

The Gynaecology Ward, The Women's Centre

Minor Surgery

Your nursing care, recovery,
and getting back to normal



Contents

Admission	3
Medicines	3
Visiting Hours	3
Patientline	3
Preparation for your operation	3
After the operation	4
Observations	4
Pain control	4
Eating and drinking	4
Passing urine	4
Bowels	4
Mobility	5
Hygiene	5
Wounds on your tummy	5
Vulval wounds	5
Vaginal bleeding	5
Your recovery	6
Going home	6
Before you go home	6
At home	6
The first 24 hours after your operation	6
Getting back to normal	7
Driving	7
Back to work	7
Resuming sexual relations	7
How to contact us	7
Further help and information	7

Welcome to the Gynaecology Ward. This leaflet has been written to try to answer some of your questions about what will happen to you while you are in hospital. We hope the information will help you to make a good recovery.

Admission

You will be admitted to the Gynaecology Ward the day before your operation. A nurse will show you to your bed and you will be able to familiarise yourself with the ward. A nurse will take your blood pressure, pulse and temperature and check your urine for any abnormalities. If appropriate, a pregnancy test will be done.

A doctor may visit you to see if you have any last minute questions about your operation. We will ask you to sign a consent form (if you did not already do this at the pre-operative assessment clinic). 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 will also see you to talk to you about the anaesthetic and the different ways of controlling pain after the operation.

If you have any questions, please do not hesitate to talk to one of us.

Medicines

Please bring with you all medicines that you take at home (tablets, eye drops, inhalers etc.)

Visiting Hours

The Gynaecology Ward visiting hours are 2pm - 8pm.

Television / Telephone service

This is available at each bedside and is operated by Hospedia. If you choose to use this service you will need to buy a pre-payment card from the machine on the ward.

Preparation for your operation

You may need to wear 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.

You will not be able to eat or drink anything for a number of hours before your operation. The nurses will tell you when you need to stop eating and drinking.

You will need to have a bath or shower a few hours before the operation. If you are unable to do this on your own the nurses will help you.

We may give you some tablets to take before your operation. The nurse will explain what the tablets are for. They may include anti-emetics (to reduce nausea and vomiting), analgesia (painkillers), and sedation. However, all patients are different and the anaesthetist will prescribe what is necessary for you.

Before you go to the operating theatre the nurse will go through a safety checklist with you. This is to make sure that you are correctly prepared for your operation.

A nurse will then go with you to the operating theatre and stay with you until you have been handed over to the theatre staff in the anaesthetic room.

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, and temperature. The nurse will also check any wound dressings and for any vaginal bleeding. You may have a wound drain or gauze pack in your wound, 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 injections, suppositories or oral tablets 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 nauseous (sick). If this happens we can give you tablets or injections that will help. You may also find that drinking straight after your operation makes you feel sick. A mouthwash or small sips of water may help.

You may have a drip going into one of your veins to make sure you get enough fluids while you are not able to drink. When you are drinking enough fluids and no longer feel sick, we will remove the drip. We will tell you when you can start to eat.

Passing urine

A nurse will help you to walk to the toilet, or help you out of bed to use a commode (a portable toilet) until you are able to walk to the toilet yourself. 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. The nurse will empty this. 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

We will encourage you to rest after your operation but it is important to 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.

Hygiene

On the morning after your operation you can have a wash, shower or bath, but you may prefer to wait until the afternoon. If you need any help, please ask. After you go home we suggest that you do not lock the bathroom door, or make yourself inaccessible to the person looking after you.

We advise you not to use talcum powder around any wound area, or use highly perfumed products when washing. We also recommend that you do not douche.

Wounds on your tummy

If you have had minor keyhole surgery you will probably have 2 - 3 small cuts on your tummy which will have small dressings covering them. The nurse will check your wounds. These wounds usually heal very quickly and may have small stitches that will need to be removed about 5-7 days after your operation. You will need to make an appointment with your practice nurse at your local surgery to have the stitches taken out. Before you leave the ward we will give you a letter to give to the practice nurse explaining your operation and when the stitches need to be removed.

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 to have it removed.

Once you are at home it is important to keep the wounds clean and dry. After a bath or shower, rinse away any soap from your wounds and dry them carefully. 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 them 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 at your surgery.

Vulval wounds

It is important to keep the area clean and dry. Wash, bath or shower at least daily and dry carefully with a clean towel. If you had a drain or gauze pack put into the wound during your operation, this will be removed before you go home. If your wound needs to have daily dressings, the nurse will organize the district nurse or practice nurse to do this for you. If you have any concerns about the wound, or if the discharge from the wound is smelly, please see your GP or practice nurse so that they can check that everything is o.k.

Vaginal bleeding

You may experience some vaginal bleeding after your operation. This may last up to a week or so. You are advised to use sanitary towels and not tampons at this time, and not to have sexual intercourse. This will help to reduce infection, and to aid the healing process. Please talk to your nurse or doctor about how long this needs to continue. Once you are at home, if you have new pain, fresh or heavy bleeding, or if you notice a smelly discharge, you should see your GP for a check up.

Going home

- You will be discharged from hospital once you are medically fit. This may be the same day as your operation or in the next couple of days. 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.

Before you go home

Before you go home the nurses will:

- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your GP. This will be sent in the post. You will be given a copy of this letter for your own records.
- Arrange any medicines you need to take home with you.
- Explain how you will be followed-up.
- Go through the advice to help you make a good recovery.
- Talk to your about any questions or concerns you may have.

At home

- Arrange to have someone at home with you for the first night following your operation.

For 24 hours after your operation:

- Do not operate machinery or appliances i.e. a cooker, kettle.
- Do not lock the bathroom door, or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods.
- Avoid alcohol.
- You will need to arrange some time off work.
- Do not make any important decisions or sign legal/important documents.

Getting back to normal

Each person will react to an operation and general anaesthetic differently. Hopefully you will be back to normal activity in a couple of days, with the exception of any work involving heavy lifting or prolonged or vigorous sports. As a general rule, listen to your body and use your common sense. Do not push yourself too hard.

Driving

Do not drive a car or any other vehicle, or a bicycle, for 48 hours after your anaesthetic, but always check with your hospital doctor first. We advise checking with your insurance company that you have insurance cover before you start driving again. It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop if needed. Remember, you need to think of yourself and other people's safety.

Going back to work

Some jobs are more strenuous than others. You should rest and stay off work for about 1 week. 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 G.P to decide about what is best for you.

Resuming sexual relations

It is important to talk to your consultant or one of his/her team about this before you leave the hospital. Everyone is different and there are different recommended healing times for the different minor operations. The doctor will tell you when you may resume penetrative intercourse. We recommend that you follow this advice – to allow for healing and to avoid infection. If you experience any problems once you do resume intercourse, please talk to your GP.

If we can be of any further help please contact us at:

The Gynaecology Ward
The Women's Centre
John Radcliffe Hospital
Oxford OX3 9DU

Tel: (01865) 222001 or 222002

Further useful information may be found at:

www.nhsconditions.nhs.uk

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Michelle Allen, Professional Development Nurse
Caroline Owens, Matron, Gynaecology
Version 2, January 2011
Review date January 2014
Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU
www.oxfordradcliffe.nhs.uk