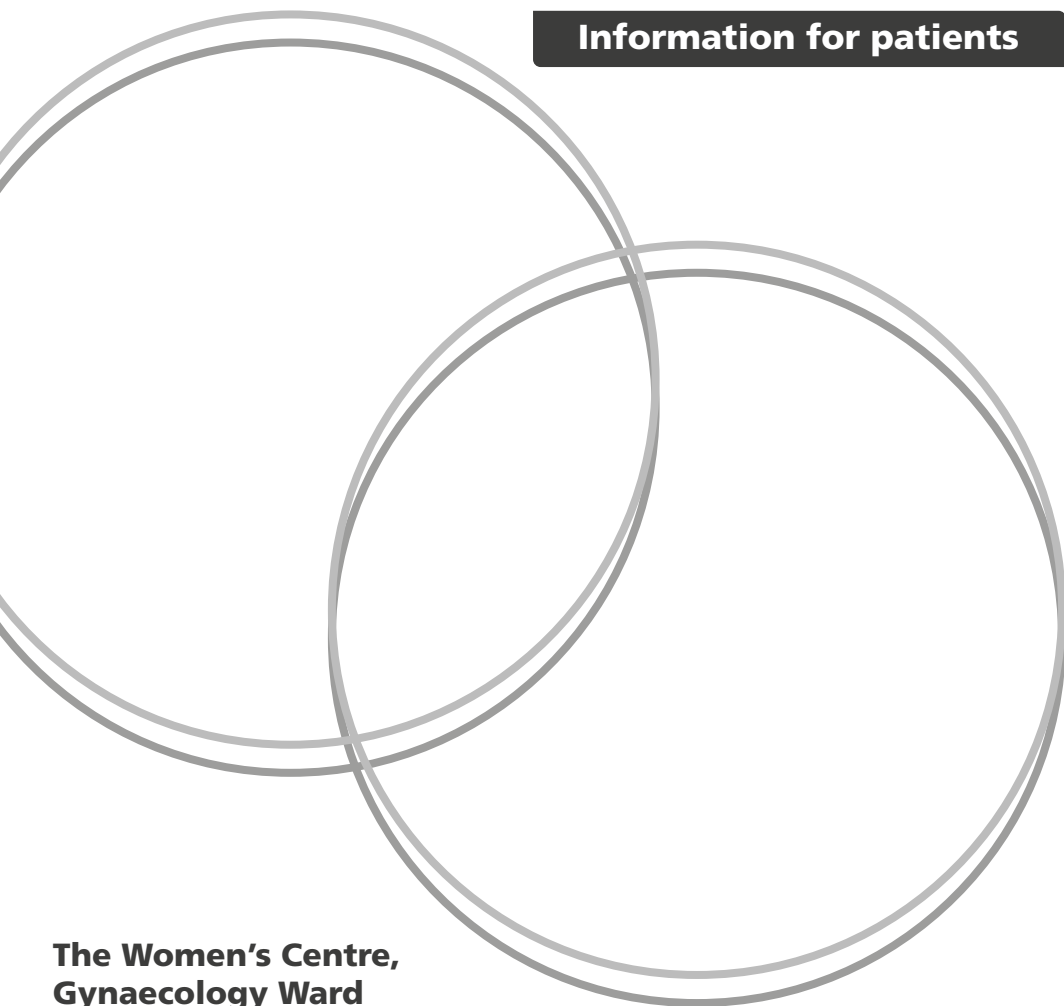




Oxford University Hospitals
NHS Foundation Trust

Major Surgery – Your Nursing Care, Recovery and Getting Back to Normal

Information for patients



The Women's Centre,
Gynaecology Ward

Welcome to the Gynaecology Ward. You have been given this leaflet to answer some of the questions you may have about what will happen to you while you are in hospital and what to expect after you return home. We hope the information will help you to make a good recovery.

Admission

On the day of your operation you will be admitted to the Theatre Direct Admissions (TDA) area on the Gynaecology Ward. You will be asked to wait in the waiting room before going to the operating theatre. Please note that the department is also a Gynaecology Emergency Service therefore emergency patients may be taken into theatre before you although they may have arrived after you.

A relative or friend can stay with you in the TDA area while you wait. When you have gone to theatre, your possessions will be put in the bed space allocated to you, on the main ward. You will be brought back to this bed space after your operation.

Medicines

Please bring into hospital any medicines (tablets, eye drops, inhalers etc.) that you take at home. You may need to stop taking some medications before you come into hospital, for example: aspirin, HRT, the oral contraceptive pill and herbal medicines. Any questions about your anti-coagulant medication, will be clarified by the Pre-Operative Nurse at your Pre-Operative Assessment (POA).

Visiting hours

The Gynaecology Ward visiting hours are 8:00am to 8:00pm. If your relatives are not able to visit you during these hours, please speak to a member of nursing staff.

Electronic devices

The TVs at the bedside are provided by an external company. If you choose to use this service you will need to pay by debit or credit card on the TV or buy a paycard on the ward and then register this on the TV.

Please be aware of people around you and use headphones wherever possible. Please keep phone conversations short and as quiet as possible so as not to disturb other patients.

Valuables

Please leave valuables including jewellery, watches and other precious items at home. The Trust cannot accept responsibility if they are stolen or go missing.

Preparation for your operation

Before you come into hospital

- Ensure you have not eaten anything since the day before the operation and that you only had a small amount of water when you woke up to take medication if required.
- You will need to have a bath or a shower before coming into hospital.
- Please consider bringing the following; slippers, dressing gown, something to read or do while waiting/recovering, toiletries such as toothbrush, comfortable pyjamas for after an operation, clothes to wear home, chargers for any electronics and any particular food or drink that you enjoy or is better for you due to allergies or intolerances.
- If you signed a consent form in clinic please bring this with you.

While you are in the TDA waiting area you will meet the following people;

- A doctor who is part of the team who will be doing your operation. The doctor will explain the operation to you and answer any questions you may have. If you did not sign a consent form in POA this will now be done with you. The consent form should clearly state what operation you are having, the potential benefits and the risks involved. Please read the form carefully before signing it. You will be given a copy to keep.
- The anaesthetist who will discuss what type of anaesthetic you will have, if any medication is required pre-operatively (before surgery) and the different pain relief options following surgery.

- A member of the nursing team, who will;
- Record your observations – blood pressure, breathing rate, oxygen levels, pulse and temperature.
- Ask you for a urine sample and check this for abnormalities. They will also do a pregnancy test if appropriate.
- Measure your legs for anti-embolism stockings.

These stockings help to prevent blood clots from forming in the veins in your legs (known as DVT or deep vein thrombosis). The stockings are worn during the operation and throughout your hospital stay. However, it is still important that you begin to move your legs and ankles as soon as you can after the operation in order to increase the blood circulation in your legs.

- Give you a theatre gown to wear for your operation.
- Complete a safety checklist with you to ensure you are properly prepared for your operation.

A member of the nursing team will then go to theatre with you and will stay with you until the theatre staff in the anaesthetic room take over your care.

If you have any questions while in TDA, please talk to a member of the nursing team.

After the operation

Observations

After the operation you will be taken to the recovery area where we will observe you carefully until you are well enough to go back to the ward. You may have an oxygen mask on your face. The nurse will frequently monitor your blood pressure, pulse, breathing, oxygen levels and temperature. The nurse will also check any wound dressings and for any vaginal bleeding. You may have a wound drain or a gauze pack inserted into your vagina, which is usually taken out the next day by the nurse.

Pain control

It is important that you are comfortable, as the sooner you can move and walk about, the quicker and more uncomplicated your recovery. If you have any discomfort or pain, let the nurse know. We can give you oral tablets or suppositories to make you more comfortable.

Following some operations women can experience pain that they feel in their shoulders. This is normal and is caused by 'trapped' gas, which has been put into the tummy during the operation. This should not last long and can be relieved by medicines, sitting upright and walking about. If the pain continues, is severe, or affects your breathing, please inform your nurse, or if you have gone home, contact your GP.

Eating and drinking

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

You may have a drip giving fluid into one of your veins, which will make sure you get enough fluids if you are not able to drink. When you are drinking enough fluids and no longer feel sick, the drip will be removed. We will provide food when you feel ready to eat.

Passing urine

It is important to try to walk to the toilet after an operation as this will help your recovery, however if you are unable to do so a nurse will help. If you have any pain when you pass urine, or if you are unable to pass urine, please tell the nurse looking after you.

During some operations the doctor may put a catheter into your bladder. A catheter is a thin rubber tube that drains urine into a bag by the side of your bed. This will be monitored and emptied by a member of the nursing team. The catheter is usually removed the next day by a nurse.

Bowels

Your bowel habit should not be affected, but if you are having difficulty we can give you some medicine to help you open your bowels.

You will also find it helps if you:

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

Mobility

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

We will encourage you to rest after your operation but it is important to sit out of the bed in your chair, even if only for short periods of time and start getting up and walking around as soon as you can. This will relieve pressure on your heels and bottom and help prevent blood clots forming in the veins in your legs.

When getting out of bed it may help if you bend your knees, turn onto your side, let your legs drop off the edge of the bed and use your arms to push yourself up into a sitting position on the side of the bed. Sit on the side of the bed for a few minutes before standing up.

If you need to cough, sneeze or laugh, you may want to support yourself to make this more comfortable. Place a towel or pillow over your wound and apply pressure.

If you have not seen a physiotherapist whilst waiting in TDA, you may see one on the ward after your operation. You should also be given a physiotherapy leaflet to read. If you have not seen a physiotherapist, but would like to see one, please let your nurse know.

Hygiene

On the morning after your operation you can have a wash or shower, but you may prefer to wait until the afternoon. After you go home we suggest that you do not lock the bathroom door, or make yourself inaccessible to the person looking after you. If you live alone we recommend you have someone stay with you or if that is not possible, you stay on the ward overnight.

Whilst your wound is healing we do not recommend using highly perfumed products, such as scented shower gel, fragranced soap or perfumed moisturisers. These may irritate your wound. It is also important to rinse away any soap from your wound and then gently pat it dry. It is best to avoid using talcum powder around the wound area, as this can increase the risk of infection.

Wounds and stitches

After your operation you may have a dressing covering your wound. This will be checked by the nurse looking after you.

If you have had keyhole surgery you will probably have 2 to 3 small cuts on your abdomen which may have small dressings covering them. The nurse will check these areas. These wounds usually heal very quickly.

Some patients will have stitches that dissolve and usually do not need to be removed. However, sometimes the stitch does not dissolve and remains in the skin. If you can still see the stitch after 10 days you could make an appointment with your practice nurse at your GP surgery to have it removed.

Once you are at home it is important to keep the wounds clean and dry. You may find it more comfortable to cover the wounds with a small plaster. If you do, the plasters will need to be changed at least daily. However, exposing the wounds to the air is a good idea. If you have any concerns about your wounds (for example, if they start to leak fluid, or if the edges of the wounds come apart), please see your GP or the practice nurse.

Vaginal bleeding

You may experience some vaginal bleeding after your operation. This may last up to 2 weeks. You are advised to use sanitary towels and not tampons at this time, and not to have sexual intercourse. This will help to reduce the risk of infection, and to aid the healing process. Once you are at home, if you have new pain, fresh or heavy bleeding, or if you notice an offensive smelling discharge, you should see your GP.

Your recovery

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

For up to 48 hours after your anaesthetic, you must follow the information contained in this leaflet. This is due to your reduced reflexes, reasoning and co-ordination skills may be impaired despite you feeling well as a result of the general anaesthetic.

Recovery can leave you feeling very tired, emotionally low or tearful. This often happens during the early days and is a normal reaction. Your body needs time and energy to build new cells and repair itself. Try not to compare your recovery with other women on the ward, as everyone is different.

Going home

- You will be discharged from hospital once you are medically fit. Try not to compare your recovery with other women on the ward, as everyone is different.
- You will need to arrange for someone to collect you to take you home.
- You may be transferred from the ward to the transfer lounge, whilst you wait to be collected.

Before you go home

- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your GP. You will be given a copy of this letter for your own records.
- Please read any physiotherapy leaflets given to you, so that you understand any exercises you should do at home.
- Ask whether you need to take any medicines home with you.
- Ask if you need to see a doctor for a follow-up appointment after your operation.
- If you are going home with a vaginal gauze pack still in place, make sure you understand the plan for its removal.

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

Getting back to normal

- Arrange to have someone at home with you for the first night following your operation.
- Eat a well balanced diet. Drink plenty of fluids to avoid constipation. By eating a healthy diet you will help to improve the healing process.
- Please consider if you need help to look after any children or pets that you may have.
- Get dressed properly each day and go out for a short walk – just 5 minutes for the first time. Gradually increase the length of your walk each day. Rest when you feel tired.
- Please take regular pain relief (e.g. Paracetamol, Ibuprofen) if required.
- Accept any offers of help from family or friends, with essentials such as washing and cooking are done.
- Continue to do the exercises taught by the physiotherapist.
- Occupy yourself and do things that you enjoy.

Exercise

It is important to continue to exercise and walking is an excellent way to do this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. You should avoid high impact exercise (e.g. any activity that takes both feet off the ground at the same time such as jogging or aerobics) for about three months.

Driving

The DVLA states that you must not drive a car or any other vehicle, including bicycles, for 48 hours after your general anaesthetic. After this time you need to think about whether your pain or wounds may affect your ability to drive safely. We suggest that you get into your car while it is still parked to see whether it is comfortable. One way to tell if you will be able to drive safely is if you are able to perform an emergency stop comfortably and quickly.

We recommend you sit in a stationary car and see if you are physically able to complete this action before setting out on the road. We also advise checking with your insurance agency that you are adequately insured to start driving again. Please note this may take up to 6 weeks.

Going back to work

Some jobs are more strenuous than others. You should rest and stay off work for between 4 to 6 weeks. Some people may need to stay off work for a longer or shorter time. Talk to your surgeon, the nurse at your pre-operative assessment visit, the ward nurse, or your GP to decide what is best for you. You are able to self-certify as sick from work for 1 week, however if required please ask the nursing team for a fit note.

Resuming sexual relations

We advise that you avoid penetrative intercourse for about six weeks after your surgery to allow for healing and to avoid infection. If you have any questions about this part of your recovery we would encourage you to discuss it with your doctor before you leave hospital. If you do experience any problems once you do resume intercourse, please talk to your GP.

Cervical smears

If your cervix has been removed (if you have had a total hysterectomy) you will no longer need cervical smear tests. If your cervix has not been removed (if you have had a sub-total hysterectomy), you will need to continue to have cervical smears.

Menopause and HRT

If your ovaries are removed as part of your surgery, this produces a 'surgical' menopause. This is due to rapid loss of the hormones normally produced by the ovaries. Depending on your age, previous menopausal status and other medical issues, hormone replacement therapy (HRT) may be appropriate to treat typical menopausal symptoms such as hot flushes and night sweats but also to protect against bone density loss. Your medical team will discuss HRT with you prior to discharge.

If your ovaries have not been removed and you have had a hysterectomy, menopause will occur sooner than naturally expected (unless you were menopausal prior to surgery). Although you won't have a change in periods, other menopausal symptoms such as flushes, sweats, poor memory, joint pains, mood changes and vaginal dryness/discomfort are often apparent. If these symptoms are troublesome or if you develop menopausal symptoms below the age of 45 we would advise speaking to your GP.

General signs to look out for

Please contact if you have any problems overnight or in the next 72 hours post discharge from the ward, such as:

- New/fresh or increased bleeding.
- Any offensive smelling or discoloured discharge.
- Pain not controlled with pain relief medication.
- Nausea or vomiting that prevents you from keeping fluid down.
- Signs of an infection such as; feeling feverish or unwell, any pain or swelling at operation site or offensive discharge.
- Signs of a DVT such as; pain or swelling in your legs, shortness of breath.

We are always happy to discuss any concerns you have with you over the phone. Please be aware that we may direct you to the most appropriate service post discharge, which could be, your GP, Emergency Department , an outpatient clinic or assessment unit after 72 hours post discharge or we may ask you to come to the ward up to 72 hour after discharge.

Many patients will not require a follow-up appointment but if follow-up is recommended by your surgical team, an appointment will be sent to your home address. If you are expecting a follow-up appointment and you have not received a letter in the post, please contact the ward on the numbers provided.

How to contact us

Concerns in the first 72 hours after discharge

Gynaecology Ward
Level 1, Women's Centre,
John Radcliffe Hospital
Oxford OX3 9DU

Telephone: **01865 222 001** or **01865 222 002**
(24 hours a day, 7 days a week)

If you have any concerns after 72 hours please contact your own GP or out of hours service, including NHS 111.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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