

Preparing for and Recovering After Gynecologic Surgery



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Patient Name _____

Surgeon Name _____

Surgery Date _____

After surgery, find out what procedures were done.

Ask your surgeon to write them here:

This booklet is intended to provide general information. It is not a substitute for instructions or surgery-specific education provided by members of your healthcare team.

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Welcome

Preparing for surgery can be overwhelming. Everyone is different.

Your surgery team will create a recovery program just for you.

This booklet is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is important. So, if you had surgery before, some information may be new or different.

This booklet will help you:

- Get ready for surgery
- Find out what to expect at the hospital
- Plan for recovery in the hospital
- Plan for recovery at home

Near the end of the booklet there are planners and checklists to help you and your family.



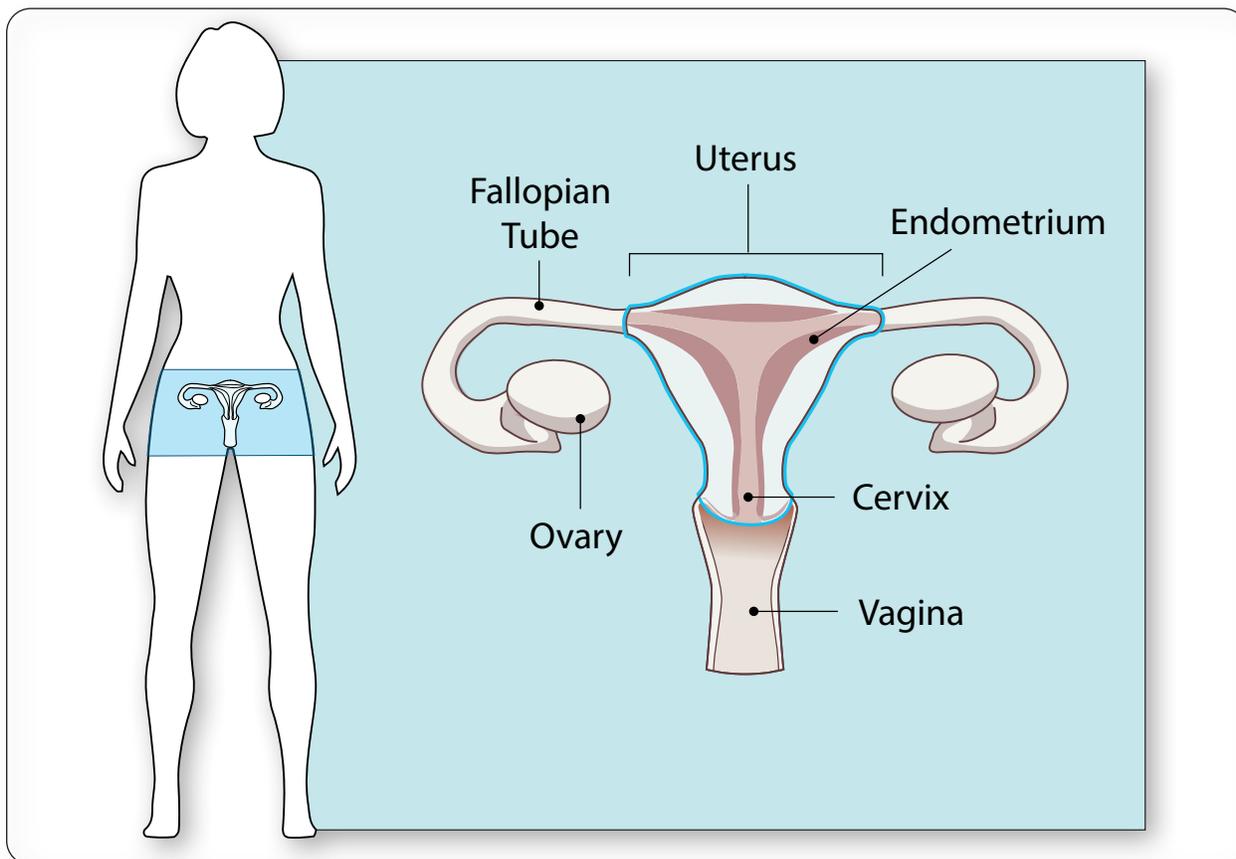
Read this booklet as soon as you can.

- Bring this booklet to your appointments and to the hospital.
- Write down any questions to ask your surgical team when you see them. Or call with any questions.

We want you, your family, and friends to understand what to expect so everyone can help you recover.

Signed, Your Surgery Team

Your Body



To understand what may happen during surgery, let's take a look at the diagram above of the female body. The uterus [YOO-ter-uhs] is where a baby grows during a pregnancy. When a woman is not pregnant, the uterus is about the size of a large pear.

Inside the uterus is a lining called the endometrium [en-doh-MEE-tree-uhm]. Each month, this lining becomes thick to prepare for a possible pregnancy. If there's no pregnancy, this lining and some blood are released. This causes a woman's monthly period.

The bottom of the uterus is called the cervix [SUR-viks]. It connects to the vagina. The vagina is shaped like a tube.

- Blood flows out through the vagina during your period.
- It's where the penis is inserted during sex.
- And during childbirth, it's the birth canal.

There are two **ovaries**. Each one is about the size of a grape. The ovaries make hormones. These hormones affect your monthly period and sex drive, and help keep your bones and skin healthy.

The ovaries also protect tiny eggs. Each month, an ovary releases an egg. It travels through one of the **fallopian tubes** to the uterus.

When Your Period Stops: Menopause



As women age, their periods may get lighter or they may not get them every month. Women usually stop getting their periods between age 45 and 55. This is called **menopause**. When this happens, women can no longer get pregnant and they may have physical changes, like:

- Hot flashes
- A change in their sex drive
- Dry skin

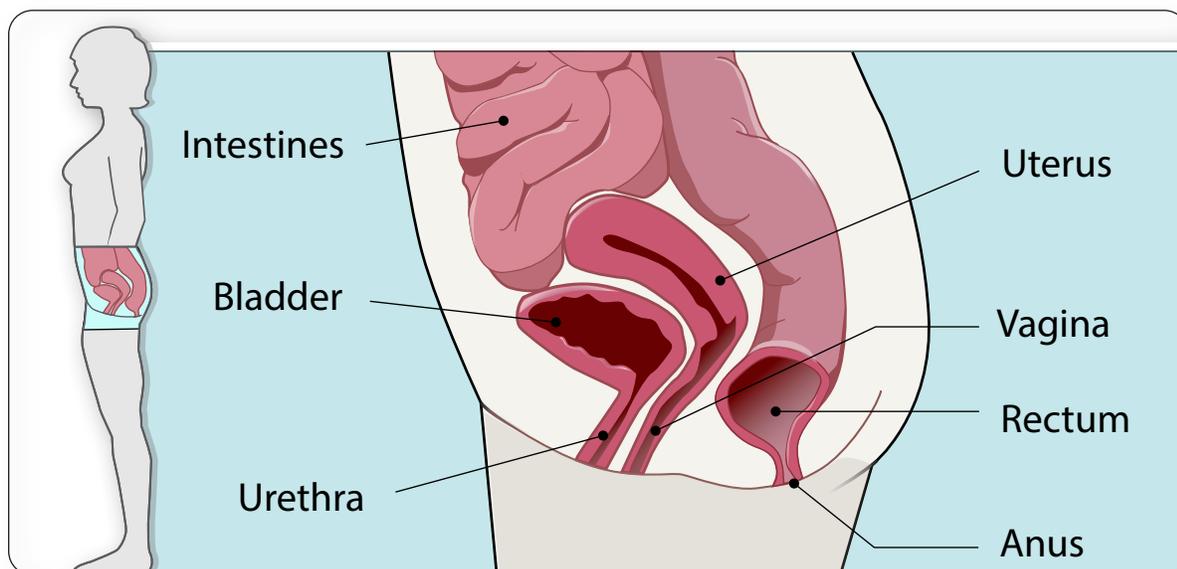
Even though women can no longer get pregnant, they can still get STDs (sexually transmitted diseases). So, it's important for any partners to get tested for things like HIV and to use protection like condoms.



If surgery is done to remove both ovaries, this causes something called: surgical menopause.

- Like natural menopause, a woman's period will stop. And she can no longer get pregnant.
- Surgical menopause starts suddenly. Women may get hot flashes or notice changes in their skin or sex drive a few weeks after surgery.
- Talk with your doctor about ways to manage or treat any of these problems if your ovaries are removed.

The Female Body From the Side



The diagram above shows the female body from the side. The **bladder** stores urine (pee). When you go to the bathroom, urine leaves the body through a small tube called the **urethra** [yoo-REE-thruh]. You can see it's right in front of the vagina.

Above and behind the uterus are the intestines. Broken down food moves through your **intestines**. And the waste turns into feces (poop).

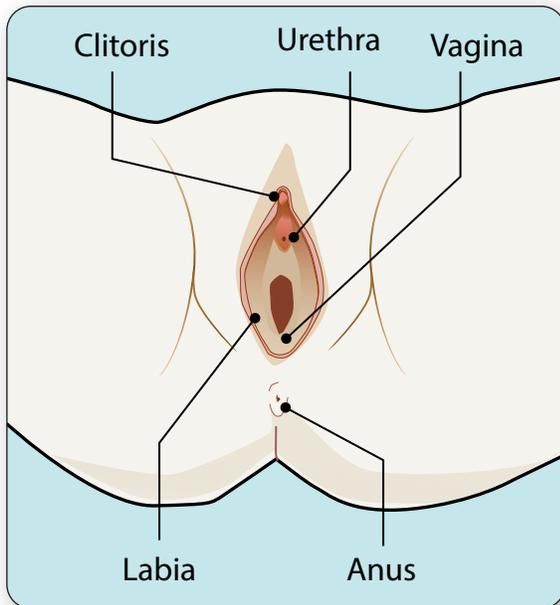
An area called the **rectum** pushes waste (feces) out of your body. It leaves your body through an opening called the **anus** [AY-nuhs].

As you can see, everything is close together inside your body. Sometimes surgery (called a **hysterectomy** [his-tuh-REK-tuh-mee]) is performed to remove the uterus.

What happens to the space where the uterus was?

The intestines and other organs move to fill in that space. It may sound strange, but think of a bowl of spaghetti noodles with a meatball in the bottom of the bowl. If you take out the meatball, the noodles shift to fill in the space where the meatball was.

The Area Between Your Legs



The diagram to the left shows that at the top, is an area called the **clitoris** [KLIT-er-is]. It's about the size of a pea. It's very sensitive to touch. And when it's touched, women can experience sexual pleasure.

Below that is the small opening of the **urethra**. This is where urine leaves the body when you urinate (pee).

Below that is the larger opening to the **vagina**.

Around the vagina are folds or "lips" of skin called the **labia** [LEY-bee-uh]. They protect this area.

At the bottom, between the buttocks, is the **anus**.



Important Questions

Find out how the procedures you'll have may affect:

- Your condition or any problems like pain or bleeding
- Your ability to get pregnant
- Your ability to control when you urinate (pee) or have a bowel movement (poop)
- Your sex life
- If you'll still need to get regular Pap or human papillomavirus (HPV) tests; HPV is a sexually transmitted infection that can cause warts in various parts of the body

Get Ready for Surgery

Before Surgery

Your Surgery Team

Your surgeon will oversee your care. Your team may also include nurses, physician assistants, nurse practitioners, and doctors in training.



During your office visit find out:

- If you need any blood tests
- The date and time of your surgery and presurgery visit, or how these will be scheduled
- What medications you should and should **NOT** take the morning of surgery



IMPORTANT

If you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), or aspirin, find out if you should stop taking it in the days or weeks before surgery.

If you've had chemotherapy, (like bevacizumab chemo), tell your surgeon.



Your Wishes

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you. This person is called your healthcare power of attorney or healthcare proxy.

Make sure this person knows what treatments (like cardiopulmonary resuscitation, otherwise known as CPR, an emergency lifesaving procedure performed when the heart stops beating) you would or would **NOT** want if there was a serious problem.

It's best to create an **advance directive** (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it anytime.

- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, we may be able to help you create this before surgery.

Find a sample advance directive form for your state on the internet here:
<http://bit.ly/StateForm>.



Two Weeks Before Surgery

Find out how long you will stay in the hospital.

Many people stay in the hospital for 3 to 5 days. Ask your surgeon what to expect.



Friends To Help at the Hospital and at Home

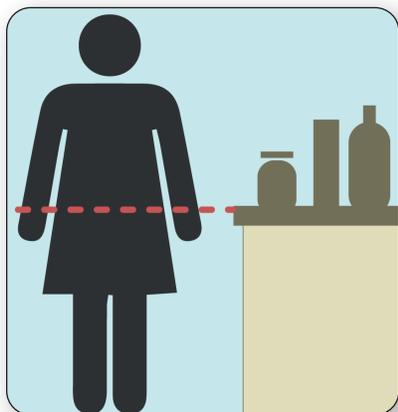
Choose one friend or family member who can be part of your team. They can help you make decisions and manage your care before, during, and after surgery.

If you take care of anyone (like children or an older parent), you'll need help caring for them. If you don't have people nearby who can help you in the first week at home, talk with your team.

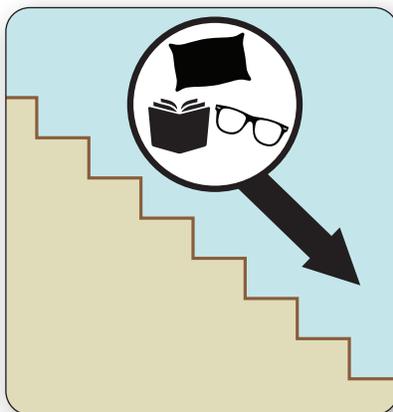


Set Up Your Home

Before you go to the hospital, get your home set up to make life easier when you get back. For example, clean your home. This way it will be easier to get around when you come home.



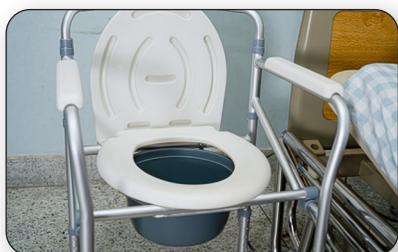
Put things you use often at waist and shoulder height so they're easy to reach. This way you won't need to bend down or stretch to reach things. Remember to do this in the kitchen.



Bring anything you need during the day downstairs. You **will** be able to climb stairs after surgery, but it may be hard to go up and down frequently.



Buy food and other supplies. It may be hard to shop when you first get home.



- Get a seat for your toilet to raise the height. This makes it easier to sit and get back up.
- Ask about a **commode chair** (image on left).
- Add pillows to any low chairs.
- Move furniture out of the way so there's enough room to move with a walker.
- Put nightlights in the bathroom and hallways so you don't fall.
- Move any throw rugs so you don't trip on them.
- Use a bag or basket to carry things from place to place as you move around with a walker.
- A "grabber" (reacher) with a long handle can help you reach or pick things up without bending over (image at left).
- A sponge with a long handle is helpful in the shower.
- Some people have grab bars and a handheld shower hose put in the bathroom.





Find out if you should get anything like:

- **A shower stool**, so you can sit down in the shower.
- **A seat for your toilet to raise the height**. This can make it easier to sit and get back up.
- **A special large band or “binder” to wear around your belly**. This can be helpful if an opening was made in the belly during surgery.
- **Something called a “sitzbath.”** It’s a small plastic tub that fits over a toilet seat. You fill it with warm water and sit in it to soothe the area between your legs.



Get Strong for Surgery

Eat healthy in the weeks before surgery.

Find out what’s best for you or ask to talk with a nutritionist. Protein can help your body heal. It’s often good to eat things like chicken, fish, or eggs.



Get exercise so you’re strong for surgery.

Exercise improves blood flow, which helps you heal better and faster. Find out what kind of exercise is best for you. Walking is often good. If you don’t feel well, do what you can. Some people may just walk down the block, while others can do more.



STOP using tobacco or nicotine.

Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing.

Nicotine limits blood flow and makes it hard for your body to heal after surgery. Studies show that people who use nicotine in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they need to stay in the hospital longer.

Your doctor may tell you to stop using any kind of tobacco or nicotine at least 4 to 6 weeks before surgery.

Others should NOT smoke around you in the weeks before surgery. A blood test may be done in the weeks before surgery to measure the nicotine in your blood. This is to make sure it’s safe to operate.



Talk to your doctor about ways to stop using nicotine.

The Day Before Surgery



If You Have Sleep Apnea

Let us know if you have sleep apnea. And if you use a CPAP (continuous positive airway pressure) machine at night, bring it with you to use while you're in the hospital.



Find out if you need to use any special toothpaste or mouthwash in the days before surgery.



Find Out When To Start a Clear Liquid Diet

You won't eat and you'll only drink "clear liquids." Clear liquids are anything you can see through, like water, broth, sport drinks, or tea **without any kind of milk or cream**, and juice **without any pulp in it**, like apple juice.

- Things like milk and tomato juice are NOT clear liquids.
- Do NOT drink alcohol, including clear alcohol like vodka or gin.

Once you are told to start a clear liquid diet, only drink these things until you leave for the hospital or when the hospital says to stop.

Clear Liquid Diet

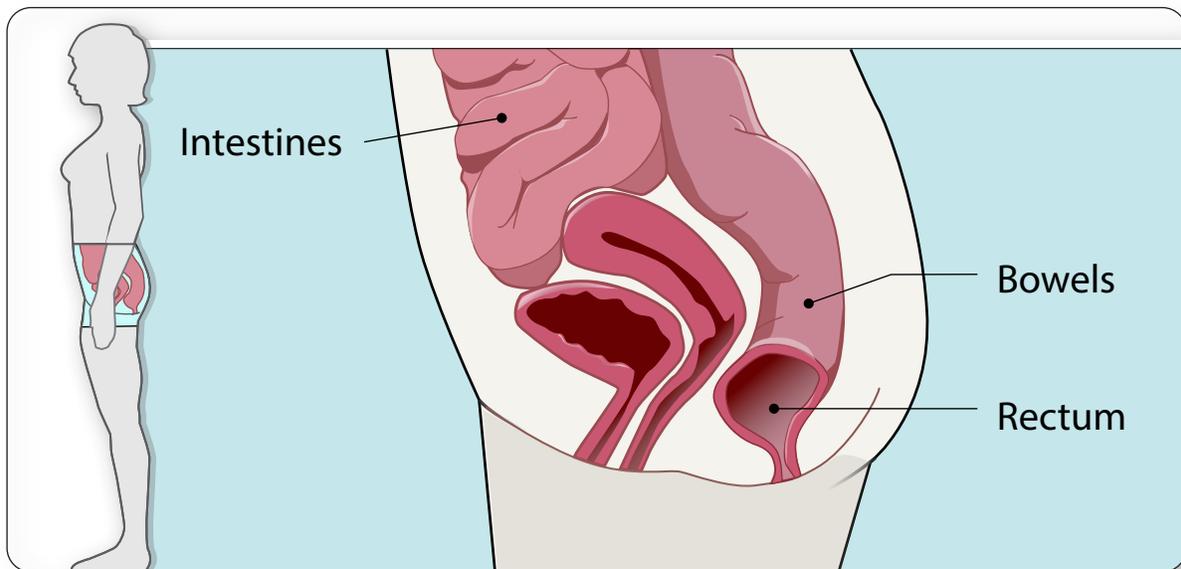


- Do NOT eat any solid food.
- DO NOT eat or suck on mints or candy.
- Do NOT chew gum.
- Do NOT drink thick liquids like milk or juice with pulp in it.
- Do NOT add milk, cream, or anything like soy milk or almond milk to coffee or tea.

Clear liquids you CAN drink:	Do NOT drink:
<ul style="list-style-type: none"> ■ Water ■ Clear broth: beef, chicken, vegetable, or bone broth with nothing in it ■ Sports drinks (avoid red and purple) ■ Lemonade or flavored water ■ Clear soda ■ Tea, coffee (no milk or cream) ■ Jell-O® (without fruit) ■ Popsicles (without fruit or cream) ■ Italian ices ■ Juice without pulp: like apple, white grape, or cranberry juice ■ You may use salt, pepper, and sugar 	<ul style="list-style-type: none"> ■ Milk or cream ■ Soy milk, almond milk, coconut milk, or other nondairy drinks and creamers ■ Milkshakes or smoothies ■ Tomato juice ■ Orange juice ■ Grapefruit juice ■ Cream soups or any soup other than broth

Ask About an Enema or Bowel Prep

You may need to clean out your rectum with something called: an **enema** [EN-uh-muh]. Or you may need to clean out part of your intestines (bowels) with something called: a **bowel prep**.





If you need to do a bowel prep:

- Plan to stay at home the day of the prep. You'll need to keep going to the bathroom throughout the day.
- **It's important to drink all of the prep** so that your colon is empty and there's less chance of infection.
- You may get antibiotic pills to take during the prep.

If you need to take antibiotics, these can make some people feel sick to their stomach. But try your best to take all the pills. They help prevent infections after surgery.



- It may be easier to drink the prep if you chill it and drink it through a straw.
- It may help to use wet wipes or ointment (like Vaseline® or Calmoseptine®) so your bottom doesn't get sore.

You'll be able to tell when your colon is clean when there's no longer any waste coming out and it's mostly just clear fluid in the toilet.

The Day of Surgery: At Home

Clean Your Skin

Showering helps prevent infections after surgery. Find out if you need special soap, if you should buy antibacterial soap, or if you need special cloths or wipes. If you don't get a special cloth, use a fresh, clean washcloth.

How To Shower



1. Get in the shower and wash your hair with your regular shampoo. Rinse the shampoo out of your hair.
2. Once your whole body is wet, turn the water OFF. This way you can make sure you clean every part of your body with the special soap or washcloth.
 - **Do NOT use the special soap on your face.**
 - **Do NOT get the soap in your eyes, ears, mouth, nose, or vagina.**
3. Turn the water back ON and rinse the soap off.
4. If you have sensitive skin, it may make your skin itch or turn red. If this happens, stop using it and rinse it off right away.
5. Use a clean towel and gently pat your skin dry.
6. Put on fresh, clean clothes.



Do NOT put anything else on your skin like lotion, oils, creams, deodorant, or makeup. This can add new germs to your skin.



Do NOT shave, wax, or remove hair on near the surgery area, like your belly or groin (bikini area).

Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed, we will remove it with an electric hair clipper at the hospital.

Medications



Remember to find out what medications you should and should NOT take the day of surgery. If your surgical team tells you to take any pills, take them with a sip of water.

Then, leave your medications at home. The hospital will give you any medications you need while you're there.

Juice or Sport Drink 2 Hours Before Surgery

Find out if your surgeon wants you to drink something sweet like apple juice or a sport drink **2 to 4 hours before surgery**. If you had surgery before, this may surprise you. But research shows this is safe and gives your body extra energy to get through surgery.

- Ask your doctor what to drink.
- Most people drink it on the way to the hospital.
- After you get to the hospital, you **CANNOT** have anything else to drink.



IMPORTANT

If you have diabetes, your doctor may NOT want you to drink this, so ask.

Your Belongings

Only bring what you need to the hospital. Leave valuables at home or give them to a friend or family member.

We have towels and gowns for you. But you can bring your own **clean and freshly washed** bathrobe and toiletries.

Computers, tablets, and cellphones are allowed. Bring yours if desired, since there is Wi-Fi (internet access) in the hospital.

We'll do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.



What To Bring

- Your health insurance cards
- A photo ID, like a driver's license
- A list or photos of your prescription medications, including how much you take and how often you take them
- A list of any over-the-counter medications you take regularly (like aspirin, Tylenol®, and allergy medication like Benadryl®, eye drops, etc.)
- Contact information for your primary care doctor
- A way to pay your deductible or copay
- This booklet
- A copy of your advance directive (optional)
- Your CPAP machine, if you use one for sleep apnea
- A book to read or something to do just in case
- Any other important medical information, like allergies to medications, foods, or any kind of metal (like nickel)

If you have problems writing or typing your medication list, you can use a smartphone to take pictures of any medications you take.

You can also ask your pharmacist to print out a list of your prescription medications.





The day of surgery, you'll meet with your anesthesia [an-uhs-THEE-zhuh] providers to:

- Review your medical history
- Review the plan for the medication to manage your pain and help you sleep during surgery (anesthesia)
- Talk about managing your pain after surgery

What To Wear	What NOT To Wear
<ul style="list-style-type: none">■ If you wear glasses or use a hearing aid, be sure to wear them.■ Wear loose, comfortable clothes, like sweatpants.■ Bring shoes that have a closed back and closed toe, like sneakers or tennis shoes.	<ul style="list-style-type: none">■ Do NOT wear any jewelry, including wedding rings, earrings, or body piercings.■ Do NOT bring flip-flops or slippers. It's better to have a shoe with a back that's more secure, so you don't fall.

Bring a button-down shirt to wear home. This way you can put it on without raising your arms, which can be painful after surgery.



The Day of Surgery: At the Hospital

We'll check you in. And a member of your family can go with you to the presurgery area. Surgery takes about 2 to 4 hours, sometimes longer. Ask your surgeon what to expect. During surgery, a nurse will update your family.

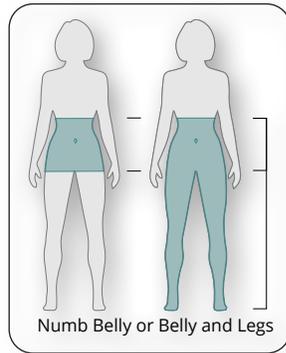
Controlling Your Pain

A small **intravenous** [in-truh- VEE-nuhs] tube (an IV) will be placed in your arm for fluids and medications.

You may get general anesthesia. This puts you to sleep. With any kind of anesthesia, you probably won't remember anything about surgery.

Or you may get a "spinal block" (epidural [EP-i-DOOR-uhl]).

With a spinal block, a small IV is placed in the low back to deliver pain medication right to the nerves that sense pain. With this you won't feel anything from your waist down.



- It's very safe and one of the best ways to help manage pain.
- You can also get pain medication through it after surgery.

Numbing Medication

Medication may also be placed around the area where the procedure is done to numb the skin. This can help with pain in the hours after surgery.

Opioid Pain Medications (Pain Pills)

Opioids [OH-pee-oids] are strong pain medications. You may have heard of drugs like morphine, oxycodone (Oxycontin[®]), Vicodin[®], Norco[®], and Dilaudid[®]. This kind of medication is used if you need it because:

- It can make people feel sick to their stomach
- It can slow down your recovery
- It can be addictive
- It can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible.

Let us know if you or anyone in your family has an addiction to drugs, including prescription medications or alcohol. This helps us create the best pain management plan for you.

IMPORTANT

We want to manage your pain and help prevent the problems some pain medications cause. Please tell us if you have any concerns about pain medications or pain control.

In the Recovery Room

Most people are in the recovery room for about 2 hours. Once you're awake, you may get water or juice. And the surgeon will talk with your family.

Recovery is different for everyone. It depends on what happened during surgery and on your health before surgery.

- You'll still have a small IV in your arm for fluids.
- You may have a small tube (a catheter) in your bladder. This helps us see how well your kidneys are working by measuring how much urine you make.
- Don't worry if you don't feel like eating. Your doctor will keep an eye on this. And there are ways to give you nutrition if needed.

You'll get a small plastic tube (shown at right) to help you practice taking deep breaths in. This helps prevent serious lung infections, like **pneumonia** [noo wMOHN yuh].



If you need to stay in recovery a little longer, we'll help you get up and sit in a chair. **It's important to get you up and moving.** This speeds your recovery and helps prevent problems (like blood clots) and lung infections, like **pneumonia**.

In the Hospital Room

You'll go to a hospital room where your family can see you. Usually, a family member or friend can stay with you in the room overnight and sleep in a reclining chair.

- You'll still have a small IV in your arm for fluids.
- To help prevent blood clots, you may have compression sleeves on your legs. These inflate like balloons to keep blood moving.

Find out what medications you'll get while you're in the hospital.

- You'll still get many of your regular medications.
- You may get a shot of blood thinner medication to help prevent blood clots.
- Some of your diabetes, blood pressure, or blood thinner medications may be stopped while you're in the hospital.





Call, Don't Fall!

- **Do NOT get up on your own the first time!**
- **You may be lightheaded and could fall.**
- **Press the call button. A nurse will help you get up.**



Only close friends or family should visit the day of your procedure. You'll still be tired and need rest.



Possible Confusion After Surgery (Delirium)

Sometimes people are confused after surgery. This is called **delirium** [dih-LEER-e-uhm]. It's more common in older people.

With delirium people:

- May not know who or where they are
- May not remember recent events
- May have trouble understanding others
- May be hard to understand
- May not recognize friends and family



Family and friends can help recognize delirium.

Ask those who accompany you to let the nurses know if you seem different or if any confusion is worse than usual.

To help prevent or treat delirium:

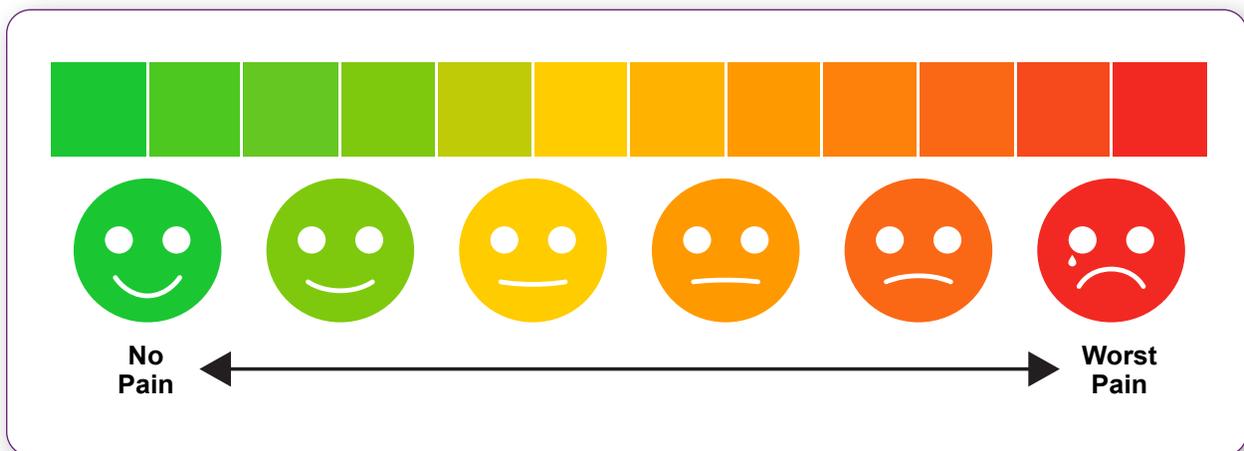
- Have a family member or friend bring any glasses or hearing aids you may have.
- Ask a family member or friend to stay overnight when confusion can be worse.
- Have a family member or friend turn the TV off, especially at night so you can sleep.
- Have a family member or friend share photos or familiar objects to help with your memory.

Plan for Recovery in the Hospital

Pain Relief After Surgery

To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move, and walk.

Tell us if the medications help your pain. And let us know if the medications make you feel bad in any way. Talking with your healthcare team will help us manage your pain.



To help manage your pain:

- If you have a spinal block (epidural), you may get more pain medication through the small tube in your back after surgery.
- You may get a pain patch to help with pain by the surgical area.
- You'll get medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).
- You may get cold packs.
- You may get opioid pain medications as needed.



Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. This can help take your mind off any pain you still have.



Ask a nurse to help you walk the day of surgery. This will help you get better and go home on time. If your blood pressure is low, we may have you wait.

One Day After Surgery

- You'll drink clear liquids.
- You may be able to eat regular food.
- You'll drink clear liquids.
- A nurse or assistant will help you get out of bed, sit in a chair for meals, and start to walk down the halls.
- The tube to drain urine may be removed from your bladder.
- You'll meet with a case manager or discharge planner to figure out if a nurse should visit you at home.
- If you need help getting your strength back at a rehab facility, a social worker will help with this.

Two to Three Days After Surgery

- If there's a bandage on your wound, it will usually be removed.



Try to be up out of bed most of the day. Walk down the hall at least 3 times a day. Ask for help if you need it.



You may be ready to go home if:

- You can get around on your own
- Your pain is well controlled
- You can eat and you don't feel sick to your stomach or throw up
- Your team thinks you're ready



Your doctor may order home care

With home care, people with medical training visit you at home to help with medications, teach you how to take care of any wounds, and can let your doctor know how you're doing.

If you are NOT planning to go home from the hospital, let us know. A coordinator can meet with you to discuss your options.

You May Need To Stay in the Hospital Longer

You may need to stay in the hospital if you feel sick to your stomach or you're throwing up.

You'll get medication for this. If you still feel sick, eat and drink small amounts throughout the day. As long as you can drink and stay hydrated, feeling sick will probably go away.

You may need to stay in the hospital if your surgical wound, or the area inside your belly get infected.

You'll get medications to help prevent infections. Sometimes people still get an infection in the days after surgery. Most of the time, an infection is easy to treat. But sometimes more surgery may be needed to treat it.



Plan for Leaving the Hospital (Discharge)

We'll help you go home as soon as possible, but sometimes there are delays. To help you at home, you'll get:

- Information about your surgery and physical therapy exercises
- Directions about how and when to take medications, like blood thinners
- Prescriptions for any medications you need at home
- Ask if you need to schedule a follow-up appointment with your surgeon or doctor



Prescriptions can be filled while you are in the hospital. Ask if you would like to do this.



Arrange for someone to take you home. If that's not possible, let your healthcare team know so they can help you get home safely.

If you need to go to a rehab center, you may need to wait for an open bed or for insurance to approve it.



Before you leave, ask how your surgery may affect:

- Hobbies and activities
- Driving
- Return to work
- Your sex life
- Care for your vagina and the area below your vagina
- Caring for your surgical wound
- Belly pain
- Showering
- Going to the bathroom
- Eating and drinking
- Exercising, walking, and lifting
- Your mood

Issues you may want to ask about include:

Hobbies and Activities



You can get back to most activities soon after surgery. Do things you enjoy. It's good for your mood and well-being.

If you feel tired and worn out at first:

- Take afternoon naps.
- Set small goals. Try to do a little more each day.

When Can I Drive Again?



Do NOT drive until your surgeon says it's OK.

Ask when you can drive again. Pain pills (like opioids) slow down your reaction time.

For your safety and the safety of others, driving while taking opioids is NOT recommended and is illegal in some states.

When Can I Go Back to Work or School?

It may be a few days or many weeks after surgery. If your job involves heavy physical work, like lifting, let your doctor know.

- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or short-term disability papers, bring them to your follow-up appointment or fax them to our office (see phone and fax numbers at the end of this booklet).

When Can I Have Sex Again?



Ask your surgeon when it's OK to have sex again. Most women need to wait about 6 weeks.

Also ask any questions you or your partner have about sex after surgery. If you had pain or bleeding before surgery, sex may be less painful after surgery. But most people have questions, so ask.

Plan for Recovery at Home



If you start to run low on any medications, call your doctor's or surgeon's office a few days before you run out.

Vaginal Care

Find out if you should expect to have any bleeding or fluid coming from your vagina in the weeks after surgery and how long it may last.

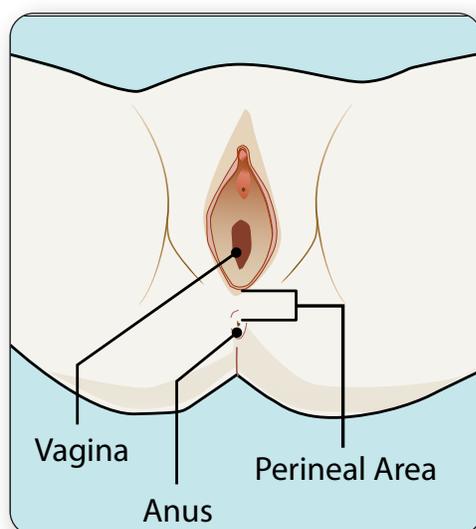
- Ask if any blood or fluid may smell bad or different than usual.
- And call if you ever soak through a pad in less than 1 hour.

Do NOT have sex. And do NOT put anything in your vagina until your doctor says it's OK. This can cause infections. Ask your doctor how long to wait. Until then:

- **Do NOT use tampons.**
- **Do NOT douche.**
- **Do NOT have sex.**



Care for the Area Below Your Vagina (Perineal Area)



The area between your vagina and anus is the: **perineal** [per-uh-NEE-ahl] area (as shown in the diagram to the left). If surgery is done on this area, it will be sore. We'll show you what you can do in the weeks after surgery to soothe it and to help it heal. For example, you can:

- Use cold packs or pads with a built-in cold pack (like Peri-Pads™) to help with pain and swelling.
- Use a squirt bottle with warm water to rinse the area after you go to the bathroom. This will keep it clean and help prevent infections.

Taking Care of Your Surgical Wounds

The first few weeks, any surgery wounds may look a little red and feel hard. It can take many months for them to “soften.” There may be bumpy areas at the ends of the scars. The skin around them may tingle or be numb. Some feeling may come back, or some areas may stay numb.

- Ask for instructions about using ice packs or heating pads. **Do NOT put them right on your skin.** This can damage or burn it.
- You may have surgical glue on some wounds. It keeps the area closed so it can heal. **Do NOT pick at the glue.** It should come off on its own over time.
- Any staples will be removed when you see your surgeon.
- If you have any stitches on the inside of your body, they should dissolve over time.

Belly Pain or Swelling

You may get cramps the week after surgery. These usually last for a few minutes and then go away.

If you have severe pain that lasts for more than 1 or 2 hours or if you have a fever and just don't feel well, please call.

If your uterus is removed, some women get a swollen belly that lasts for weeks or months. You may hear this called “swelly belly.” If this happens, ask how to treat it.

Call your doctor if your belly becomes hot, red, or painful.

This is NOT a normal part of swelly belly.

Showering

Find out when it's OK to shower. Until then, you may need to take sponge baths for a while. Once your doctor says it's OK to shower, you can let the soapy water wash over your surgical scar. This may burn or sting a little.





Do NOT sit in water (like a bathtub or hot tub). And do NOT go into a pool, lake, or the ocean until your doctor says it's OK. Sitting in any kind of water can lead to infection.

Urinating



After surgery, sometimes women feel like they still have to urinate (pee). It may feel like some urine is staying in their bladder. This usually goes away in a few days.

If it doesn't go away, or if you have any pain or burning when you urinate (pee), call your doctor. Pain or burning can be signs of infection.

Bowel Function



During the first weeks at home, take regular walks, eat healthy, and drink plenty of fluids. Walking and moving help keep your bowels moving so you're less likely to have problems, like constipation.

Eat Healthy



Your body will heal better if you get good nutrition and protein (like cottage cheese, eggs, fish, chicken, etc.).

Sometimes people don't feel like eating after surgery.

In the days after surgery, some foods may taste different and certain smells may make you feel sick to your stomach.

Trouble eating should go away. But if it does not:

- Eat a lot of small meals throughout the day.
- Have protein drinks and high-protein foods you've eaten in the past, like cottage cheese and peanut butter.

- **Do NOT eat fried, greasy food. It can make you constipated.**
- **Avoid things that cause gas: fizzy drinks like soda, or vegetables like beans, peas, lentils, broccoli, and cauliflower.**

Exercise, Walking, and Lifting

Get exercise a few times a day. Walking often is good. Do a little more each day until you're back to your normal level of activity.



- You can climb stairs.
- **Do NOT lift anything heavy that would cause you to strain.**
- **Do NOT play any contact sports where you could get hit or knocked down (like basketball or soccer) for at least a month.**



Ask your doctor when it may be safe for you to play any sports.

If you have pain, slow down!

Pain is your body's way of telling you it's not ready to do something.

Your Mood

It may take a while before you feel like yourself again. You may have good days and bad days. Some women say they felt a sense of loss when their uterus or ovaries were removed.



It may take a while before you feel like yourself again. You may feel sad or upset. And you may feel alone after your time in the hospital. These feelings usually go away as you heal.

- Counselors and chaplains are available to talk while you're in the hospital.
- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you feel very sad, overwhelmed, or helpless after surgery, please call your doctor.

It's important for us to know so we can make sure you feel better and recover well.

Planners and Checklists

Planners

- Presurgery Planner
- Recovery Planner

Checklists for Surgery and Recovery

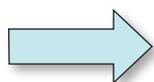
- One Month Before Surgery
- Two Weeks Before Surgery
- A Few Days Before Surgery
- The Day Before Surgery
- The Morning of Surgery
- After Surgery
- Before You Go Home
- At Home
- Notes

For the Hospital

- Bowel Prep Instructions (if needed)
- Hospital Information and Contact Numbers
- Tear-Out Checklists for Surgery and Recovery
- When To Call

My Presurgery Planner

Use this calendar grid to write down important dates.



In the bottom row of the calendar, mark what day of the week your surgery is scheduled for.



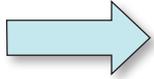
In the top three rows, mark any appointments **leading up to surgery** (for example, anesthesia clinic, primary care doctor visit, etc.). Also write down reminders for things you need to do in the days and weeks before surgery.



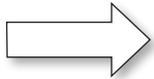
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Write your surgery date in the bottom row so you know when to plan ahead.						

My Recovery Planner

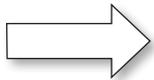
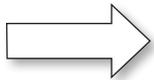
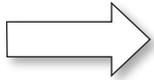
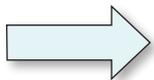
Use this calendar grid to write down important dates.



In the top row, add your surgery date on the appropriate day of the week.
Then mark what day you expect to go home from the hospital



Mark any follow-up appointments on the calendar.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Checklist for Before Surgery

One Month Before Surgery

- Get a copy of your medical records to bring to your appointments.
- Choose who speaks for you if you cannot speak for yourself. Talk with them about your wishes. And create an advance directive: <http://bit.ly/StateForm>.
- Meet with your healthcare team to review your medical history.
- Ask your surgeon if you need to stop any medications before surgery.
- Eat healthy. Protein (chicken, eggs, fish) can help your body heal.
- Get exercise, like walking.
- Get blood tests done if your doctor orders any.
- If you smoke, vape, or chew tobacco, work with your doctor to quit in the weeks before surgery.

Two Weeks Before Surgery, Find Out:

- What time to arrive for surgery.
- How long you should expect to be in the hospital.
- How many hours before surgery you need to stop eating and drinking.
- If you should have any kind of juice or sport drink in the hours before surgery.
- If you'll need to pay any kind of copay or fee when you arrive at the hospital.
- Ask if you need to do a bowel prep or enema before surgery.

A Few Days Before Surgery

- Make sure you have any supplies you need for your bowel prep or enema, if it is needed for your surgery.
- Make sure you have anything you need to clean your skin, like special soap or washcloths.

Set up your home to make life easier when you get back:

- Put things where they're easy to reach.
- Buy food and other supplies.

The Day Before Surgery

- If you were told to do a bowel prep, follow the instructions.
- If you were told to shower the night before surgery, follow any instructions about how to shower with any special soap or washcloths.
- Do NOT remove any hair on your body by shaving or waxing.**
- Use any special toothpaste or mouthwash if your doctor told you to.
- Follow your doctor's instructions about when to start a clear liquid diet.
- Pack clean, comfortable clothes.

The Morning of Surgery

- Pack your CPAP machine if you use one for sleep apnea.
- Take any medications as instructed.
- Leave your medications at home.
- Follow any instructions about how to shower with any special soap or washcloths.
- If you're told to have something like apple juice or a sport drink (like Gatorade®), drink it at least 2 hours before surgery.

Make sure you have:

- Your health insurance card
- A photo ID
- A list of any prescription and over-the-counter medications you take
- A way to pay your copay or deductible
- A copy of your advance directive (optional)

Checklist for After Surgery

After Surgery

You'll get pain medication. You will still have some pain, but talk to your nurses if:

- **You're worried about taking pain medication**

- **You still have too much pain**

- We'll help you get up and walk. Do NOT get up on your own the first time.
- Spend at least 6 hours out of bed.
- Ask for help to walk down the hall at least 2 times each day.
- Drink clear liquids and eat as you feel up to it.
- Eat soft foods like applesauce. Eat solid food if you feel like it.
- Make sure you know how to get enough water and fluids, so you don't get dehydrated at home.
- To help prevent lung infections, we'll show you how to take deep breaths every hour or so.
- Find out how to manage your pain at home. But your pain should already be well controlled by the time you go home.

Find out when to call. Call if you have signs of a wound infection like:

- The area around the surgical scar becomes red, painful, or there's fluid coming out of it.
- You have a fever of 101.5 degrees F or higher.

Before you go home, make sure you have:

- Prescriptions for any new medications. You can get these filled at the hospital. Ask a nurse.
- Directions for how and when to take any medications.
- Directions about taking showers.
- Any home healthcare scheduled.
- An appointment to see your surgeon for a follow-up visit.
- Find out when to remove your bandage.
- Make sure you know when to call.

At Home

For the first month:

- Follow instructions about what to eat and drink and what to avoid.
- Get exercise, like walking, a few times a day. Do a little more each day.
- Do NOT sit for long periods of time.**
- Ask when it's OK for you to drive again.**
- Do NOT smoke, vape, or chew tobacco for at least 4 weeks.**
- Do NOT drink alcohol while you still take any pain medication.**
- Do NOT lift anything heavy that would cause you to strain.**
- Do NOT play any contact sports like soccer or basketball.**

Hospital Information and Contact Numbers

Write down hospital information about instructions, hours, phone numbers, etc., here.

Parking and Check-In

Write down parking information here.

Visiting Hours

Write down visiting information here.

Contact Numbers

Write down important numbers for the patient here (e.g., physician's office, main hospital number, operating room).



Print or tear out this version of the checklist to put on your refrigerator or to share with a family member who is helping you.

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- Do NOT drink alcohol while you still take any pain medication.**
- Do NOT lift anything heavy that would cause you to strain.**
- Do NOT play any contact sports like football or basketball.**

When To Call

If you are worried or have a question, please call. Also let us know if any medications make you feel bad or cause any side effects. If we know, we can help.

Call RIGHT AWAY:



- If you have a fever of **101.5 degrees F** or higher
- If your wound is red or more painful
- If the bandage moves and part of the wound is **NOT** covered
- If you have pain or swelling in your foot, ankle, thigh, or calf (the back of your lower leg). This can be a sign of a blood clot
- If pus or a bad-smelling fluid is coming from your surgery wounds or your wound smells bad
- If you feel sick to your stomach or you're throwing up
- If your pain is worse and the pain medication doesn't control it enough
- If it's painful or hard to urinate (pee)
- If you have the chills and you're shivering
- If you feel dizzy or if you faint (pass out)
- If you have very bad diarrhea (loose, watery bowel movements)
- If you have pain in your belly that lasts for more than 1 or 2 hours
- If you have a lot of blood or watery fluid coming from your vagina. For example, if you soak through a pad in an hour.

Call as soon as you think something is wrong. Don't wait!



Call 911 or go to the Emergency Room:

- **If you have chest pain**
- **If you become short of breath or have trouble breathing**
- **If you have any other severe problems**

Have the emergency team call us when you are stable.



You can print or tear this sheet out and put it on your refrigerator.



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