

Patient Information leaflet for gynaecology major surgery

Foreword

This information leaflet has been written to help you understand your gynaecology surgery. It is intended to be a guide only, so it will not cover every possible detail. Therefore, it is important you understand the proposed surgery and why it has been suggested to you. Please discuss anything you are unsure about with a member of our staff or your own doctor.

Your role in your treatment is extremely important; we want to work in partnership with you to ensure you receive the best possible care.

Are there any risks associated with this surgery?

There are risks involved in any surgery and we want to work with you to minimise these.

Risks specific to the operation that you are having can be found in the separate operation leaflet.

The general risks of any operation are:

- **Bleeding** – if this is excessive or if you were anaemic before your surgery we may need to give you a blood transfusion. Please let us know if you have any objection to receiving a blood transfusion
- **Infection** – to reduce your risk of infection we may give you an injection of antibiotics at the time of surgery. If you are allergic to any antibiotics please let us know
- **Thrombosis** – this is a blood clot. You will be assessed to see if you are at risk of developing a clot. If you are, to reduce your risk we will provide you with compression stockings. Please ensure you wear these all the time and keep them pulled up. You will need to wear these stockings for 4-6 weeks after your operation. You will need to completely remove the stockings once a day to wash, if you are unable to do this immediately after your surgery please ask a member of nursing staff for assistance. We may also give you special injections to help prevent blood clots forming

What I can do to reduce the risk of complications?

It is essential that you are in the best of health possible to reduce the risks from having an anaesthetic and to help with your recovery. It is very important that you prepare yourself for surgery as best you can. If you are unwell at any stage prior to surgery, call your Consultant's secretary to discuss further, using the hospital phone number.

Weight and diet

Excess weight may predispose you to anaesthetic problems. If you are underweight or have a poor appetite, it is important to make the best of what you do eat. Dietary advice and further information can be obtained from your local GP practice.

Smoking

Stopping smoking, even if it is just during your recovery period, will bring immediate benefits to your health; for example, lessening the risk of a wound infection. Ideally you should not smoke a week before your operation and remember you will not be able to smoke in hospital. If you are unable to stop smoking before your operation, you may need to bring nicotine

replacements for use during your hospital stay. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP practice.

Gentle exercise

It is important you keep as fit and active as you can, as this will help your recovery after the operation. Gentle exercises will help you remain as fit as possible. Exercise is most helpful when practiced regularly. You should therefore try to make time every day to exercise, even if it is only for five minutes.

Ensure any existing medical conditions such as diabetes or hypertension are well controlled before your operation. You may wish to have these reviewed by your GP.

Please remember your role in your treatment is extremely important; we want to work in partnership with you to ensure you receive the best possible care.

What do I need to do before the operation?

You will be asked to attend an early health check appointment.

What is an early health check?

- You will undergo routine tests to assess the state of your health before surgery and to confirm that you are healthy enough to have the operation.
- Check the time and date of your operation on your admission letter – we recommend you bring this along to your early health check appointment.
- Remember to inform us of any allergies to latex or drugs at every stage of your treatment journey.
- Ensure that you have ample supplies of paracetamol and ibuprofen ready for when you return home after discharge.

When will I come into hospital?

You will come into hospital on the day of your operation. Your admission letter will give you a date and time to arrive in the Women's Health Outpatient Department or on the Women's Health Ward.

How long before the operation do I have to stop eating and drinking?

You will be informed at your early health check when you must stop eating and drinking. This will let your stomach empty to prevent you from vomiting during your operation. Please note that eating also includes chewing gum and drinking milk.

What should I bring to hospital with me?

- All the medicines you normally use
- Wash bag, towel and nightwear
- Dressing gown and slippers – as you will walk to theatre with your nurse

Please note:

- Sanitary towels are not routinely provided so ensure you have some with you. Tampons are not recommended
- Do not bring large amounts of cash or jewellery with you. We do not take responsibility for any valuable items you keep with you

During my hospital stay

How will I be prepared for theatre?

You will be asked to remove all contact lenses, jewellery, watches, make-up and nail varnish. Wedding rings can be covered with tape if they will not come off.

What sort of anaesthetic will I have?

You will be reviewed by the anaesthetist prior to being taken to theatre and they will discuss the anaesthetic options available to you. They will recommend either:

- **A general anaesthetic** – this is given by injecting drugs into a vein which will put you to sleep for the duration of your operation
- **A spinal anaesthetic** – a local anaesthetic injection in your back which will numb your nerves from the waist down to the toes, you will remain fully conscious and be able to communicate with the anaesthetist and surgeon before, during and after surgery. You can choose to have some sedation during your operation; this makes you feel relaxed and drowsy although you will remain conscious
- **A combination technique** – a combination of both general anaesthetic and spinal anaesthetic

Please note – Your anaesthetist will explain the benefits and risks of the planned anaesthetic to you, and answer any questions you may have. Your anaesthetic may include injections to numb the major nerves to your abdomen.

What happens after the operation?

You will be taken on a bed to the recovery ward for a short while. Once you are fully recovered, you will be transferred back to the ward on a bed.

Coming around after the anaesthetic

- **If you have had a general anaesthetic** – you should be awake shortly after the operation ends. You may not remember anything until you are back in your bed on the ward.
- **If you have had a spinal anaesthetic** – your recovery will be quicker. The spinal anaesthetic will wear off 2-4 hours after your operation and therefore will contribute to your immediate post operative pain control.

How will I feel after my operation?

- It is reasonable to expect some discomfort but this can be minimised with good use of pain relief – this will have been discussed with you by your anaesthetist before the operation.
- Nausea and vomiting are possible side effects; these can be treated with anti-sickness medication – please tell the anaesthetist if you were very sick following a previous operation.

- A catheter may be used to drain the bladder for 12-24 hours following your operation, unless your consultant advises otherwise. The day after your surgery we will perform a trial without catheter (TWOC) to make sure that you are able to pass urine properly. This involves removing the catheter and then monitoring you to ensure that you are able to pass urine without the catheter.
- Intravenous fluids will be given for a few hours until eating and drinking is properly established. We normally expect this to happen slowly by the evening of your operation. You will get out of bed the following day.

What if I have a wound and stitches?

Often dissolvable stitches are used. However, if you have clips or stitches that require removal either the district nurse or the practice nurse at your GP surgery will do this.

What about informing my relatives and contacts?

If your family and friends want to find out how you are then they should telephone 01733 677460. However, this is an extremely busy ward, so we ask that only one person rings and keeps other family and friends informed.

Please note – they will not be able to talk to you on this line.

Can I bring my mobile phone into hospital with me?

Yes and this may be a good way for you to remain in contact with your family and friends. However, please be aware that the Trust will not take any responsibility for any valuable items and this includes mobile phones. Please be considerate towards other patients when using your mobile phone on the wards.

How long will I be in hospital for?

Depending on the complexity of the procedure and immediate recovery you should be in hospital between 12-72 hours. Most patients will be fit to go home after 24 hours, but we will only discharge you if it is safe to do so.

At home after my operation

Will I need support?

You will require support for the first 7-10 days. Gradually start to build up activities and get back to normal over a few weeks. Please make arrangements with your friends and family to provide this support. If you are aware this will prove difficult, or you care for someone who will require looking after as a result of you being 'off your feet' for a few weeks, please discuss this at your early health check appointment so a plan can be made to support you.

What if I need a Fit note?

Please ask the nurses before you are discharged if you require Fit notes, certificates etc.

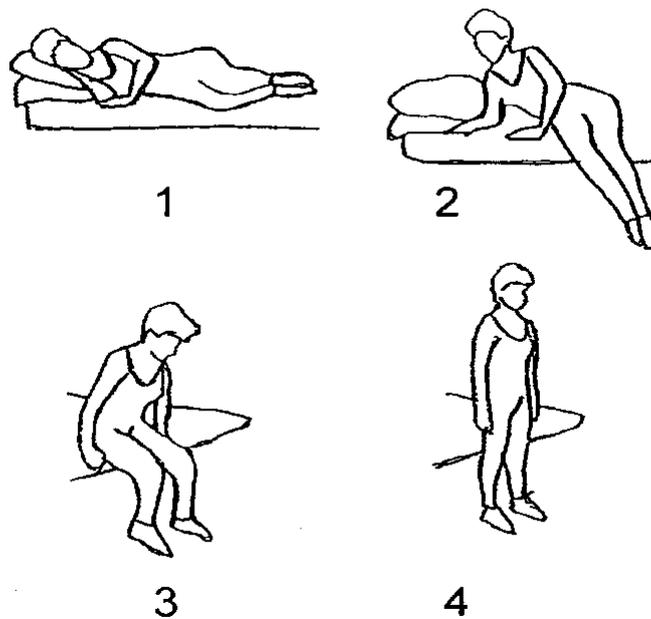
How will I get home?

When you are fit for discharge from hospital, you can go home in a car. The hospital does not provide transport routinely, only those with a recognised clinical need are permitted to have hospital transport. If you claim any benefits, the cost of a taxi or bus fares can be claimed back from the hospital.

Are there any exercises I should do following gynaecological surgery?

Bed mobility

Immediately after your surgery, especially if you have had a general anaesthetic, you may not be able to move around as much as normal. If you have received an incision through your abdomen it may be difficult to get out of bed. Below are some simple diagrams to show you the best way to get out of bed. This helps to minimise strain on your abdominal muscles.



Circulation

Your circulation may become sluggish after the operation. The following exercises will help with any swelling that may develop in your ankles. These exercises need to be done frequently throughout the day. You will benefit from this 5-minute routine especially last thing at night and first thing in the morning:

- Either in lying or sitting, gently circle your feet clockwise. Do this 20 times. Then circle your feet anti-clockwise 20 times
- Pump your feet up and down vigorously 20 times. You should feel some tightening in your calf muscle. Finish with 10 gentle pumps



The pelvic floor muscles

The pelvic floor muscles are layers of muscle located in the base of your pelvis like a dome. They are attached at the front to the pubic bone, and at the back, to the base of the spine around the sacrum and coccyx (tailbone).

Following surgery, these muscles may become weakened and lead to problems with bladder or bowel control. These muscles have three main functions, they:

1. Help support the abdominal and pelvic contents (bladder, uterus, and bowel) from underneath and preserve continence
2. Are responsible for the control of bladder and bowel functions
3. Enhance sexual responses

Like other muscles in the body, if you don't use them, they weaken and are no longer efficient at doing their job.

Finding and recognising the muscles

If you've never had to think about working these muscles before, it can be quite hard to locate them at first. The pelvic floor muscles are those muscles that stop the flow of urine midstream and stop you passing wind when it's not appropriate. **Please do not practice midstream stopping as this may cause other problems.**

Imagine you don't want to pass wind or urine. Tighten and pull up the muscles around and inside your back passage (anus) and vagina, without squeezing your buttocks, or pulling in your abdomen. Your tummy muscles will work a little bit but should not be pulled in strongly. Remember try not to use other muscles to reinforce the squeeze. It will feel different if you try doing this in lying, sitting, or standing positions.

Training exercises

There are two ways that you need to work the pelvic floor muscles.

The **first** exercise works on the holding ability of the muscles, and strengthens the slow twitch muscle fibres:

1. Slowly tighten, lift, and draw up the pelvic floor muscles from the back, to the middle and to the front. At first you may find this is almost impossible to do. Don't worry, just try and hold this squeeze for one or two seconds. You will soon get better at it. Progress slowly over a period of weeks or even months until you finally reach the goal of a 10-second hold. Rest for at least 10 seconds between each squeeze and try and repeat the squeeze up to 10 times.

The **second** exercise works the fast twitch muscle fibres that quickly shut off the flow of urine to help prevent accidents:

2. This is a brisk, snatching-type contraction. Quickly tighten, lift up, and then fully relax. Make sure you completely relax before you do the next contraction. Make this exercise a clean, brisk movement (not a sluggish squeeze). Repeat up to 10 times.

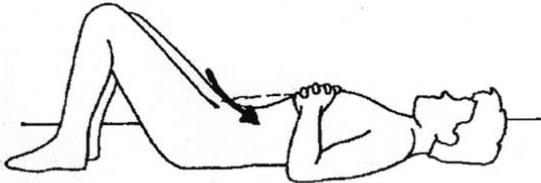
Remember

- **DO NOT** tense the buttocks, abdomen, or legs.
- Completely **RELAX** the body before and after each exercise

In the beginning it is best to do the exercises lying down with your legs well supported on pillows. Once you have got the hang of the exercises you can practise them in sitting, standing, or even jumping.

Pelvic tilts

If you are suffering with bloating or stomach cramps, the following exercise may help alleviate trapped wind.



Position: Lying on back with knees bent

© PhysioTools Ltd

Gently squeeze your pelvic floor and tilt your pelvis backwards (flattening your spine) then slowly tilt your pelvis forwards (increasing the arch in your back). Do 10 repetitions of this exercise (back and forth)

Progression of abdominal exercises

This stage will take several weeks to reach, especially if you have an abdominal scar. It is suggested that you should not start these exercises until six weeks after your operation.



Position: Lying on your back with knees bent

Gently tighten your lower abdominal muscle and your pelvic floor muscles. Carefully lift your head only, whilst keeping your abdominal and pelvic floor muscles tight and without holding your breath. Hold for a few seconds then gently lower and rest for a few seconds.

Caution - never do sit-ups with your legs straight or double-leg lifts from lying. These can put a strain on your spine, cause your pelvic floor muscles to bulge inappropriately, and give you more problems following your surgery.

For the first two weeks after leaving hospital, take it easy. Don't be afraid to rest when you need to, even have a nap in the afternoon. You should aim to go for short walks each day.

What can I do if I have any concerns at home?

In the **first 24 hours** following discharge if you have any questions or concerns please contact the Women's Health Ward on 01733 677460. Please note that this phone is on the ward which at certain times can be very busy and may not get answered. If this is the case please try ringing again.

After 24 hours please contact your GP or NHS111

Will I need to come back to outpatients?

You will be informed on discharge if you need to be seen in the outpatient's clinic.

Further information

You can request a leaflet specific to your operation which will include further details.

Patient Advice and Liaison Service (PALS)

If you have a problem when in hospital that the nurses or doctors are unable to resolve, you can contact PALS who will be happy to help you. They offer assistance, advice and support for patients and their families. The service can help if you have worries or concerns about treatment or care. PALS also have a library of voluntary and support agencies.

Useful Links

Royal College of Anaesthetists website www.youranaesthetic.info

Royal College of Obstetricians and Gynaecologists <http://www.rcog.org.uk>

How long can I expect my recovery to be?

Please see the recovery tracker below

Contact Details:

<p>Hinchingsbrooke Hospital Huntingdon, PE29 6NT Procedure Unit Telephone: 01480 428958 Daisy Ward Telephone: 01480 428959</p>	<p>Peterborough (City Hospital) The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate, PE3 9GZ Telephone: 01733 673758 Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.

How long can I expect my recovery period to be?

Please see the recovery tracker below

Days after my operation	How might I feel?	What is it safe to do?	Fit to work?
Day of operation	<ul style="list-style-type: none"> You will be in hospital during this time You will have some pain and discomfort in your abdomen You will be recovering from the anaesthetic and will feel sleepy 	<ul style="list-style-type: none"> If you are not feeling nauseous you will be able to eat and drink You will need to stay in bed 	No
1 day	<ul style="list-style-type: none"> You will be in hospital during this time You will have some pain and discomfort in your abdomen You may feel sore moving in and out of bed You may have some bleeding like a light period 	<ul style="list-style-type: none"> Assistance with care (washing, going to the toilet) Start eating and drinking You will be reviewed on the ward round to see if any drains you have in can come out Your catheter will be removed between 6-8am Rest and recuperate 	No
1-3 days	<ul style="list-style-type: none"> You may be in hospital during this time You will have some pain and discomfort in your abdomen You may feel sore moving in and out of bed You may have some bleeding like a light period 	<ul style="list-style-type: none"> Get up and move about Go to the toilet Get yourself dressed Start eating and drinking as usual You will feel tired and perhaps like a sleep in the afternoon 	No
3-7 days	<ul style="list-style-type: none"> You should be at home by now Your pains should be reducing in intensity now and you will be able to move about more comfortably You will still tire easily and may require a nap during the day 	<ul style="list-style-type: none"> Continue as days 1-4 Go for short walks Continue with exercises that have been recommended to you Wash and shower as normal Have a rest or sleep in the day if you need to 	No
1-2 weeks	<ul style="list-style-type: none"> There will be less pain as you move about and you will find your energy levels slowly returning Bleeding should have settled or be very little 	<ul style="list-style-type: none"> Build up your activity slowly and steadily Restrict lifting to light loads 	No
2-4 weeks	<ul style="list-style-type: none"> There will be less pain now as you move about more and more You will find your energy levels are returning to normal You should feel stronger every day 	<ul style="list-style-type: none"> Continue to build up the amount of activity you are doing towards your normal levels You can start to do low impact sport Make a plan for going back to work 	Yes, possibly, on reduced hours or lighter duties
4-6 weeks	<ul style="list-style-type: none"> Almost back to normal You may still feel tired 	<ul style="list-style-type: none"> All daily activities including lifting Usual exercise Driving 	Yes, but not heavy work

How long can I expect my recovery period to be?

Please see the recovery tracker below

		<ul style="list-style-type: none">• Have sex if you feel ready	
6-8+ weeks	<ul style="list-style-type: none">• Back to normal	<ul style="list-style-type: none">• Everything	Yes, resume normal activity. If you don't feel ready to go to work, talk to your GP or employer about the reasons for this

