



Woman's

exceptional care,
centered on you

your guide to surgery

Before Surgery

If you feel sick, have fever, sore throat or have any sores/ulcers with redness, warmth, swelling, drainage, pain or any infections between now and the time for your surgery, tell your doctor.

Pre-operative Doctors Evaluation

At your pre-operative doctor's appointment, discuss any questions you have about your upcoming surgery. Knowing what to expect helps relieve any anxiety. Below are some frequently asked questions:

- 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 activities/exercise program? _____
- When can I resume sexual relations? _____

Do not wait until the day of surgery to ask any of these questions.

Pre-Surgery Appointment Checklist

- Remind your doctor of any medical conditions you have: asthma, diabetes, thyroid, back/neck pain, heart problems, etc.
- If you have doctors for other medical conditions, notify them of your surgery and ask which medications need to be continued at the hospital.
- Tell your doctor ALL of the medications you are taking and ask when to stop taking before surgery. This includes:
 - Prescriptions
 - Over-the-counter medications
 - Herbs
 - Diet pills
 - Vitamins
- Fill any prescriptions you will need after your surgery in advance so you have them when you get home.
- Smokers should discuss if medication is needed to cope with not smoking. Woman's is a smoke-free environment.

Pre-Surgery: Make Arrangements

- Arrange for transportation to and from the hospital.
- Make arrangements for someone to care for your dependents while you are in the hospital and after you are home.
Children must be with another adult, other than you, at all times while visiting the hospital.
- Arrange for someone to help you when you return home.
- If your bedroom is upstairs consider where you will sleep in advance to avoid climbing stairs repeatedly.



Pre-Surgery: Packing for the Hospital

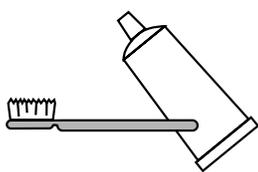
If you will be staying overnight:

- Comfortable, loose-fitting clothes/pajamas and cotton underpants with loose waistbands
- Toothbrush/toothpaste and other personal hygiene items
- If needed, pack contact lenses case and supplies and/or glasses, your inhaler and CPAP mask
- Unless instructed by your doctor, leave all other medications at home
- Robe
- Nightgown (The hospital will provide non-slip socks)

Special Equipment:

- Bring medical assistive devices, such as walkers, canes, braces, etc.
- Clearly mark these items with your name.
- We DO NOT allow personal or home medical equipment in the hospital (nebulizers, CPAP units, etc.) due to Patient Safety and Infection Control Standards. We will provide this medical equipment with a doctor's order. Please communicate these special needs to the nurse during the admission process.

If you undergo anesthesia you MUST have an adult drive you home from the hospital.



DO NOT's

- 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 pots.
- Do not bring candles, incense or anything with an open flame.
- Do not bring personal/ home medical equipment such as nebulizers, CPAP units, etc.

Pre-Surgery: Bathing Instructions

Woman's requires all patients to use Hibiclens® or a new bar of antibacterial soap, such as Dial®, to cleanse their skin before surgery.

To reduce the risk of surgical site infection, please follow these important guidelines:

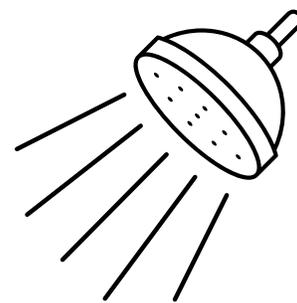
1. **Do not shave or wax any area on your body for a week before surgery** (legs, bikini, underarms, etc.). Shaving can nick the skin and increase the risk of wound infection. If hair needs to be removed, it will be done at the hospital.
2. Use Hibiclens® or antibacterial soap to bathe/ clean your surgical site area both the **night before and the morning of your procedure**. You can purchase Hibiclens® at the Woman's Gift Shop (Physician Office Building) or at a local pharmacy.

The Night Before Surgery: Antiseptic Shower #1

1. In the shower, pour half of the bottle of Hibiclens® onto a new bath sponge (do not use a cotton washcloth).
2. First, wash the area where you are having your surgery.
3. Secondly, wash the rest of your body.
4. Allow the Hibiclens® to stay on your body for 3 minutes, then rinse off completely.
 - **DO NOT** use Hibiclens® on your hair, face or anywhere above your neck.
 - **DO NOT** use Hibiclens® directly on your genital area.
 - Tell your doctor's office if you have ever had a reaction to Hibiclens® or chlorhexidine gluconate.
5. Use a clean towel to dry off your body.
6. **DO NOT** apply lotion or deodorant after the antiseptic shower.
7. Put on clean, freshly washed clothing.
8. Sleep on clean, freshly washed sheets. This helps maintain the antiseptic washing.

The Morning of Surgery: Antiseptic Shower #2

Follow the steps above using the second half of the Hibiclens® bottle.

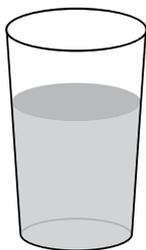


DO NOT's

- Do not skip the antiseptic shower; this is extremely important to reducing infection.
- Do not sleep in clothing or on sheets that are not freshly washed – even if you think they are clean. This reduces the effectiveness of the antiseptic shower you just took.
- Do not use lotion or deodorant after showering.

Pre-Surgery: Eating & Drinking Restrictions

Before surgery you must have an empty stomach. The possibility of complications increases if any food or drink is in your stomach because it can cause vomiting before, during and after the anesthetic.



When to stop eating and drinking:

Surgery scheduled between 7:00 AM and noon:

- **DO:** Eat a light meal the night before.
- **DO NOT:** Eat or drink anything after midnight.

Surgery scheduled between noon and 4:00 PM:

- **DO:** Eat a light meal the night before.
- **DO:** Drink clear liquids until 6:00 AM the day of surgery.
- **DO NOT:** Eat or drink anything after 6:00 AM.

Surgery scheduled between 4:00 PM and 9:00 PM:

- **DO:** Eat a light meal the night before.
- **DO:** drink clear liquids until 10:00 AM the day of surgery.
- **DO NOT:** Eat or drink anything after 10:00 AM.

DO Eat a Light Meal such as:

- 1 small baked potato without skin
- 1 small dinner roll
- (1) 4 oz baked chicken breast
- ½ cup fruit sorbet
- 1 tsp butter or margarine
- ½ cup well-cooked vegetables (such as green beans)

DO NOT EAT:

- A large or heavy meal
- Fried foods
- Desserts, candy and cakes
- Fatty meats

Do Drink Clear Liquids:

- Clear fruit juices (apple, cranberry)
- Water
- Coffee (no dairy)
- Tea
- Sprite®
- Clear broth or bouillon

DO NOT DRINK:

- Milk/cream
- Cocoa
- Juices with pulp
- Energy drinks

The Day of Surgery

Checklist: Before Leaving Home

DO's:

- Take another shower/bath the morning of surgery with Hibiclens® or antibacterial soap (see page 3).
- Put on clean, freshly washed clothes to come to the hospital.
- Brush your teeth, but do not swallow any water.
- If you have been told to take medications on the day of surgery, take with one ounce (2 tbsp) of water.
- Remove ALL body piercings and jewelry.
- Bring contact lenses or glasses case.

DO NOT's:

- Do not apply lotions or powders.
- Do not eat or drink (based on your time of surgery, page 4).
- Do not smoke the morning of your surgery.
- Do not wear any jewelry or piercings.



Arriving at the Hospital

First Stop: Surgical Care Unit (2nd floor hospital)

1. A staff member will take you to your room. All family and guests will remain in the waiting room until your preparation is completed.
2. Safety Check*: As your safety is a top priority at Woman's, we have many safety checks to ensure that your entire surgical team is fully informed of your care plan. You are also a part of this process and safety checks may include:
 - Asking you to verify your surgical procedure (you may be asked the same questions more than once)
 - Your surgical site may be marked by your doctor.

***These are the recommended practices for all hospitals accredited by the Joint Commission.**

3. The nurse will:
 - Explain what will happen throughout the day
 - Review your medical history and any home medications
 - Do a physical assessment and take your vital signs (blood pressure, pulse, breathing rate, etc.)
 - Start your IV and give any medications ordered by your doctor
 - Explain the pain scale rating of 0 to 10
4. If ordered by your doctor, the nurse may:
 - Remove hair as needed
 - Finger stick for blood sugar (if applicable)
5. An anesthesia care team member will explain and answer any questions about your anesthesia. Please explain any previous problems with anesthesia.
6. Once the nurse is finished with your admission, two guests at a time will be invited to visit before your surgery.



Second Stop: Operating Room

- You will be taken to the operating room.
- A family member should report to the waiting room volunteer desk to be notified when your doctor is ready to speak with them following the surgery.

Third Stop: Post Anesthesia Care Unit (PACU)

- A nurse will be with you. Your family cannot visit you while in recovery.
- You may remain in the PACU for about an hour after your surgery.
- You will be sleepy and may not remember everything.
- Your vital signs will be taken often.
- 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 will be asked to take deep breaths and may receive oxygen to help you breathe easier. (This may remain after going to your hospital room.)

Fourth Stop (Outpatient Surgery): Surgical Care Area

If your surgery is outpatient, you will return to the Surgical Care area to fully awaken. A nurse will be with you and your family members may visit. You will stay in this area until your doctor says you are ready to be discharged. This may be anywhere from 30 minutes to 6 hours depending on your surgery.

Fourth Stop (Inpatient Surgery): Hospital Room

If your surgery requires you to spend the night in the hospital, you will be taken to your room where a nurse will monitor your recovery. Your family may now visit with you.

With comfort in mind, your room includes:

- A nurse call light at your bedside to press for help.
- A TV and telephone available for your use.
- Linens for one adult overnight guest per patient.
- Room service for your meals when you are ready to eat. A hostess will bring you a menu consistent with your prescribed diet.

While your visitors wait they can...

Snack

- **Woman's Way Café** (*1st floor, hospital*)
Weekdays, 6:30 AM–9:00 PM
Weekends, 6:30 AM–8:00 PM
- **CC's Coffee House** (*1st floor, hospital*)
Weekdays, 6:00 AM–7:00 PM
- **Self-Serve Vending** (*Labor and Delivery area*)
Starbucks Coffee, snacks and sodas
- **Subway** (*1st floor, Physician Office Building*)
Monday–Saturday, 7:30 AM–11:00 PM
- **Vending machines** on all floors

Search

- **Health Information Center** (*1st floor, hospital*)
- Computer/Resource Center, 8:00 AM–6:00 PM
- Free Wi-Fi, WH-Guest

Stroll

- **Harris Walking Trail**, a one-mile trail around Woman's lake

Relax

- **Woman's Plaza**, an outdoor area outside Woman's Way Café.
Enjoy fresh air and a view of Woman's lake
- Chapel (*1st floor, hospital, near Woman's Way Café*)

Shop

- **Serendipity Gift and Floral Shop**
(*1st floor, hospital*)
Monday–Thursday, 9:00 AM–6:00 PM
Friday, 7:00 AM–6:00 PM
Saturday, 9:00 AM–3:00 PM
- **Mom & Baby Boutique**
(*1st floor, Physician Office Building*)
Monday–Friday, 9:00 AM–5:00 PM

About General Anesthesia and Procedural Sedation

What is general anesthesia?

General anesthesia is a treatment with certain medicines that puts you into a deep sleep so you do not feel pain during surgery. When you receive these medicines during surgery, a tube is needed to keep your airway open. The tube is placed in your throat after you are asleep and should be removed before you wake up. This may cause you to have a scratchy feeling in your throat after surgery. If you have questions, please call the Anesthesia department at 225-924-8149.

What is procedural sedation?

Procedural sedation is a combination of medicines to help you relax (a sedative) and block pain (an anesthetic) during a medical procedure. This method of sedation lets you recover quickly and return to your everyday activities soon after your procedure.

Procedural sedation is usually safe and effective for patients who need minor surgery or a procedure to diagnose a condition. Some procedures it may be used for:

- Breast biopsy
- Dilation and curettage (D&C)
- Loop Electrosurgical Excision Procedure (LEEP)
- Hysteroscopy
- Minor skin surgery
- Minor plastic or reconstructive surgery
- Minor sterilization procedures
- Essure
- Novasure, Thermachoice, Myosure
- Colonoscopy / Esophagogastroduodenoscopy (EGD)

Will I have general anesthesia or procedural sedation during my surgery?

You, your surgeon and your anesthesiologist will decide what is best for you.

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 is used to give you medications and fluids directly into the vein.

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 an adult drive you home from the hospital after surgery.

After Surgery

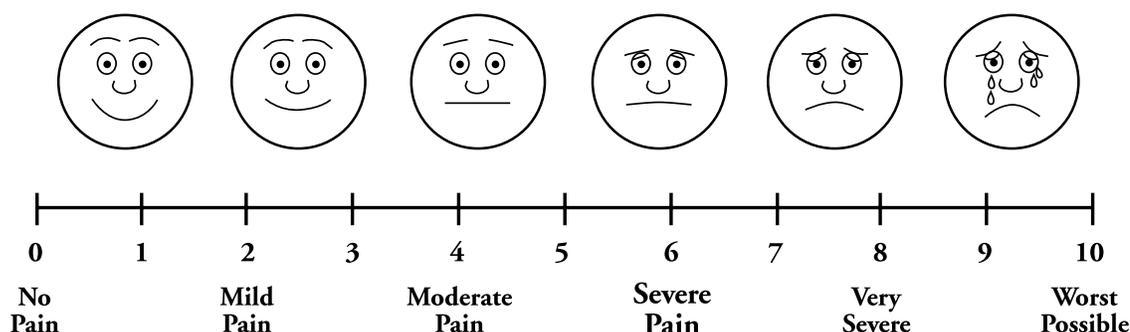
Managing Pain after Surgery

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

- With less pain, you can start walking, do your breathing exercises and get your strength back more quickly.
- With less pain, you can increase activities to decrease your risk of problems such as pneumonia and blood clots.

To manage your pain effectively you will be asked to “measure” it by using the pain rating scale below. This lets your caregivers know how well your treatment is working and whether to make any changes.

HOW MUCH DOES IT HURT?



Communicating Pain Concerns:

Be sure to talk with your nurses and doctors about:

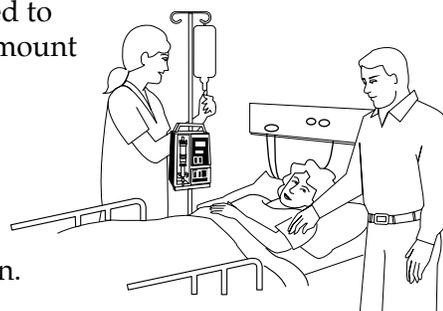
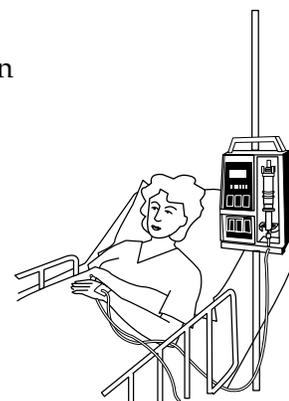
- Pain control methods that have worked/not worked for you before
- Allergies to medicines you may have
- Side effects
- Medicines you take for other health problems (Mixing some drugs and pain medicines can cause problems.)
- Uncontrolled pain

Getting Your Pain Medicine

Your doctor will order all pain medications and direct the way they will be given. You should know the name of the medication and potential side effects. Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.

Pain medications can be received in one of the following methods:

- **Patient–Controlled Analgesia (PCA) Pump:** A pump attached to your IV line that allows only the patient to deliver a certain amount of medication when needed.
- **Intravenous Medication:** Nurses prepare the medication and inject into your IV.
- **Shot:** Injected into a muscle (usually the hip)
- **Mouth:** A nurse will administer pills or liquid pain medication.

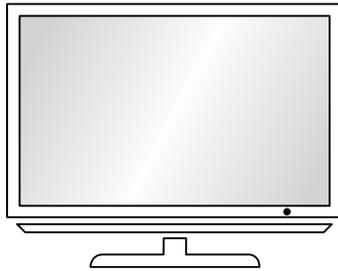


Relaxation Techniques

Medication isn't the only method to manage pain. Relaxation methods can be effective for mild to moderate pain and to boost the pain relief effects of drugs.

- Visualization or "daydreaming" about pleasant things
- Listening to soothing music
- Changing positions
- Massage
- Deep breathing and relaxation exercises

For your relaxation, a variety of music and imagery videos are available on the television in your hospital room.



Home Care

After You Go Home

Once you go home, you will be given detailed instructions individualized to your healing. Below are general guidelines.

Medications

- Your doctor will give you written prescriptions as needed.
- Ask your doctor about resuming medications that you took before surgery.
- For a sore throat, use non-prescription lozenges.
- Take over-the-counter stool softeners and laxatives as needed, such as Senokot[®], Surfak[®] and Peri-Colace[®].

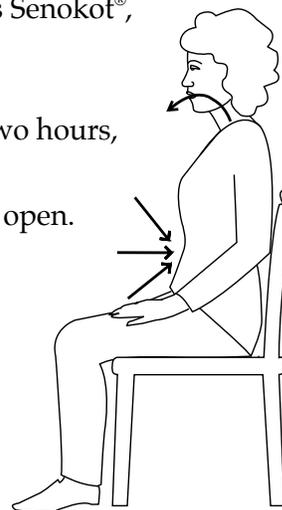
Breathing

After surgery, you will perform deep breathing and leg exercises every two hours, or as instructed by your doctor.

Deep Breathing Exercises - Helps keep the small air sacs in your lungs open.

(Repeat 10 times every 1–2 hours)

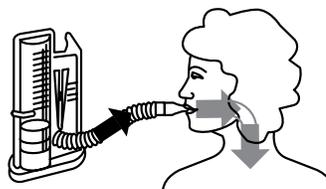
1. Breathe in slowly and deeply through your nose.
2. Expand your lungs as if gathering a breath to shout.
3. Hold your breath for 5 seconds.
4. Breathe out through your mouth slowly for 5 seconds.



Incentive Spirometer - Your doctor will determine if this is necessary.

(Repeat 10 times every 1–2 hours)

- Exhale completely, then close your lips around the mouthpiece held between your teeth.
- Suck air inward and hold for 5 seconds.
- Slowly let breath out over a 5-second period.
- Cough after 10 breaths are completed.



General Activity

A commonsense approach to activity is “If it hurts, don’t do it.”

DO’s:

- At first, following short periods of activity plan to rest or lie down several times during the day.
- Limit stair climbing for the first few days after surgery. Plan ahead so you make only 1–2 trips per day on the stairs.
- Gradually increase your daily activities.
- Ask your doctor when you can drive and begin other normal activities.

DO NOT’s:

- Do not try to return to all responsibilities at one time.
- Do not do heavy housework, go grocery shopping or take long outings without your doctor’s permission.
- Do not lift heavy objects, including toddlers.

Woman’s Therapy Services (225-924-8450) can provide information on abdominal rehabilitation and strengthening and pelvic floor strengthening classes.

Exercises

Before doing any exercises, ask your doctor if you can do the exercises listed below:

Leg exercises: Ankle Pumps & Circles (Repeat each 10 times)

1. Point your toes up and down to move your feet back and forth.
2. Make circles with your feet.

General Exercises (Repeat each 5 times)

1. Slide your heels up and down on the bed, one leg at a time.
2. Gently push your knees into the bed to tighten your upper thigh muscles.
3. Gently squeeze your buttocks together.
4. Roll your shoulders front to back, making circles.
5. Bend your neck gently from side to side.
6. Turn your head to look over your left shoulder, and then turn your head to look over your right shoulder.
7. Flex your fingers and make circles with your hands.

Walking

Walking is the best medicine to improve blood flow, keep your lungs clear and increase bowel activity.

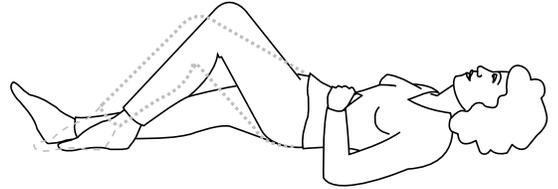
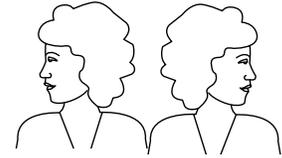
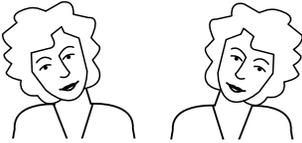
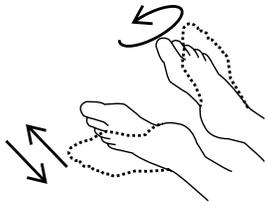
- You may need crutches or a walker following surgery. Check with your doctor.
- You may feel weakness, nausea or pain when getting out of bed, but this will pass as your activity level increases.
- Your doctor may specifically instruct you on how often you should walk and sit in the bedside chair.

Bed Position Changes

Turning in bed protects your skin by increasing blood flow and prevents bed sores. You will need to turn in bed at least every two hours.

- Use your own strength to turn in bed.
- Move slowly.
- Move shoulders and hips at same time to avoid twisting.
- Place pillows behind your back and between knees when lying on your side.
- **DO NOT** place pillow under knees when lying on your back as this can cause blood clots.

To get out of bed, roll to your side, drop your legs, and push up with your arms.



Bowel Function

You may not have a bowel movement for a few days following surgery. Passing gas is an important part of your recovery because it is a sign that your bowels are returning to normal.

DO's

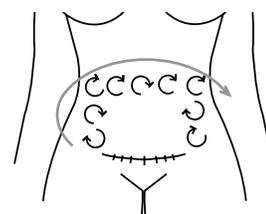
- Lie on your left side rather than on your back to help gas move through your bowels.
- Eat slowly.
- Eat small amounts.
- Chew your food well.

DO NOT's

- Do not stay in bed for long periods during the day.
- Do not lie down for 30-60 minutes after eating.
- Do not eat foods that you know give you gas.

Bowel Massage

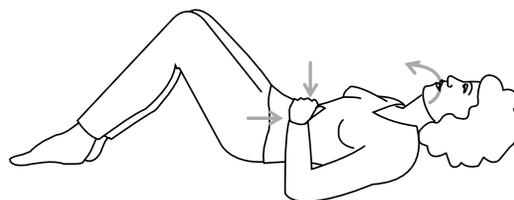
- While lying on your left side, make small circles with your fingers on the surface of your belly, along the bowel.
- Use two fingers to press down gently into the belly as you circle around.
- **IMPORTANT:** Always move from the right side to the left side.



Exercises to Help Pass Gas

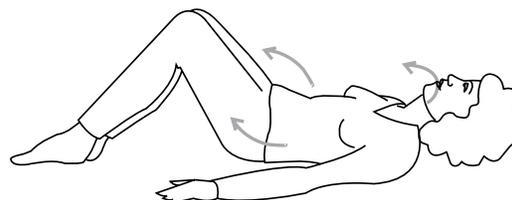
Abdominal Tightening (Repeat 5 times)

1. Gently suck your belly in as if you are trying to zip up pants that no longer fit.
2. Do not hold your breath.
3. Relax.



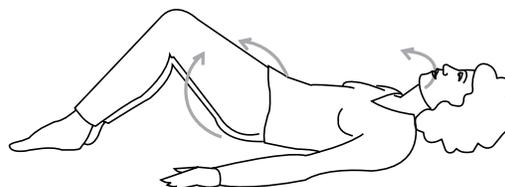
Pelvic Tilt (Repeat 5 times)

1. Lie on your back with your knees bent.
2. Rock your pelvis back and forth using your stomach and buttock muscles.
3. Do not hold your breath.



Bridge and Twist (Repeat 5 times)

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



Constipation

Constipation is a problem that makes it harder to have bowel movements. With this problem, you may move your bowels fewer than 3 times a week. Stools may be very hard and dry. You may have pain when passing stools. Most of the time constipation is just for a short time. Pain medication and decreased activity may cause constipation.

- Drink 6-8 glasses of water each day.
- Eat lots of whole grains, fresh fruits and vegetables.

- Drink warm liquids.
- You may take a stool softener or mild laxative if needed.
- Walk frequently.

Notify your doctor if you experience the following symptoms:

- No bowel movement for more than 3 days.
- Very bad belly pain with hard stools and fever of 100.4° F or higher or chills.

Helping Your Bladder Empty

It takes time for the bladder to adjust after surgery. If you have trouble urinating after the catheter is removed, follow these instructions:

DO's

- Sit upright on the toilet and relax.
- Relax your legs.
- Breathe slowly and deeply.
- Do 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.)
- Place 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.)

DO NOT's

- Do not strain or push.
- Do not hold your breath.
- Do not bear down.

Diet

Your body needs good nutrition to heal. Now is the time to focus on recovery, not weight loss.

DO's:

- Drink plenty of fluids.
 - Six 8 oz. glasses of fluid a day, at least half of which should be water.
 - Other good fluids include fruit juice, lemonade and decaffeinated beverages.
- Eat fresh citrus fruits and juices high in vitamin C.
- Protein aids the healing process. Healthy protein is found in fish, lean meats, milk, peanut butter and eggs.
- If your appetite is poor, eat several small meals and snacks.

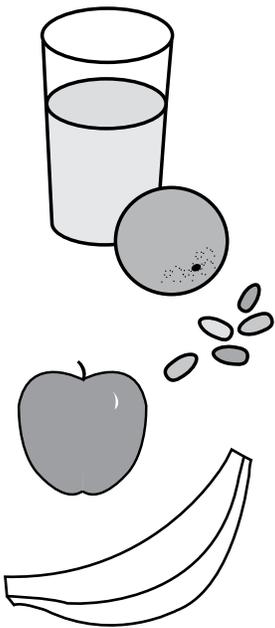
DO NOT's:

- Do not eat foods that cause gas.
- Avoid eating if food smells make you queasy; instead, eat cold food, such as a sandwich.

Personal Hygiene

DO's:

- 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.



Dealing With Your Feelings

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

- Ask your doctor for advice on dealing with your feelings.
- Talk about your feelings with your partner or other family members.
- Attend a support group of women with similar conditions. Woman's Social Services can provide resources and referrals for counseling. (225-924-8456)
- Learn more through online information (use only trustworthy sites, if uncertain don't visit).
 - Federal government sites are excellent places to get health information.
 - Online chat rooms allow you to share challenges with women in the same situation.
 - Key words to search on the Internet include: surgically induced menopause, premature menopause, hysterectomy and endometriosis.

Personal Care/Wound Care

The following are suggestions for wound care, but you should always follow your doctor's specific instructions.

Proper Hand Washing

1. You will need to wash your hands before and after caring for your wound.
2. Remove all jewelry from your hands.
3. Wet your hands, pointing them downward under warm running water.
4. Add soap and wash your hands for 15 to 20 seconds (sing "Happy Birthday" twice).
5. Clean under your nails (a new toothbrush works great).
6. Rinse well, keeping your hands pointed downward so that the water runs downward off your fingertips.
7. Dry with a clean towel.
8. Use a towel to turn off the faucet, so you don't get any germs from the faucet.



Cleaning the Surgical Site

It is important to keep your incision clean and dry, especially with an abdominal "roll" or "fold" that hides your incision when sitting or standing.

DO's:

- Only shower when someone is at home with you in case you feel weak and need help.
- Use a mild liquid soap when showering or bathing.
- In the shower, allow soapy water to run over your incision, rinse well and then pat dry.
- Completely dry the incision using a separate, clean laundered washcloth.
- When cleaning your incision gently wipe away drainage or dried blood using a clean, damp face cloth.
- Wear loose fitting clothing that will not rub against your incision while it's healing.
- Hysterectomy patients will no longer have a menstrual period. However, spotting for three weeks is normal.

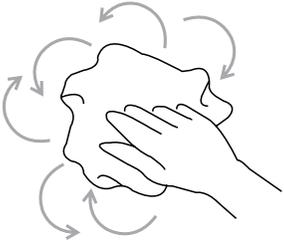
DO NOT's:

- Do not bathe in the bathtub unless your doctor has approved.
- Do not allow excess drainage or dried blood to build up on your incision.
- Do not apply lotions, powders or ointments near or on your incision unless directed by your doctor.
- Hysterectomy patients, do not douche, have intercourse or use tampons until your doctor approves.

Scar Massage

Scar tissue can form up to one year after surgery, and massaging the area will help it become soft and lessen the chance of pulling on your pelvic organs and reduce the “pulling” sensation when you cough, sneeze or reach overhead.

During scar massage you may feel strong pulling or light burning. You should never feel stabbing or sharp pain.

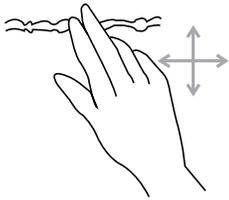


2– 4 Weeks after Surgery: Begin once all oozing and staples are gone

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

4 – 6 Weeks after Surgery: When the scar has healed

1. Place two fingers on the scar, and move the skin in all directions.
2. If the skin is “stuck,” hold in this position for 60 seconds.
3. Then move the skin in other directions and hold until it becomes “unstuck.”
4. 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).

**DO's:**

- Massage the scar 5 to 15 minutes every day.
- Use a warm compress before the massage.
- Use vitamin E cream, aloe or cocoa butter after 4 weeks and only AFTER the massage, not before.
- If a scar feels to be “stuck” in a particular direction, gently hold it in this position until it is “unstuck.”

Possible Complications After Surgery

Call your doctor if you have...

- Any unusual events that cause you concern
- Severe chills or fever over 100.4 F° for more than four (4) hours
- Fainting spells
- Surgery site looks red, feels hot or swollen, or has unusual drainage
- A reaction to the medication you are taking
- Severe or continuing pain that medication does not help
- Persistent nausea and/or vomiting
- Loose stools that last more than one day
- Blood in stool
- Problems with bleeding or clotting
- Very heavy vaginal bleeding or vaginal discharge that has a foul odor
- Changes in urine output or a lot of blood in your urine
- Burning when passing urine or urine with a foul odor
- Higher or lower than normal blood sugar readings, if you have diabetes
- Listlessness (no energy; can't get out of bed)
- Changes in mental status (acting differently than normal or confused)
- Breathing fast
- Fast heart rate



Blood Clots (Deep Vein Thrombosis)

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 can also form in the pelvis and other parts of the body.

Symptoms of DVT:

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

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

Pulmonary Embolism (PE) is when a blood clot breaks free and travels to the lungs. It can block blood flow and can be life-threatening.

Symptoms of PE:

Call 911 or an ambulance immediately if you have any of the following symptoms:

- 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/PE:

- Before surgery, your doctor will assess your risk of DVT and order a treatment plan that may include:
 - Prescribed medications before or after surgery, or when you go home, to prevent blood clots.
 - Stopping certain medications before surgery.
- In the hospital:
 - You may wear elastic stockings or inflatable boots to squeeze the leg muscles.
 - The nursing staff will assist you to walk around soon after your surgery.
- 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.
 - If you are on bed rest, exercise your legs every hour and change positions at least every 2 hours.
 - Stretch your legs with “heel to toe” movements and move feet in circles.

Postoperative Ileus

Postoperative Ileus is when the normal movement of the bowel stops. This movement or contraction helps food move from the small bowel to the colon. If movement stops and food cannot get through, there may be problems passing stools.

Notify your doctor if you experience the following symptoms:

- Not able to pass stool or gas
- Very upset stomach or vomiting
- Very bad belly pain
- Swelling/bloating in your belly
- If you are not feeling better in 2 to 3 days, or you are feeling worse

Peritonitis

You have a thin lining that covers the organs in your belly or abdomen. If this lining becomes swollen and sore, you may have peritonitis. You may have an infection as well. Peritonitis is a serious problem and can be dangerous if not treated.

Notify your doctor immediately if you experience the following symptoms:

- Severe abdominal/belly pain or tenderness that is worse with movement
- Abdominal bloating/swelling
- Fever 100.4° F or higher or chills
- Nausea or vomiting
- Diarrhea
- Dizziness
- Difficulty breathing or breathing fast
- Fast heart beat

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