help you do this.)
• Bladder retraining exercises may begin.

Helping Your Bladder Empty

It takes time for the bladder to adjust after surgery. If you have trouble urinating after the catheter is removed, relax and do not strain. The goal is to trigger the bladder to contract, not to bear down and hold your breath.

Try Some of These Suggestions:

• Sit upright on the toilet and relax.
• Pay special attention to relaxing your legs.
• Do not strain or push.
• Breathe slowly and deeply.
• Do some gentle Kegel exercises. (Gently squeeze the muscles surrounding the vagina, hold for two seconds and relax for four seconds. If the urine starts to flow, do not stop it.)
• Turn on the faucet in the bathroom, and put your hands under warm running water.
• Gently suck in your belly muscles and support them with your hands.
• Squirt warm water over your genital area. Ask your nurse for a peri bottle, if needed. If you still cannot urinate, relax and try these same suggestions again in 30–60 minutes.

Personal Hygiene

• A nurse assistant will help you with a sponge bath.
• Wash your hands before and after you touch your incision.
• Clean your genital area after you go to the bathroom by wiping from front to back.
• Wash your hands after you use the bathroom.
• Keep the skin around the urinary catheter and the catheter tubing clean.

The Day of Surgery

Arriving at the Hospital

1. First Stop
   Surgical Care Unit
   1. Check in at the Surgical Care Unit. A staff member will greet you and take you to your room. ALL family members and visitors will be asked to wait in the waiting room until your preparation for surgery is completed.
   2. Your safety is a top priority at Woman’s. There are many safety checks in place to ensure that all members of your surgical team are fully informed of the care plan designed for your hospital stay. As an additional safety measure, we ask that you be a part of this process – this means we will ask you to verify your surgical procedure, and you may be asked the same questions more than once. Your surgical site may even be marked by a member of the surgical team, if needed. These are the recommended practices for all hospitals accredited by the Joint Commission.
   3. The nurse will:
      • Review your medical history
      • Review your list of home medications
      • Explain the events of the day
      • Do a physical assessment
      • Take your vital signs; blood pressure, pulse, breathing rate, etc.
      • Start your IV and give any medications ordered by your doctor
      • Review some of your exercises
      • Explain the pain scale rating of 0 to 10
   4. The nurse or her assistant may carry out any of the following, as ordered by your doctor:
      • Clip the surgical area
      • Give you an enema
      • Give you a douche
   5. A member of the anesthesia care team will visit you and answer any questions you may have about anesthesia. Tell your anesthesia care team if you have any problems with anesthesia.

2. Second Stop
   Operating Room
   You will be taken to the operating room. Your family and visitors will be in the family waiting room. Someone in your family should report to the volunteer desk. Your family will be notified when your doctor is ready to speak with them after your surgery is finished.

   • Wash the skin around the urinary catheter and the catheter tubing clean.
It is not uncommon for your urine to have blood in it after surgery, but this should decrease over time. Your urine may also be blue, green or white in color due to the medications used in surgery.

**Bowel Massage**
- “Massage” your bowel by making small circles with your fingers on the surface of your belly, along the bowel. Always move from the right side to the left side.
- Use two fingers to press down gently into the belly as you circle around.
- This massage is most helpful if done while lying on your left side.

**Bladder Function**
During surgery, a catheter (a small tube) will be placed in your bladder to drain urine. Your doctor will decide how long the catheter will stay in place after surgery. Some patients may go home with their catheter.

Two types of catheters are commonly used for urinary surgery. Some doctors may use both types of catheters for the first 24 hours.
- A Foley catheter is inserted through the urethra into the bladder. This catheter follows the usual path that urine travels from the bladder to the outside of the body. The urine drains into a collection bag.
- A suprapubic catheter is inserted in the bladder through a small cut in the lower abdomen. Urine drains through a small tube and is collected in a bag outside of the body.

One of the things you may notice after surgery is feeling the need to urinate even though the catheter is draining urine from your bladder.
- Let your nurse know if your bladder feels full. She will make sure your catheter is working properly.
- Relax your pelvic muscles. Do not try to “hold” your urine.
- Always place the drainage bag below the level of the bladder to keep urine from flowing back into the bladder. Secure the catheter tubing to the upper leg to prevent pulling.
- Read the ideas under the “Comfort” section on page 13 of this booklet to help you rest and sleep.
- Water is the best liquid to drink after urinary surgery. Apple juice is also OK. Avoid liquids that have caffeine in them (carbonated beverages, tea or coffee) and fruit juices such as cranberry and citrus juices because they irritate the bladder.

It is not uncommon for your urine to have blood in it after surgery, but this should decrease over time. Your urine may also be blue, green or white in color due to the medications used in surgery.

**Third Stop**
**Recovery Room**
- You will spend some time in the recovery room after your surgery.
- You will be sleepy and may not remember everything. A nurse will be with you.
- The nurse will take your vital signs often and ask you to take deep breaths.
- You will be given medications to ease discomfort or nausea.
- You may have a catheter to drain your bladder, but you may still feel like you need to urinate.
- You may receive oxygen to help you breathe easier. You may need to continue the oxygen after going to your hospital room.
- Your family cannot visit you while you are in this area.

**Fourth Stop**
**Your Hospital Room**
You will be taken to your room. The nurse will take your vital signs often. Your room has been furnished with the following items for your comfort:
- A nurse call light will be at your bedside. You or your family may press this light to call your nurse or nurse aide for help.
- A TV and telephone will be available for your use. You will be able to rest more easily if you ask your family and friends to limit phone calls.
- A temperature control is in each room so the air can be adjusted for your comfort. If a family member will be staying with you, they should bring clothing that allows them to be comfortable when the air is set for your comfort level.
- If you stay overnight, a cot and linens will be available if you would like someone to stay with you.
Bowel Function

Passing gas from the rectum is an important part of your recovery. Your caregivers will frequently ask whether you have passed gas. Passing gas is a sign that your bowels are returning to normal. You may not have a bowel movement for four to five days following surgery.

As your bowel function returns to normal, your diet will change from only liquids to soft foods. Eating small amounts of food, eating slowly and chewing your food well will help with any nausea you may experience due to sluggish bowels.

Exercises to Help You Pass Gas

Abdominal Tightening
- Gently suck your belly in as if you are trying to zip up pants that no longer fit. Do not hold your breath.
- Relax.
- Repeat 5 times.

Pelvic Tilt
- Lie on your back with your knees bent (may also be done sitting).
- Rock your pelvis back and forth using your stomach and buttock muscles.
- Do not hold your breath.
- Repeat 5 times.

Bridge and Twist
- Lie on your back with your knees bent.
- Tighten your buttock and stomach muscles, and raise your hips a few inches off the bed.
- Hold this position and twist to the left, and then twist to the right.
- Lower your buttocks back to the bed and relax.

Room Service

Room service is available for your meals. Room service allows you to order your meals when you are hungry and ready to eat. A hostess will bring you a menu consistent with your prescribed diet. To place an order, call room service. Your meal will be cooked to order and delivered to your room within 45 minutes.

Helpful Hints for Family Members and Visitors After Your Surgery

DO:
- Drink warm liquids.
- Walk outside your room 3–4 times daily.
- After meals, walk and then sit up in a chair for 30–60 minutes.
- Sit upright in a chair 3–4 times daily.
- Lie on your side rather than on your back. This will help gas to move through your bowels.
- Eat slowly.
- Eat small amounts.
- Chew your food well.

DO NOT:
- Drink cold beverages.
- Stay in bed for long periods during the day.
- Lie down for 30–60 minutes after eating.
- Eat gas-producing foods (see a complete list on page 6).
- Drink from a straw.
- Suck hard candy.

As your bowel function returns to normal, your diet will change from only liquids to soft foods.

Visiting Our Campus

- Woman's has visiting hours and security measures in order to give patients some needed quiet time to help with their recovery. Regular visiting hours on most units are 9:00 AM–9:00 PM.
- Please minimize talking as a courtesy to patients.
- Use waiting areas to visit or make phone calls. Please try not to make calls on your cell phone when you are in a hallway.
- Designated waiting areas are provided for visitors while not in patient rooms. Waiting in hallways of patient care areas is not permitted due to safety and privacy concerns.
- Limit the number of people in the room to one or two.
- Do not bring food or coffee into the room because food smells can make the patient feel queasy.
- Promote rest by limiting light, noise and touch. You may also turn off the ringer on the telephone.
- Do not bring infants and children to visit until a day or two after surgery.
- Healthy children (34 years and under with no fever, runny nose, cough or recent exposure to contagious illness) may visit during regular visiting hours.
- Children may not be left in the patient’s room without another adult present.
- Children may not spend the night in the hospital room.

Visitors who refuse to adhere to hospital policies and guidelines or who behave in a disruptive manner will be asked to leave the hospital's premises and will not be allowed to return.

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Exercise
Exercise increases blood flow. Leg exercises lower the risk of getting blood clots after surgery. Other exercises can help decrease your pain. Do the following exercises every 1 to 2 hours until you are able to walk 5 times in the hallway each day.

Ankle Pumps and Ankle Circles (Repeat each 10 times)
• Point your toes up and down to move your feet back and forth.
• Make circles with your feet.

General Exercises (Repeat each 5 times)
• Slide your heels up and down on the bed, one leg at a time.
• Gently push your knees into the bed to tighten your upper thigh muscles.
• Gently squeeze your buttocks together.
• Roll your shoulders front to back, making circles.
• Bend your neck gently from side to side.
• Turn your head to look over your left shoulder, and then turn your head to look over your right shoulder.
• Flex your fingers and make circles with your hands.

Walking
Walking is the best medicine you can give yourself. Walking improves blood flow, helps keep your lungs clear and increases bowel activity.
• The morning after your surgery, you will get out of bed to walk, bathe and sit in a bedside chair.
• The staff will be present until you are comfortable getting out of bed and walking on your own.
• You may feel some weakness, nausea or pain when you get out of the bed the first few times. This will get better as your activity level increases.
• Your doctor may order the number of times you should walk and sit in the bedside chair.
• Get out of bed by rolling to your side, dropping your legs, and pushing up with your arms. This avoids a “pulling” feeling on the belly.

After Surgery
Self-Help Tips After Surgery

Comfort
You will still be sleepy when you are taken to your room. A quiet, dimly lit room helps you rest, which helps your pain medicine work better. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you CAN expect to have some pain after surgery. Use your call light to ask your nurse for pain medicine.

Your nurse will ask you to rate your pain level on a scale of 0 to 10 (see page 8). By using the scale, your pain can be more effectively managed.
• Tell your nurse when your pain level is higher than your goal. We encourage you to ask for your pain medicine so it will be easier for you to turn in bed, walk, sit in a chair and do your deep breathing exercises. Severe pain can keep you from doing these activities.
• Your doctor may put a gauze roll in the vagina to control bleeding. The gauze causes pressure in the vagina, rectum and bladder. This pressure may make you feel like you need to urinate or have a bowel movement. This gauze roll is usually removed the day after surgery.
• Your nurse will work with you to make a plan to manage pain. Medication is only one part of pain control. Pain can also be relieved by changing position, massage, walking, deep breathing, daydreaming about pleasant things and listening to music.
• For your relaxation, a variety of music and guided imagery videos are available on the television in your hospital room. These can be accessed under the patient education section of the main menu.
• Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.
• You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.
Getting Your Medicine

Your doctor will order all medications, and direct the way they will be given. Ask questions about the medications you receive. You should become familiar with the name of the medication, the reason you are taking the medication and its possible side effects. You may receive medication in one or more of the following ways:

**Intravenous Medication:**
The nurse prepares the medication in a syringe and gives it through your IV. Not all medication can be given this way.

**A Shot:**
The nurse prepares the medication in a syringe with a needle and injects it into a muscle (usually in the hip).

**Mouth:**
Pills are given by mouth. Your nurse must give you all medications while you are in the hospital. DO NOT take your own “home” medications during your hospital stay.

**Patient-Controlled Analgesia (PCA) Pump:**
A pump with pain medication is attached to your IV line. A certain amount of medicine is given when you push the button. It is very important that your family knows that only you should push the PCA button.

Activity/Exercise

After surgery, you will start turning in bed and doing deep breathing and leg exercises. You should do these activities every two hours. Your nurse does not need to be present for you to do these exercises.

Deep breathing exercises help keep the small air sacs in your lungs open. You may be given an incentive spirometer, a small plastic device that is used to help measure how much air you can breathe in.

**Deep Breathing Exercises**
- Breathe in slowly and deeply through your nose.
- Expand your lungs as if gathering a breath to shout.
- Hold your breath for 5 seconds.
- Breathe out through your mouth slowly for 5 seconds.
- Repeat 10 times every 1–2 hours.

**Incentive Spirometer**
- If your doctor orders an incentive spirometer, your nurse will help you to use it.
- Exhale completely, then close your lips around the mouthpiece with the mouthpiece held between your teeth.
- Suck air inward through the mouthpiece. The goal is to be able to breathe in as much air after surgery as you did before surgery.
- Hold your breath for 5 seconds.
- Slowly let your breath out over a 5-second period.
- Repeat 10 times every 1–2 hours.
- Cough after 10 breaths are completed.

Position Changes

Turning in bed protects your skin by increasing blood flow to your skin surfaces and muscles. This prevents bedsores. You will need to turn in bed at least every two hours. When lying on your side, a small towel rolled under your belly may help avoid a pulling sensation on the surgical site. A pillow between your legs or one behind your back may make you feel more comfortable.

**Turning in Bed**
- Use your own strength to turn in bed. Plan to move slowly. Move your shoulders and hips at the same time. Avoid twisting.
- Have staff or family place pillows behind your back and between your knees when you are lying on your side.
- Do not use pillows under your knees while lying on your back because this can cause blood clots.
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Use a pillow to apply pressure to your belly when deep breathing, coughing or laughing.

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• Your doctor may order the number of times you should walk and sit in the bedside chair.
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After Surgery
Self-Help Tips After Surgery

Comfort
You will still be sleepy when you are taken to your room. A quiet, dimly lit room helps you rest, which helps your pain medicine work better. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you CAN expect to have some pain after surgery. Use your call light to ask your nurse for pain medicine.

Your nurse will ask you to rate your pain level on a scale of 0 to 10 (see page 8). By using the scale, your pain can be more effectively managed.
• Tell your nurse when your pain level is higher than your goal. We encourage you to ask for your pain medicine so it will be easier for you to turn in bed, walk, sit in a chair and do your deep breathing exercises. Severe pain can keep you from doing these activities.
• Your doctor may put a gauze roll in the vagina to control bleeding. The gauze causes pressure in the vagina, rectum and bladder. This pressure may make you feel like you need to urinate or have a bowel movement. This gauze roll is usually removed the day after surgery.
• Your nurse will work with you to make a plan to manage pain. Medication is only one part of pain control. Pain can also be relieved by changing position, massage, walking, deep breathing, daydreaming about pleasant things and listening to music.
• For your relaxation, a variety of music and guided imagery videos are available on the television in your hospital room. These can be accessed under the patient education section of the main menu.
• Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.
• You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.

After Surgery
After Surgery
After Surgery
Room Service
Room service is available for your meals. Room service allows you to order your meals when you are hungry and ready to eat. A hostess will bring you a menu consistent with your prescribed diet. To place an order, call room service. Your meal will be cooked to order and delivered to your room within 45 minutes.

Helpful Hints for Family Members and Visitors After Your Surgery

**DO:**
- Limit the number of people in the room to one or two.
- Do not bring food or coffee into the room because food smells can make the patient feel queasy.
- Promote rest by limiting light, noise and touch. You may also turn off the ringer on the telephone.
- Do not bring infants and children to visit until a day or two after surgery.
- Healthy children (14 years and under with no fever, runny nose, cough or recent exposure to contagious illness) may visit during regular visiting hours.
- Children may not be left in the patient’s room without another adult present.
- Children may not spend the night in the hospital room.

**Visiting Our Campus**
- Women’s is a smoke-free facility.
- No firearms or other weapons are allowed on the hospital campus at any time.
- Visitors who refuse to adhere to hospital policies and guidelines or who behave in a disruptive manner will be asked to leave the hospital's premises and will not be allowed to return.

As your bowel function returns to normal, your diet will change from only liquids to soft foods.

**Exercises to Help You Pass Gas**

**Abdominal Tightening**
- Gently suck your belly in as if you are trying to zip up pants that no longer fit. Do not hold your breath.
- Relax.
- Repeat 5 times.

**Pelvic Tilt**
- Lie on your back with your knees bent (may also be done sitting).
- Rock your pelvis back and forth using your stomach and buttock muscles.
- Do not hold your breath.
- Repeat 5 times.

**Bridge and Twist**
- Lie on your back with your knees bent.
- Tighten your buttock and stomach muscles, and raise your hips a few inches off the bed.
- Hold this position and twist to the left, and then twist to the right.
- Lower your buttocks back to the bed and relax.

**Room Service**
Room service is available for your meals. Room service allows you to order your meals when you are hungry and ready to eat. A hostess will bring you a menu consistent with your prescribed diet. To place an order, call room service. Your meal will be cooked to order and delivered to your room within 45 minutes.

**Passing gas from the rectum is an important part of your recovery.** Your caregivers will frequently ask whether you have passed gas. Passing gas is a sign that your bowels are returning to normal. You may not have a bowel movement for four to five days following surgery.

**DO:**
- Drink warm liquids.
- Walk outside your room 3–4 times daily.
- After meals, walk and then sit up in a chair for 30–60 minutes.
- Sit upright in a chair 3–4 times daily.
- Lie on your side rather than on your back. This will help gas to move through your bowels.
  - Eat slowly.
  - Eat small amounts.
  - Chew your food well.

**DO NOT:**
- Drink cold beverages.
- Stay in bed for long periods during the day.
- Lie down for 30–60 minutes after eating.
- Eat gas-producing foods (see a complete list on page 6).
- Drink from a straw.
- Suck hard candy.

Eating small amounts of food, eating slowly and chewing your food well will help with any nausea you may experience due to sluggish bowels.
It is not uncommon for your urine to have blood in it after surgery, but this should decrease over time. Your urine may also be blue, green or white in color due to the medications used in surgery.

**Bowel Massage**
- “Massage” your bowel by making small circles with your fingers on the surface of your belly, along the bowel. Always move from the right side to the left side.
- Use two fingers to press down gently into the belly as you circle around.
- This massage is most helpful if done while lying on your left side.

**Bladder Function**
During surgery, a catheter (a small tube) will be placed in your bladder to drain urine. Your doctor will decide how long the catheter will stay in place after surgery. Some patients may go home with their catheter.

Two types of catheters are commonly used for urinary surgery. Some doctors may use both types of catheters for the first 24 hours.
- A Foley catheter is inserted through the urethra into the bladder. This catheter follows the usual path that urine travels from the bladder to the outside of the body. The urine drains into a collection bag.
- A suprapubic catheter is inserted in the bladder through a small cut in the lower abdomen. Urine drains through a small tube and is collected in a bag outside of the body.

One of the things you may notice after surgery is feeling the need to urinate even though the catheter is draining urine from your bladder.
- Let your nurse know if your bladder feels full. She will make sure your catheter is working properly.
- Relax your pelvic muscles. Do not try to “hold” your urine.
- Always place the drainage bag below the level of the bladder to keep urine from flowing back into the bladder. Secure the catheter tubing to the upper leg to prevent pulling.
- Read the ideas under the “Comfort” section on page 13 of this booklet to help you rest and sleep.
- Water is the best liquid to drink after urinary surgery. Apple juice is also OK. Avoid liquids that have caffeine in them (carbonated beverages, tea or coffee) and fruit juices such as cranberry and citrus juices because they irritate the bladder.

It is not uncommon for your urine to have blood in it after surgery, but this should decrease over time. Your urine may also be blue, green or white in color due to the medications used in surgery.

**Third Stop Recovery Room**
- You will spend some time in the recovery room after your surgery.
- You will be sleepy and may not remember everything. A nurse will be with you.
- The nurse will take your vital signs often and ask you to take deep breaths.
- You will be given medications to ease discomfort or nausea.
- You may have a catheter to drain your bladder, but you may still feel like you need to urinate.
- You may receive oxygen to help you breathe easier. You may need to continue the oxygen after going to your hospital room.
- Your family cannot visit you while you are in this area.

**Fourth Stop Your Hospital Room**
You will be taken to your room. The nurse will take your vital signs often. Your room has been furnished with the following items for your comfort:
- A nurse call light will be at your bedside. You or your family may press this light to call your nurse or nurse aide for help.
- A TV and telephone will be available for your use. You will be able to rest more easily if you ask your family and friends to limit phone calls.
- A temperature control is in each room so the air can be adjusted for your comfort. If a family member will be staying with you, they should bring clothing that allows them to be comfortable when the air is set for your comfort level.
- If you stay overnight, a cot and linens will be available if you would like someone to stay with you.

**Bowel Massage**

**Bladder Function**

**Third Stop Recovery Room**

**Fourth Stop Your Hospital Room**
Testing the Bladder if You Have a Foley Catheter

When your doctor feels you are ready, your catheter will be removed. You will then try to urinate (void) on your own. A container will be placed in the toilet to collect all urine. After you have voided several times, your nurse may do a scan of your bladder or insert a small catheter to see if your bladder is empty. The amount of urine left in the bladder is called residual urine. If this amount is small, the catheter is taken back out.

If the residual amount of urine is large:
- The catheter may be left in place for a few more days.
- You may be taught to catheterize yourself. (It may be helpful to ask a family member to help you do this.)
- Bladder retraining exercises may begin.

Helping Your Bladder Empty

It takes time for the bladder to adjust after surgery. If you have trouble urinating after the catheter is removed, relax and do not strain. The goal is to trigger the bladder to contract, not to bear down and hold your breath.

Try Some of These Suggestions:
- Sit upright on the toilet and relax.
- Pay special attention to relaxing your legs.
- Do not strain or push.
- Breathe slowly and deeply.
- Do some gentle Kegel exercises. (Gently squeeze the muscles surrounding the vagina, hold for two seconds and relax for four seconds. If the urine starts to flow, do not stop it.)
- Turn on the faucet in the bathroom, and put your hands under warm running water.
- Gently suck in your belly muscles and support them with your hands.
- Squirt warm water over your genital area. Ask your nurse for a peri bottle, if needed. If you still cannot urinate, relax and try these same suggestions again in 30–60 minutes.

Personal Hygiene
- A nurse assistant will help you with a sponge bath.
- Wash your hands before and after you touch your incision.
- Clean your genital area after you go to the bathroom by wiping from front to back.
- Wash your hands after you use the bathroom.
- Keep the skin around the urinary catheter and the catheter tubing clean.

The Day of Surgery
Arriving at the Hospital

1. First Stop
Surgical Care Unit
1. Check in at the Surgical Care Unit. A staff member will greet you and take you to your room. ALL family members and visitors will be asked to wait in the waiting room until your preparation for surgery is completed.
2. Your safety is a top priority at Woman’s. There are many safety checks in place to ensure that all members of your surgical team are fully informed of the care plan designed for your hospital stay. As an additional safety measure, we ask that you be a part of this process – this means we will ask you to verify your surgical procedure, and you may be asked the same questions more than once. Your surgical site may even be marked by a member of the surgical team, if needed. These are the recommended practices for all hospitals accredited by the Joint Commission.
3. The nurse will:
- Review your medical history
- Review your list of home medications
- Explain the events of the day
- Do a physical assessment
- Take your vital signs; blood pressure, pulse, breathing rate, etc.
- Start your IV and give any medications ordered by your doctor
- Review some of your exercises
- Explain the pain scale rating of 0 to 10
4. The nurse or her assistant may carry out any of the following, as ordered by your doctor:
- Clip the surgical area
- Give you an enema
- Give you a douche
5. A member of the anesthesia care team will visit you and answer any questions you may have about anesthesia. Tell your anesthesia care team if you have any problems with anesthesia.

Second Stop
Operating Room

You will be taken to the operating room. Your family and visitors will be in the family waiting room. Someone in your family should report to the volunteer desk. Your family will be notified when your doctor is ready to speak with them after your surgery is finished.
Home Care
After You Go Home

Your nurse will give you detailed instructions that will help you once you go home. We offer some general suggestions in this section.

Call Your Doctor if:
• You have any unusual events that cause you concern.
• You have severe chills or fever over 100.4°F for more than four (4) hours.
• You have fainting spells.
• Your surgery site looks red, feels hot or swollen, or has unusual drainage.
• You have a reaction to the medication you are taking.
• You have severe or continuing pain that medication does not help.
• You have persistent nausea or vomiting.
• You have very heavy vaginal bleeding or vaginal discharge that has a foul odor.
• You notice a lot of blood in your urine.
• You have burning when passing urine or notice your urine has a foul odor.
• You have to urinate a lot more than normal.
• You have unusual bladder fullness, your catheter is not draining urine when opened, or you are not able to urinate once your catheter is removed.
• If you have diabetes, you have higher than normal blood sugar readings. Consider checking your blood sugar levels more often during the first two weeks after surgery.

Call your doctor to schedule your post surgery check up.

Diet
This is not a good time to begin a strict weight-loss diet. Your body needs good nutrition to heal.
• Drink plenty of fluids. Six 8 oz. glasses of fluid a day is usually recommended, at least half of which should be water.
• You should not overfill your bladder, but drink when you are thirsty.
• Eat a diet high in protein to aid the healing process. Protein is found in fish, lean meats, milk, peanut butter and eggs.
• For a few days after you go home, do not eat foods that cause gas.
• If your appetite is poor, eat several small meals and snacks rather than a larger meal.
• If food smells make you queasy, eat cold foods.

Constipation
• Pain medication and decreased activity may cause constipation.
• Drink plenty of liquids (no citrus).
• Eat lots of whole grains, fresh fruits and vegetables.
• Drink warm liquids to help your bowels move.
• You may take a laxative or stool softener if you need it.
• If you are still uncomfortable with gas pain, please read the sections on “Gas Producing Foods” on page 6 and “Exercises to Help You Pass Gas” on page 17.

Medication is Only One Part of Pain Control
The methods listed below can be effective for mild to moderate pain and to boost the pain relief effects of drugs. There are no side effects. These techniques are most effective if they are learned and practiced before your surgery.
• Visualization or “daydreaming” about pleasant things
• Listening to soothing music
• Changing positions
• Massage
• Deep breathing and relaxation exercises

Slow Rhythmic Breathing for Relaxation
1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may wish to try abdominal breathing. If you do not know how to do abdominal breathing, ask your nurse for help.
4. To help you focus on your breathing and breathe slowly and rhythmically, breathe in as you say silently to yourself, “in, two, three.” Breathe out as you say silently to yourself, “out, two, three.”
5. You may imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once, or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow, deep breath. As you breathe out, say to yourself, “I feel alert and relaxed.”

If you intend to practice this breathing exercise for more than a few seconds, try to get in a comfortable position in a quiet place. You may close your eyes or focus on an object. This breathing exercise may be used for only a few seconds or for up to 20 minutes.

For your relaxation, a variety of music and guided imagery videos are available on the television in your room. These can be accessed under the patient education section of the main menu.

Be Sure to Talk With Your Nurses and Doctors About:
• Pain control methods that have worked well or not so well for you before
• Any concerns you may have about pain medicine
• Any allergies to medicines you may have or medication you cannot take
• Side effects that may occur with treatment
• Medicines you take for other health problems (your doctors and nurses need to know, because mixing some drugs with some pain medicines can cause problems)

After your operation, your nurses and doctors will ask you about your pain because they want you to be comfortable, and also because they want to know if something is wrong. Be sure to tell your doctors and nurses when you have pain.
Managing Pain After Surgery

Managing your pain after surgery is important for your recovery as well as your comfort.

Pain control gives you these advantages:
- You may enjoy greater comfort while you heal.
- With less pain, you can start walking, do your breathing exercises, and get your strength back more quickly.
- People whose pain is well-controlled seem to do better after surgery. With less pain, you can increase activities—this helps to decrease your risk of having some problems such as pneumonia and blood clots.

Pain is personal and can be an unpleasant feeling such as throbbing, shooting, burning, stabbing or other sensations. The type and amount of pain you feel may not be the same as others feel—even those who have had the same operation. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you can expect to have some pain after surgery.

You can help your doctor and nurses “measure” your pain. Your nurse will ask you to rank your pain level on a scale of 0 to 10. By using the pain rating scale below, your pain can be more effectively managed.

**How much does it hurt?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
</tr>
<tr>
<td>1</td>
<td>Mild Pain</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td>3</td>
<td>Severe Pain</td>
</tr>
<tr>
<td>4</td>
<td>Very Severe</td>
</tr>
<tr>
<td>5</td>
<td>Worst Possible</td>
</tr>
</tbody>
</table>

You may also set a pain control goal (such as having no pain that is worse than “2” on the scale). You will need to tell your nurse when your pain level is higher than your goal. Very few people are able to meet a goal of “0.” Reporting your pain as a number helps the doctor and nurses know how well your treatment is working and whether to make any changes. You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.

Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.

Other Possible Complications After Surgery:

**Blood Clots (also called deep vein thrombosis or DVT)**

Deep vein thrombosis (DVT) is a blood clot that forms in a vein, deep in the body, that may partially or completely block the flow of blood through the vein. Most deep vein blood clots form in the lower leg or thigh, but clots can also form in the pelvis and other parts of the body.

A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called pulmonary embolism (PE). PE is a very serious condition that can be life-threatening.

**Causes of DVT**
- Damage occurs to a vein’s inner lining
- Blood flow is slower than normal
- Blood is thicker or more likely to clot than normal
- Inherited conditions, such as blood clotting disorders

**Risk Factors for DVT**

Some people are more likely to get blood clots. Your risk for DVT increases if you have more than one of the risk factors listed below. Talk to your doctor to see if you are at risk.
- History of blood clot or family member who has had a blood clot
- Recent surgery and age over 40 (although DVT can occur at any age)
- Broken bones requiring a cast or surgery (hip, pelvis or leg)
- Immobility (bed rest for three days or more)
- Cancer and recent or ongoing treatment for cancer
- Overweight or obesity
- Smoking
- Use of birth control methods that contain estrogen or hormone therapy. Smoking and older age add to this risk.
- Blood clotting disorders
- Central venous catheter or PICC line (in the past month)
- Severe varicose veins
- Certain illnesses, including heart failure, inflammatory bowel disease and some kidney disorders
- Pregnancy and the first six weeks after giving birth
- Long trips or long periods of sitting (more than an hour) in a car, airplane, bus or train

**Symptoms of DVT**

Symptoms of DVT may occur when the clot blocks the flow of blood through the vein. Notify your doctor immediately if you have any of the following symptoms of DVT:
- Soreness or pain in your arm or leg
- New swelling and/or redness in your arm or leg
- Tenderness along a vein path
- One leg feels warmer than the other leg
Symptoms of Pulmonary Embolism (PE)
Some patients with a DVT do not have any symptoms until the clot moves into the lungs (pulmonary embolism). PE is life-threatening and requires emergency treatment.

Call 911 or an ambulance immediately if you have any of the following symptoms of PE:
• Shortness of breath or difficulty breathing
• Sharp or stabbing pain in your side, back or chest that may worsen with deep breaths
• Fast heart beat
• Fast breathing
• Sudden, unexplained cough (may have bloody mucus)

Prevention of DVT Before and After Surgery
Your doctor will assess your risk of DVT prior to surgery and order a treatment plan according to your risk.

• Your doctor may prescribe medications to prevent blood clots from forming before or after surgery or when you go home.
• You may be told to stop taking certain medications before surgery.
• During your hospital stay, you may wear special elastic stockings or inflatable boots that squeeze the leg muscles to help keep blood flowing. You may need to wear them until you are out of bed and walking or until you go home.
• The nursing staff will assist you to get up and walk around soon after your surgery.
• If you are on bed rest, exercise your legs every hour and change positions at least every two hours. Stretching your legs with “heel to toe” movements and moving feet in circles are good exercises to prevent DVT. Refer to “Activity/Exercise” in the “After Surgery” section of this booklet.
• After you go home, do not sit or lie in bed for long periods of time during the day. Continue walking around your home and changing positions frequently.

Sepsis (also called infection in the blood):
Sepsis is a life-threatening condition caused by an infection or its toxin spreading through the bloodstream and tissues. It usually starts as an infection somewhere in the body (bladder/kidney infection, wound infection, uterine infection, pneumonia, burn, etc.) and spreads to the blood. Sepsis affects the entire body and can result in organ damage.

Risks Factors for Sepsis:
• Recent illness or hospital care
• Poor health condition
• Poor immunity due to medical conditions such as cancer, diabetes or AIDS
• IV drug use
• Very young or elderly

Symptoms of Sepsis:
The first symptoms may be different depending on the site of the infection. Signs that the infection is progressing to sepsis are listed below. Sepsis is a medical emergency that requires hospitalization and immediate treatment.

Examples of Light Meals
Example 1:
One small baked potato without skin OR ½ cup white rice
One small dinner roll
One 3–4 oz baked chicken breast OR lean roast beef
½ cup fruit sorbet OR ½ cup peaches
2 tsp non-fat sour cream OR 1 tsp butter or margarine
½ cup well-cooked vegetables (such as green beans)
Decaffeinated beverages or water

Example 2:
Turkey sandwich with 3–4 oz lean turkey; two slices white bread, dressed with tomatoes, lettuce, mustard and ½ cup mayonnaise
10–15 pretzels
½ cup canned pears OR ½ cup fruit cocktail
½ cup low-fat frozen yogurt

Clear Liquids:
• Water or apple juice
• Decaffeinated coffee, tea, sports drinks, Delaware Punch®, Sprite®
• Clear broth or bouillon
Do not drink nectars, milk, cream, cocoa, juices with pulp or energy drinks.

Important Last Minute Instructions Before Surgery:
(Click as completed)
☐ Take a shower the night before surgery with an antibacterial soap such as Hibiclens®. Put on clean, freshly washed clothes after showering. Refer to page 3.
☐ Take another shower the morning of surgery with antibacterial soap and put on clean, freshly washed clothes to come to the hospital. If you are unable to take a shower, you still need to wash the surgical area thoroughly with antibacterial soap. Follow instructions on page 3.
☐ You may brush your teeth, but do not swallow any water.
☐ If you have been told to take medications on the day of surgery, take with 1 oz. (2 tsp.) of water.
☐ Give yourself an enema or laxative if you have been told to do so.
☐ Remove ALL body piercings and jewelry.

What NOT To Do:
• Do not apply lotions or powders
• Do not suck on mints or chew gum
• Do NOT smoke the morning of your surgery
Instructions for Eating and Drinking Before Surgery

For your safety while undergoing anesthesia, you must have an empty stomach. The possibilities of complications are increased if any food or drink remains in the stomach. Food may cause vomiting before, during and after the anesthetic. Make sure you understand when to stop eating and drinking before your scheduled surgery time.

We have provided some examples of light meals and clear liquids to help you select food and drink before your surgery. We have also provided a list of gas-producing foods, which should be avoided.

If your surgery is scheduled between 7:00 AM and noon:
• Eat a light meal the night before surgery.
• Do not eat or drink anything after midnight.

If your surgery is scheduled between noon and 4:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 6:00 AM the day of surgery.
• Do not eat or drink anything after 6:00 AM.

If your surgery is scheduled between 4:00 PM and 9:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 10:00 AM the day of surgery.
• Do not eat or drink anything after 10:00 AM.

Call 911 or go to the nearest emergency room if you have any of these symptoms listed below:
• Fever and chills or low temperature
• Pale skin color
• Listlessness (no energy; can’t get out of bed)
• Changes in mental status (acting differently than normal or confused)
• Breathing fast
• Fast heart rate
• Decreased urine output
• Low blood pressure
• Nausea, vomiting, diarrhea
• Problems with bleeding or clotting

Personal Care
• Always wash your hands after using the bathroom.
• After urinating or having a bowel movement, use lukewarm water in the spray bottle given to you to rinse the area gently. When using toilet tissue, gently pat the area dry and always wipe front to back toward the rectal area. Stool should not come in contact with the vaginal or urinary openings as this can cause infection.
• It is recommended that you take a shower daily, using soap and water to wash the incision. You may wash your hair as desired.
• Do not douche, have intercourse or use tampons until your doctor says it is all right to do so.
• It is common to have spotting, light bleeding or a brownish discharge from the vagina for several weeks. Wear a sanitary pad if needed. If the discharge becomes heavy or has a foul odor, call your doctor.

Wound Care
Caring for Your Abdominal Wound: Proper Hand Washing
You will need to wash your hands before and after caring for your abdominal wound or urinary catheter. Follow these steps:
• Take all jewelry off of your hands.
• Wet your hands, pointing them downward under warm running water.
• Add soap and wash your hands for 15 to 20 seconds (sing “Happy Birthday” or the “Alphabet Song” two times through). Clean under your nails also (a new toothbrush works great).
• Rinse well, keeping your hands pointed downward so that the water runs from your wrists downward off your fingertips.
• Dry with a clean towel.
• Use a towel to turn off the faucet so you don’t get any germs on your hands from the faucet.

Gas-Producing Foods to Avoid
• Apple, raw
• Banana
• Beans
• Broccoli
• Brussels sprouts
• Cauliflower
• Corn
• Cucumber
• Egg
• Melon
• Milk
• Onion
• Peas
• Pimento
• Radish
• Rutabaga
• Sauerkraut
• Sweet potato
• Turnip
Cleaning the Surgical Site

• Take your shower when someone is at home with you in case you feel weak and need help.
• Unless your doctor has approved tub baths, you may shower and allow soapy water to run over your incision, rinse well and then pat dry, making sure to completely dry the incision (a blow dryer on the “cool” setting may be used to help dry the incision).
• It is important to keep your incision clean and dry, especially if you have an abdominal “roll” or “fold” that hides your incision when sitting or standing. A clean sanitary napkin or panty liner may be placed over the incision to keep the area dry (pad side toward the skin). It should be changed frequently to keep the area clean and dry.
• Use a mild liquid soap when showering or bathing
• Use a separate, clean laundered washcloth and towel to clean and dry your incision.
• When cleaning your incision between baths or showers, try to gently wipe away any drainage or dried blood that may have built up around it using a clean, damp cloth (face cloth or moist towelette).
• Do not apply lotions, powders or ointments near or on your incision unless directed by your doctor.
• Wear loose fitting clothing that will not rub against your incision while it’s healing. If you have had a hysterectomy, do not douche, have intercourse or use tampons until your doctor says it is all right to do so.
If you have had a hysterectomy, you will no longer have a menstrual period. However, some spotting for two to three weeks after surgery is normal.

Medications

• Your doctor will give you written prescriptions as needed.
• Resuming medications that you took before surgery will be discussed on an individual basis.
• If you have a sore throat, use non-prescription lozenges.
• You may take stool softeners and laxatives as needed. Examples of stool softeners that you can buy at a drug store include these brands: Senokot®, Surfak® and Peri-colase®.

General Activities

Have a common sense approach to activity. The general rule to follow is “If it hurts, don’t do it.”
• Plan on resting and lying down several times during the day when you first go home. Have short periods of activity followed by periods of rest. Ask your doctor if you can do the other exercises listed in this book.
• Limit stair climbing for the first few days after surgery. If you have stairs in your house, plan ahead so you have to make only 1–2 trips per day up and down the stairs.
• It is most helpful to gradually increase your activities of daily living. Do not try to return to all responsibilities at one time.
• Ask your doctor when you can drive and begin your other normal activities.
• Do not do heavy housework, go grocery shopping or take long outings without your doctor’s permission. Do not lift heavy objects, including toddlers!

If you will be staying overnight at the hospital, also include:
• Socks
• Robe
• Nightgown
• Slippers (we recommend slippers that you can just slide your feet into)
• Your advance directive (living will), if you have one

We do not allow the use of personal or home medical equipment in the hospital (such as nebulizers, CPAP units, etc.) due to Patient Safety and Infection Control Standards. Personal walkers, canes, braces and special shoes are allowed.

We will provide the medical equipment with a doctor’s order. Please communicate any special needs you may have to the nurse during the admission process.

Frequently Asked Questions about General Anesthesia

Will I need an IV? Yes, every patient who has surgery at Woman’s has an IV (intravenous) line started before going to the operating room. This IV line is used to give you medications and fluids directly into the vein.

Why will I have a tube in my throat? Usually a tube is needed to keep your airway open during surgery. The tube is placed in your throat after you are asleep and removed before you wake up. This may cause you to have a scratchy feeling in your throat after surgery. If you have questions about this, please call Anesthesia at 225-924-8149.

Will someone be with me the entire time I am asleep? Yes. The anesthesia care team includes both a doctor who is an anesthesiologist and a nurse who is a certified registered nurse anesthetist (CRNA). This type of team provides the best anesthesia care. At least one member of the team will be with you the entire time you are asleep.

Where will I wake up? After your surgery is over, you may begin to awaken as you are going to the operating room. Anesthesia team members will guide you to the recovery area.

Will I hurt when I wake up? Some pain after surgery is to be expected. However, the amount of pain varies depending on the individual and the type of surgery you have. Your doctor will have ordered pain medications to be given if you need them. Our staff will keep you as comfortable as possible.

Can I drive myself home from the hospital? No, you must have a responsible adult drive you home from the hospital after surgery.
Before Surgery

- DO NOT use Hibiclens® on your hair, face or anywhere above your neck.
- DO NOT use Hibiclens® directly on your genital area.
- Tell the nurse if you have ever had a reaction to Hibiclens® or chlorhexidine gluconate.
- DO NOT use Hibiclens® if you are pregnant or nursing.

The Night Before Your Surgery

1. Shampoo and rinse your hair as usual, using your regular hair products. (If your routine is to shampoo your hair in the morning, you can skip this step and do this on the morning of your procedure).
2. Pour one-half of the bottle of Hibiclens® onto a clean washcloth.
3. First wash the area where you are having your surgery. Then wash the rest of your body, leaving the groin area last.
   - REMEMBER – do not use Hibiclens® on your hair, face or anywhere above your neck.
   - If you cannot bathe or shower, just wash the area where you will be having your surgery.
4. Allow the Hibiclens® to stay on your body for two (2) to three (3) minutes, then rinse off completely.
5. Use a fresh, clean towel to dry off your body.
6. Do not apply any lotion or deodorant after the antiseptic shower.
7. Put on clean clothing.
8. Be sure to have clean sheets on your bed.

The Morning of Your Surgery

Follow steps one (1) through six (6) as listed above, using the second half of the bottle of Hibiclens®.

Items You Should Bring With You

- A comfortable set of loose-fitting clothes and cotton underpants with loose, comfortable waistbands to wear home after surgery.
- Toothbrush and toothpaste
- Dentures and case, if you use them
- Makeup
- Deodorant
- Contact lenses, case and supplies, or glasses and case if you use them
- Your inhaler, if you have asthma (leave all other medications at home)
- Special medical equipment that you use (such as walkers, canes, braces, special shoes). Please clearly mark these items with your name.
- Hearing aids if you use them
- CPAP mask if you use it (do not bring your CPAP unit).

Dealing With Your Feelings

Adjusting to changes in your body and its ability to function can be a difficult process. After surgery, you may have feelings of depression, anger, sadness or a sense of loss. If you had a hysterectomy or oophorectomy (your ovaries removed), some of these feelings may be due to changes in your hormones.

Here are some suggestions to help manage your feelings:

- Ask your doctor or social worker for advice on dealing with your feelings.
- Learn more about your condition. The Internet may provide opportunities to “chat” with other women who are in the same situation. Some key words to search on the Internet include surgically induced menopause, premature menopause, hysterectomy and endometriosis. However, make sure the Internet sources you use are trustworthy. Federal government sites are good places to get health information. Also, please visit womens.org for helpful information.
- Talk about your feelings with your partner or other family members.
- Ask your healthcare provider for information on a possible support group for patients with a condition like yours. Woman’s Social Services provides resources and referrals for counseling, if needed. Call 225-924-8456.

Scar Massage

Why massage the scar?

Scarring will form at the incision for up to one year after surgery. Massaging the scar will help it become soft and lessen the chance that it will pull on your pelvic organs. Massaging the scar also lessens the “pulling” sensation in the scar when you cough, sneeze or reach overhead.

2–4 Weeks after Surgery

(When there is no oozing from the scar and the staples are gone)

- Wash your hands before beginning scar massage.
- Rub a clean wet or dry washcloth over the scar to make it less sensitive and to make it ready to “touch.”
- With your finger or a washcloth, GENTLY rub in circles around the scar.

4–6 Weeks after Surgery

(When the scar has healed)

- Place two fingers on the scar, and move the skin in all directions.
- When you feel the skin to be “stuck,” hold in this position for 60 seconds.
- Continue to move the skin in other directions and hold if the scar feels stuck.
- As you feel the skin loosen, place two fingers on the scar, apply gentle pressure (so that you are massaging a deeper layer of skin), and continue moving and holding the skin layers as described.
Tips for Scar Massage

• Massage the scar 5 to 15 minutes every day.
• You may use a warm compress before the massage.
• You may use vitamin E cream, aloe or cocoa butter after four weeks and only AFTER the massage, not during. During the massage you may feel strong pulling or light burning. You should never feel stabbing or sharp pain.
• When you feel the scar to be “stuck” in a particular direction, gently hold in this position until you feel it get “unstuck.”

Call Woman’s Therapy Services at 225-924-8450 for information on specific abdominal rehabilitation and strengthening classes, and specific pelvic floor strengthening classes.

You may ask your doctor to refer you to the Therapy Center at Woman’s Center for Wellness. Our physical therapists specialize in women’s health and offer several classes to help you recuperate after surgery. Call 225-924-8450 for additional information or to register for a class.

When your doctor allows you to return to normal activity, consider joining Woman’s Fitness Club. Call 225-924-8300 for information about our classes and programs to help you feel better and stronger.

Pre-Surgery Center Appointment
Either your doctor’s office will make your Pre-Surgery Center appointment, or they will ask you to call 225-924-8604 to make your appointment.

Your appointment at Woman’s Pre-Surgery Center will take one to two hours. We suggest that you do not bring young children with you to this appointment. It may cause delays for you and other patients.

Bring a current printout of all prescription medicines from your pharmacy with you. Also bring a list of all non-prescription medications, herbal medications and vitamins with you. The staff will review and record each of the medicines you take.

You should also bring:
• Your insurance card
• Your driver’s license
• A copy of your living will, if you have one

The staff will tell you where to park on the day of surgery, and where you should check in.

If you do not speak English and need an interpreter, bring one with you if possible. Interpretive and sign-language services are available.

Preparing Yourself for Surgery
Please call Woman’s Social Services at 225-924-8456 if you are experiencing anxiety and need to discuss those feelings.

It is very important to prepare yourself physically for surgery. Here are important steps you should do to prepare:
• Eat and drink healthy. Your body needs good nutrition and plenty of liquids to heal, fight infection and avoid dehydration. This is NOT a time for dieting. Drink at least six 8-ounce glasses of fluid per day, preferably water. Avoid bladder irritants such as citrus juices and cranberry juice.
• Practice the postoperative exercises in this booklet daily so that you are familiar with them. You will need to do them during and after your hospital stay.
• Leave all of your jewelry at home the day of surgery.

Pre-Surgery Bathing Instructions
Taking an antiseptic pre-surgery shower or cleansing before surgery can reduce the risk of surgical site infection. Your doctor may recommend Hibiclens® or a different type of antibacterial soap, such as Dial®, to use for cleansing the skin before visiting the hospital. Carefully follow the steps listed below to help you complete the pre-surgery shower/cleansing process:

1. Do not shave or wax your abdomen, thighs or the area around your vagina for at least a week before surgery. Shaving with a razor can nick the skin. This increases the risk of getting a wound infection. Depending on the type of surgery you will be having, if hair needs to be removed, it will be done at the hospital with special clippers.
2. If your doctor recommends Hibiclens®, you will need to purchase a bottle at your local pharmacy (drug store). If you are unable to locate the Hibiclens®, please ask the pharmacist for assistance. This product contains an antibacterial skin cleanser known as chlorhexidine gluconate. You will need to use Hibiclens® or antibacterial soap to shower, bathe or clean your surgical site area the night before and the morning of your procedure.

Drink 8-ounce glasses of fluid per day, preferably water. Avoid bladder irritants such as citrus juices and cranberry juice.
Getting Ready
Pre-operative Evaluation with Your Doctor(s)
At your pre-operative appointment with your doctor, discuss any questions you have. Knowing what to expect helps relieve any anxiety you may have about your surgery.

Some frequently asked questions about surgery include:

- What type of pain will I have after surgery?
- Where will the pain occur, and how long is it likely to last?
- When can I eat after surgery?
- How long will I stay in the hospital?
- When can I return to work?
- When can I ride in a car, and when can I drive myself?
- When can I walk for exercise at home?
- When can I return to my exercise program?
- When can I resume sexual relations?

Inform your doctor of all medical conditions you have, such as asthma, diabetes, thyroid problems, back/neck pain, mitral valve prolapse, etc. Your doctor will determine if it is necessary to have clearance from any other doctors before you have surgery.

If you smoke, discuss with your doctor prior to your surgery whether medication (patches, pills, nasal spray) is needed during your hospital stay to help you cope with not smoking. Woman’s is a smoke-free environment and can provide you with resources to help you quit smoking if desired.

If you are being followed by other doctors for special medical conditions, please notify them you are going to have surgery. Ask which medications that they prescribe need to be continued at the hospital.

Tell your doctor ALL medications you are taking, including:

- Prescription
- Non-prescription
- Herbs
- Diet pills
- Vitamins

Ask your doctor when to stop taking any of these medications before your surgery.

Your doctor may give you a prescription for medicine you will need after your surgery. Please have this filled before your surgery date so that you will have it when you get home.

If you feel sick (have fever, sore throat or any type of infection) between now and the time for your surgery, tell your doctor. Also, tell your doctor if you have a staph infection of the skin or any skin sores or ulcers with redness, warmth, swelling, drainage or pain. Do not wait until the day of surgery.
Questions

Before Surgery
Preparing for Surgery

Patients able to be discharged to go home are cared for by our perioperative team in the Surgical Care Unit. Whether or not your surgery is considered day surgery is determined by several factors:
- Complexity of the surgery
- Length of the surgery
- Whether you have other chronic health conditions that may complicate your recovery

Making Arrangements at Home and at Work
As you prepare for your surgery, you will need to make arrangements to give yourself some “responsibility-free” time after you go home.

It is also important to make arrangements at work. Obtain work excuses, return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.

The following checklists may be helpful in your planning. (Check as completed)

- You MUST arrange for transportation to and from the hospital. You cannot drive yourself home.
- When possible, make arrangements for someone to care for your children, parents, pets or other dependents while you are in the hospital and after you are home.
- Children must be with an adult at all times if they visit you in the hospital. You may NOT be the caregiver. Please do not bring sick children to the hospital to visit you. Be sensitive to other patients—playing or crying children might disturb them.
- Arrange to have someone such as family, friends, church members and/or neighbors available to help you when you return home.
- Cook and freeze nutritious meals so you will have some rest from the kitchen after surgery.
- When friends offer to help, ask them to provide a meal after your surgery or ask them to bring lunch and visit with you at the same time. You could also ask if they would run an errand for you.
- Stock up on groceries and routine medications for yourself and your family before you have surgery.
- Rearrange furniture items and sleeping quarters for your convenience if needed.
- Check your home for fall hazards such as slippery surfaces and scatter rugs. Consider purchasing safety items such as a bathtub mat, a shower bench or a rail if needed.
- Call Woman’s Social Services at 225-924-8456 if you have special needs for home care or sitter services. Social Services can work with you to explore available community resources.
- Clean your house and do your laundry before surgery. You may not be able to do these tasks for a period of time after surgery.
- Call your health insurance company to be sure they have approved your surgery and to obtain pre-certification numbers if needed.
- Obtain work excuses, return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.
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Founded in 1968, Woman’s is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.