

Planning and Recovery for Hysterectomy and Laparoscopy (i.e. tubal ligation, ovarian surgery, endometriosis surgery)

At EmpowHer, we want you to be prepared for your visit, upcoming surgery, and post-operative care. This document should be reviewed when you are considering, scheduled for, or recovering from surgery. You can bring this information with you to your visits or the hospital for reference. This document would be helpful for your primary caretaker to read over with you.

Choosing the date for your surgery

Recovery from a minor laparoscopic surgery (i.e. tubal ligation, ovarian cyst removal or ovarian removal) is about 1 week. For 3-5 days (depending on your pain medication requirement), you cannot drive. Most people will take off from work for about 3-7 days. You may not lift anything heavier than 10 pounds for 2 weeks. Laparoscopic hysterectomies take a little longer to recover. You may not drive nor return to work for 2 weeks. After 2 weeks some people feel they can return to work at a sedentary job full time or part time. Almost all people can return to work in 4 weeks without restrictions unless you work at a very strenuous job. After a hysterectomy, you may not lift more than 5 pounds for 6 weeks (to prevent postoperative pelvic prolapse). Finally, you may not have intercourse or submerge in water for 6 weeks so think carefully about scheduling prior to a vacation. It's important to look at your calendar when scheduling your surgery. It's very challenging to reschedule once a date has been set. We build our office schedules and surgery schedules around our commitment to your surgery date.

Contacts

Please make sure you have registered for the patient portal, as this is the most efficient way to communicate important information like out of pocket costs, times, and lab results. You can go to our website to register for the portal. Also, if you are having difficulty please call our office so we can assist you.

Insurance

As a courtesy, we will contact your insurance for your authorization for your surgery. We can also provide your expected out of pocket costs; however, as you know, this does change and vary between insurance carriers and time of request for this information. If you have any questions about your exact out-of-pocket costs, you should be able to call your insurance company. We will do our best to help you with this!

Pre-Operative Visit

At this visit, we will review your labs, imaging, and medical exam and provide you with all surgical and non-surgical alternatives. Once you decide on a surgical treatment option, we will go over the planned procedure and have you review the surgical consent. This is not a contract. You can always change your mind. We will review the planned procedure, possible complications, and ensure you understand your proposed procedure. This consent acknowledges your understanding of those things.

Allergies and Medications

Please make sure your medications and allergies are correct on the portal. If they are incorrect, please review them at your visit. Please let us know if you are taking aspirin, motrin, ibuprofen, fish oil, or other supplements. If you don't need it, please stop taking it 10 days prior to your planned surgery and use Tylenol (acetaminophen) instead for pain. If you are taking any blood thinners, discuss this specifically with us - and we will come up with an individual plan for those medications surrounding surgery. If you have had a stomach ulcer, please let us know as we may adjust your postoperative prescriptions.

Preoperative Testing

We will need to get some basic lab work prior to your procedure. The hospital will call you approximately 1 week prior to your planned surgery detailing when to get these done (which may be the morning of surgery in some cases). If you have any cardiac or lung problems, you may need a recent Chest X-Ray or EKG. If you have any recent cardiac testing, please bring them with you to your appointment so we can better plan for an preoperative testing or clearance needed.

Blood Transfusions

Approximately 2% of women having laparoscopic surgery will need a blood transfusion. This could be done by using self-donated or donor-donated blood. However, if you would like to do this or want more information on this, you may call the blood bank at Hendrick Hospital who will guide you through this process. The risk of contracting a serious infection like HIV is about 1/300,000 - rare. And, we will not transfuse blood without your consent. Should you have any concerns regarding a blood transfusion in the event one is needed, please discuss them with us at your visit.

Power of Attorney

If you are married, your spouse will be your medical power of attorney. If you are not happy with that, or if you are not married, please bring a copy of your durable medical power of attorney, or

ask for one to sign when you check in for surgery. This will be the person that will be able to make medical decisions for you in the event you are not able.

Preparing for Surgery

Laparoscopy is a day surgery procedure. You will typically go home the same day - a few hours after you have left the operating room. You should wear comfortable clothes to the hospital that are not tight so that they gently cover your incisions. Sweat pants/suits are a great option. Please do not bring valuables or jewelry. Instead of contacts, wear glasses. You can shave any area prior to your surgery for grooming purposes, but please do not shave your surgical incision sites. Don't shave over your abdomen or even above your pubic bone. Shaving those areas increases your risk for infection. Nail tips (acrylic) or even non-traditional nail paint can make it difficult to assess your oxygen status in the operating room. Please plan on removing these and having bare nails if time allows. False eyelashes should be removed and avoid mascara on the day of your surgery. Finally, you should remove all piercings, especially in your mouth, prior to arriving at the hospital as we use electrical energy in the operating room which could cause metal to spark. You may replace ones that are not in your mouth or nose with silicone studs instead. If you have a laparoscopic hysterectomy, you will most likely be asked to spend one night in the hospital to watch for pain control, nausea treatment and signs of postoperative complications. You will most likely wake up with a catheter draining your bladder which will be present for several hours after surgery to allow your bladder to rest. We will make sure you are voiding without hesitation prior to sending you home. You will want to bring some slip-on shoes with traction and personal items like toothbrush and toothpaste to spend the night. Some also like to bring a personal blanket (it can get cold in the hospital) and pillow. Finally, don't forget a phone charger! Usually, you will be able to go home after breakfast the next morning.

Bowel Preparation for Surgery

Laparoscopic surgery is easier if your bowel is not full of stool. Therefore, to make the surgery safer, shorter and the recovery easier, I recommend you do a bowel prep before surgery. This will require Miralax, Dulcolax tablets and Gatorade. You need a clear bottle of gatorade (white/clear) and a large 32 ounce bottle of your favorite flavor.

To prepare:

2 days prior to surgery - read the prep and go shopping for the items.

Day prior to surgery - eat a low fiber diet and only a liquid diet after noon. Prepare your liquid.

Mix ½ Miralax bottle (119 grams) in 32 ounces of Gatorade (G2 if you have diabetes) until dissolved and keep refrigerated without ice.

At 4 pm the evening prior to your surgery, take 4 Dulcolax tablets. At 5 pm, drink 32 ounces of the mixed solution by drinking 8 ounces every 15 minutes. Follow this by 8 ounces of any clear liquid every 15 minutes for 2 glasses (twice). Then you may continue to drink clear liquids until midnight to remain hydrated which is very important.

Part 1

At 5:00 PM on the evening before your surgery, take four Dulcolax tablets. At 6:00 PM on the evening before your colonoscopy:

- Drink 32 ounces of the mixed solution by drinking an 8-ounce glass of bowel preparation every 15 minutes for a total of four glasses.
- Fifteen minutes later, drink an 8-ounce glass of clear liquid every 15 minutes for a total of two glasses.
- You may continue to drink and push clear liquids until midnight.

Part 2

Between 2-3 hours prior to your surgery, it has been proven to be helpful in some studies with recovery to drink one 16-20 ounce bottle of white or clear gatorade (or G2 if you have diabetes) . You may not have anything else to eat or drink after midnight except this one bottle of gatorade and must complete it at the 2 hour mark prior to surgery. The anesthesiologist may give you a different plan when they call to discuss your pre op procedure, please follow the anesthesiologist's instructions over this guide. They will be in charge of your safety during surgery and have the final work on your instructions.

Hospital Check-In and Hospital Surgical Expenses

Bring your ID and insurance card to check in. You may also be asked to pay your portion of the cost for the surgery and hospital stay. The hospital should provide that estimate for you by phone the week prior to your surgery. However, if you would like to get an estimate before then, please call Hendrick Hospital Billing Department with your planned surgical procedure and insurance card/information for assistance.

www.hendrickhealth.org/patients-visitors/billing/billing-faq-hendrick-health

Surgery verification specialist (325) 670-2943.

Discharge Instructions

Here's a basic guide, but remember your individual recovery could vary and may be individualized by your physician.

Activity

You will have between 2-4 small (approx 1 cm size) incisions. They will be injected in the operating room with long-acting pain medicine that will help with pain control for the first 48 hours. They will have dissolvable sutures that will not need to be removed. Finally, they may be covered with a liquid bandage called Dermabond which is waterproof and anti-bacterial. This will slowly peel off over the next 14 days. Therefore, an additional bandage is not needed.

In general after surgery:

You may have incisional soreness, with one incision (the surgeon's dominant side) being more uncomfortable (for up to 2 months) than the others. We sew the muscle and fascia back under that incision to prevent a hernia. This site can be the only tender site, especially with movement and cough.

You may experience shoulder or upper back pain. This is called referred pain. It is from the gas used to expand your abdomen during surgery which is irritating to your diaphragm. We do our best to release as much gas as possible prior to you waking up, but some gas may remain trapped for a few days.

It is also common to have some bloating.

You may have some vaginal spotting. (We often use a uterine manipulator for laparoscopy or you can have some spotting from your vaginal cuff closure if you have a hysterectomy).

Finally, we will drain your bladder during surgery, so you may experience some burning during your first few voids. This all usually resolves within the first 2 days.

At home:

You should plan to rest for the first 3 days (2 weeks if you have a hysterectomy).

Walk as you feel able.

You should be able to do normal activities immediately after surgery like fixing a sandwich or slowly climbing a flight of stairs; however, you may not do strenuous housework or do any lifting > 10 pounds for 2 weeks (6 weeks if you have a hysterectomy).

Don't drive for 5 days after surgery or longer if you are still requiring pain medication (2 weeks for a hysterectomy).

Finally do not put anything in your vagina (sex, etc) or soak in any bodies of water (baths, swimming pools, etc) for 2 weeks after surgery (6 weeks after a hysterectomy).

You may shower as usual. Wash with mild soap and water. Pat dry. Do not apply oils or lotions on your incisions until well healed, usually 2 weeks.

Avoid constipation. Keep miralax to use as instructed on the bottle and stool softeners as long as you are on pain medication and until you have normal bowel movements. Eat plenty of fruit, vegetables and whole grains. Drink 6-8 glasses of water daily unless directed otherwise.

Plan to take your pain meds with food. Ibuprofen can irritate the lining of your stomach. If you are not taking medications for heartburn, it is a good idea to take Pepcid twice a day while you are taking high doses of ibuprofen.

Follow-up

We need to follow up between 2-4 weeks after surgery, usually by telehealth. I will release your pathology to you as soon as I receive it. If you have not received your pathology results through the portal or by phone within 7 days of your surgery, please contact us regarding the results. I will also see you 6 -8 weeks post hysterectomy to clear you for full activity.

When to call EmpowHer

Redness or increasing drainage/swelling at your incision sites

Fever >100.4

Pain that is not relieved by your pain medications

Any heavy bleeding

Dizziness or fainting

Worsening abdominal bloating or swelling associated with pain

Extreme nausea or vomiting

Inability to empty your bladder

Symptoms of a urinary tract infection

If you are unable to reach us in a timely manner, or if you are having any serious side effects like difficulty breathing, chest pain, shortness of breath or life threatening bleeding, please proceed to the emergency room and they will contact us when you arrive.

We are honored that you are trusting us with your care, and we wish for you to have a pleasant, uncomplicated surgical experience. Many women have expressed extreme gratitude for the life they live after a gynecologic surgery. We want for you to be the same. If we can do anything to make this process less confusing or more comfortable, please don't hesitate to ask!

