

The Women's Centre, Gynaecology Ward
**Abdominal Hysterectomy –
Your nursing care, recovery,
and getting back to normal**



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.

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Admission

On the day of your operation you will be admitted to the Theatre Direct Admission (TDA) area on the Gynaecology Ward. This is a seated waiting area, where you will wait before going to the operating theatre. Please note that the department is also a Gynaecology Emergency Service. This may mean that your operation time may need to be changed if an emergency patient comes in.

A relative or friend can stay with you in the TDA area, while you wait. When you have gone to the theatre, your possessions will be taken to the main Gynaecology Ward and put into the bed space allocated to you. You will be brought back to the ward 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 medicines before you come into hospital, for example, aspirin, warfarin, HRT, the oral contraceptive pill, and herbal medicines. This will have been discussed with you at your Pre-Operative Assessment (POA) appointment. If you have any questions about your medicines, please contact the POA nurses or your GP. Hospital contact numbers are at the end of this leaflet.

Visiting hours

The Gynaecology Ward visiting hours are 2.00pm to 8.00pm. If your relatives are not able to visit you during this time, please speak to a member of the nursing staff.

TV, radio and internet

An external company provides this service, which is available at each bedside. If you choose to use it you will need to buy a card on the ward and then register as a user with the operator to operate it.

Mobile phones

There are restricted areas for mobile phone use. Please do not use your mobile for long periods of time, as this disturbs the other patients on the ward. Please also keep the volume of the phone low or silent, out of respect to others.

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

You will need to have a bath or shower in the morning, before coming into hospital, as discussed at your Pre-operative Assessment appointment.

While you are in the TDA area you will be visited by the following people:

A Doctor, who will visit you to see if you have any last minute questions about your operation. If you did not sign a consent form at the Pre-operative Assessment clinic 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 see you to discuss what type of anaesthetic you will have, and the different ways of controlling your pain after the operation.

A Nursing Assistant, who will:

- record your blood pressure, pulse, breathing and temperature
- ask you for a urine sample and check this for any 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). You will wear the stockings for 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, to help increase the blood circulation.

- give you a theatre gown to put on, to wear for the operation
- complete a safety checklist with you, to make sure you are correctly prepared for your operation.

You will not be able to eat or drink anything for a number of hours before your operation. The nurse at your Pre-operative Assessment appointment will have explained when you should stop eating and drinking. The Nursing Assistant in TDA will let you know whether your position on the operating list has changed and if you can have anything to drink after you have seen the Anaesthetist.

You may be given some tablets to take before your operation (such as painkillers and anti-sickness medication). The nurse will explain what the tablets are for.

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

If you have any further questions whilst you are in TDA, please talk to a member of nursing staff.

After the operation

Observations

You will stay in the recovery area, where you will be carefully monitored until you are well enough to go back to the ward. You may have an oxygen mask over your mouth and nose, which will help the effects of the anaesthetic to wear off.

The nurse will frequently monitor your blood pressure, pulse, breathing, oxygen levels and temperature. The nurse will also look at your wound dressing and will check your sanitary towel for any vaginal bleeding.

You may have a tube called a 'wound drain' coming out of your tummy, to drain the fluid which collects after the operation. The tube is connected to a bag or bottle and normally needs to stay in for a day or so. The doctors will decide when it can be removed, and one of the nurses will take it out whilst you are on the ward. This may be uncomfortable, so we will offer you painkillers before it is removed.

Pain control

For the first 24 to 48 hours after your operation you may have a Patient Controlled Analgesia pump (PCA). This is a syringe pump containing a strong painkiller, which you can control yourself. If you have any pain you simply press the hand-held button.

The PCA will give you a set amount of painkiller from the syringe, through a fine plastic tube that goes into a vein in your arm or hand. The machine controls the amount of drug you have, so you cannot have too much in one go. The nurses will monitor the amount of drug you are having and how well it is working to control your pain. When you no longer require these painkillers, the pump will be removed.

You will also have a choice of tablets, suppositories, or liquid painkillers, to help control any pain you may have. You will be encouraged to take painkillers, as being comfortable helps to speed up your recovery.

You may get wind pains a few days after the operation, which can be uncomfortable and make your tummy feel bloated. This should not last long and can be relieved with medicines, drinking peppermint tea, eating, and walking about.

Eating and drinking

The anaesthetic may make you feel 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. You may be more comfortable starting off with a mouthwash or small sips of water.

You will have a drip going 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 tell you when you can start to eat.

Passing urine

During the operation the doctors may put in a urinary catheter; this is used to monitor the amount of urine you are producing. A catheter is a thin flexible tube that goes into your bladder, so that your urine can drain into a bag by the side of your bed. The nurses will check this regularly.

The catheter is usually removed the day after the operation. If you do not have a catheter, the nurses will help you to use a bedpan, or will help you out of bed to use a commode (a portable toilet) until you are able to walk to the toilet yourself.

Bowels

It may take two to three days before you have your bowels open. If you are having difficulty, we can give you some medicine to help. 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 moving around.

Mobility and exercises

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.

On the first day after your operation you will be encouraged to sit out of bed in your chair, even if only for short periods of time. When you are in bed it is also important for you to continue to regularly move yourself around, to relieve pressure on your heels and bottom. You will be expected to move yourself, but the nurses will show you how and give you help if you need it.

We will also encourage you to rest, but it is also important to start doing exercises as soon as you can, to help you to recover. The important exercises that you should do are:

Foot exercises

- Why? To increase the blood circulation in your legs and help prevent DVT (blood clot in the leg).
- How do you do them? With your legs straight, briskly circle or bend and stretch your feet up and down from the ankles, 10 times.
- How often? Every hour until you are up and fully able to walk around.

Breathing exercises

- Why? After an anaesthetic, deep breathing can help to move any phlegm (thick mucus) from your throat or lungs.
- How do you do them? Sit comfortably, supported with pillows and with your knees bent. Take a long, slow breath in through your nose and hold for a count of two. Slowly sigh the air all the way out. Repeat 3 times.
- How often? Every hour until you are walking well and have no phlegm.

Moving in bed

Why?

It is good for your circulation, it helps to prevent pressure sores and it also helps to move wind.

How?

Always bend your knees before turning or moving up and down the bed.

Place a pillow or towel between your knees.

Use a towel or pillow as a wedge to support your tummy.

Avoid twisting. Move your body as a whole, keeping your shoulders and hips in line.

To get out of bed

Bend your knees and turn onto your side. Let your feet and legs drop off the edge of the bed. Push yourself up with your arms into a sitting position on the edge of the bed. Then sit on the side of the bed for a few minutes before standing up.

Wound support

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.

In the early days after your operation you will also be encouraged to take frequent short walks around the ward.

There are other exercises which you will need to do once you are at home. We hold regular physiotherapy classes in the TDA area, which you can join in with while you are waiting to go to theatre. We highly recommend that you attend one of these sessions if you are able to.

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 a nurse will help you to have a wash. On the second morning, the nurse will assist you to have a wash or shower if you feel you still need help. Please ask us for help at any point, if you need it.

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 talc around the wound area, as this can increase the risk of infection. Douching is also not advised for the same reason.

Wound and stitches

After your operation you may have a dressing covering your wound. This will be removed on the second day after the operation. The nurses will look at the wound a couple of times each day to check it. If you are worried about your wound, please talk to a nurse.

If you have dissolvable stitches, they do not need to be removed. If your stitches need to be removed and you go home before they have been taken out, you will need to arrange to have them removed by the practice nurse at your GP's surgery. Before you leave the ward you will be given a copy of your discharge letter, which you can show to the practice nurse. It will explain your operation and what they need to do.

When you are back at home, if you have any concerns about your wound (for example, if it starts to leak fluid, or if the edges

of the wound come apart), please see your GP or the practice nurse at your doctor's surgery. If you have concerns within 72 hours of the operation, please contact the ward (see the end of the leaflet for contact numbers).

Vaginal bleeding

You may experience some vaginal bleeding after your operation. This may last up to a week or so. You will need to use sanitary towels and not tampons at this time, as these may increase the risk of infection.

When you return home, if the bleeding becomes heavy, or if you notice a smelly discharge, you should see your GP for a check-up. If this happens within 72 hours of the operation, please contact the ward.

HRT/Menopause ('the change')

If your ovaries are removed during your operation, you will now become menopausal. The menopause occurs when the ovaries are no longer functioning. The levels of female hormones (oestrogen and progesterone) then drop and the lack of oestrogen can result in menopausal symptoms. These symptoms can be treated with hormone replacement therapy. The medical team will discuss HRT (hormone replacement therapy) with you, if it is appropriate.

If your ovaries have not been removed during surgery, you will become menopausal at some point in the future. It is not possible to predict when this will be, but it may be sooner than expected after gynaecological surgery.

If the surgery has stopped your periods, it may be more difficult to recognise the menopause. If you think you may be menopausal or perhaps you are getting some unfamiliar symptoms, speak to your GP, particularly if you are under 50 years old.

If you would like further information about the menopause and symptoms, you may find the web addresses at the back of this leaflet useful.

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.

Recovery is a time-consuming process, which 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.

Going home

You will be discharged from hospital when your doctors say you are ready. This will be approximately 2-4 days after your operation, but may be longer, depending on your medical needs. Try not to compare your recovery with other women on the ward, as everyone is different.

When the doctors have decided you are well enough to go home, we will aim to get you home early in the day, usually before 11.00am. Please consider this when arranging for a family member or friend to collect you.

You will need to arrange for someone to collect you to take you home. You should not go home on public transport. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

You may be transferred from the ward to the transfer lounge, while 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 about your operation. You will also be given a copy for your own records.
- Please read the physiotherapy leaflet, so that you understand the 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.
- Read this leaflet again before you go home, to refresh your memory.

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

Help at home

It will help your recovery if you can arrange to have someone at home for the first week or two, to look after you and do the cooking, washing and housework, etc.

The first two weeks at home

DO

- Eat a well-balanced diet, including fruit and vegetables, and drink plenty of fluids to avoid constipation. By eating a healthy diet you will help to improve the healing process.
- Get dressed properly each day and go out for a short walk – just 5 minutes the first time. Gradually increase the length of your walk each day. Rest when you feel tired.
- Only do light household duties, such as light dusting, making a cup of tea, etc.
- Accept any offers of help from family or friends, to make sure the essentials such as washing and cooking are done.
- Continue to do the exercises taught by the Physiotherapist.
- Have a short bath or shower every day, as you have done in hospital.
- Occupy yourself. Read, sew, do things that you enjoy. Remember to keep moving about.

DO NOT

- Carry shopping, children or heavy objects (more than a full three-pint kettle).
- Move furniture or use the vacuum cleaner.
- Drive a car.

Getting back to normal

After two weeks you can gradually start to do more. By six weeks you are likely to be back to normal activity, 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.

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. jogging, aerobics) for about three months.

Driving

We recommend that you do not drive for about six weeks, and always check with your GP or hospital doctor before returning to driving. You will also need to check with your insurance company that you have insurance cover before you start driving again.

It may be helpful to start by sitting in the car while it is parked, to see if you could do an emergency stop if needed. Remember, you need to think of both yours and other people's safety.

Going back to work

Some jobs are more strenuous than others. You may be able to return to work around six weeks after surgery, but you can be away from work for longer than this if needed. Discuss this with your surgeon or GP, to decide what is best for you.

Resuming sexual relations

We advise that you avoid penetrative intercourse for about six weeks after your surgery. This will allow time for everything to heal. 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 when you resume sexual intercourse, you can discuss them with 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.

How to contact us

Gynaecology Ward

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

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

Physiotherapy Department

Women's Centre, John Radcliffe Hospital, Oxford, OX3 9DU

Tel: **01865 235 383**

We have an answer machine, so please leave a message.

Gynaecology Pre-operative Assessment

Tel: **01865 572 531**

We have an answer machine, so please leave a message.

Further information

The following websites give more information on HRT and the menopause:

Menopause Matters

Website: www.menopausematters.co.uk

The Daisy Network

Website: www.daisynetwork.org.uk

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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www.ouh.nhs.uk/information

