

Your Guide to Gynecologic Surgery

Important Contact Information

NurseLink (24/7 phone service) 210-358-3000

University Hospital - main line 210-358-4000
4502 Medical Drive
San Antonio, TX 78229

Outpatient Clinics

If you have a non-urgent issue after surgery, please contact the clinic where you saw your physician:

Converse – UT Health 210-450-5000

Dr. Robert L.M. Hilliard Center 210-358-8255

Hill Country – UT Health 210-450-6800

Kennedy 210-358-8255

Kenwood 210-358-8255

MARC - UT Health 210-450-9500

Naco Perrin 210-358-8255

Robert B. Green Campus 210-358-8255

South Flores 210-358-8255

Southwest 210-358-8255

Westgate 210-358-8255

Women’s & Children’s Hospital 210-358-4000

Zarzamora 210-358-8255

Anesthesia Pre-Operative Clinic 210-358-0257

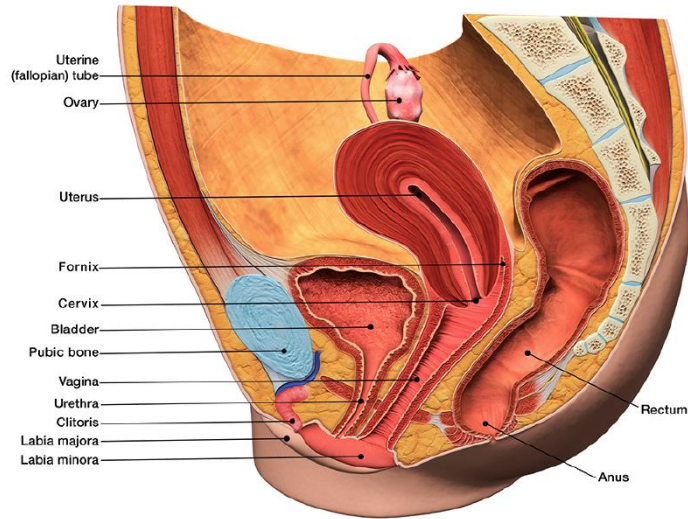
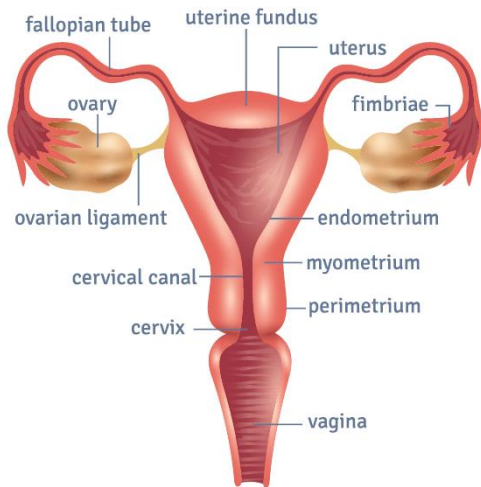
Scan this QR code for more information on our gynecology treatment program:



CAMPUS MAP



About Gynecologic Surgery



Common Gynecologic Surgical Procedures

Hysterectomy: removal of the uterus and cervix

Oophorectomy: removal of the ovary

Salpingectomy: removal of the fallopian tube

Salpingo-oophorectomy: removal of the ovary and fallopian tube

Myomectomy: surgical removal of fibroid tumors from the uterus, allowing the uterus to be left in place

Types of Hysterectomies

Total hysterectomy: removal of the whole uterus and cervix. Total hysterectomy does not mean the ovaries will be removed.

- Hysterectomy can be performed by one of the following: vaginal surgery, laparoscopic/robotic surgery or open surgery.
- The top of the vaginal canal will have stitches to close it.

Supra-cervical (partial) hysterectomy: removal of the uterus but not the cervix. Partial hysterectomy does not mean the ovaries will stay inside.

Ways Your Surgery can be Performed

Open surgery (laparotomy):

An incision (cut) made through the abdomen (belly). This could be vertical (up and down) or across the lower abdomen (side to side). The incision can be from 6-12 inches long. The surgeons use special surgical tools to perform the surgery through this opening.

- Patients are usually in the hospital for 1-3 days after an open surgery
- Complete healing usually takes 6 weeks with activity limits

Minimally invasive surgery:

Minimally invasive surgery includes vaginal, laparoscopic and robotic surgery, and may be easier on patients than open surgery. For example, patients may have:

- Less pain after surgery
- A quicker return to normal daily routine
- Less scarring
- A shorter hospital stay

Not all surgeries can be minimally invasive. Ask your surgeon if minimally invasive surgery is a safe plan for you.

Vaginal surgery:

An incision (cut) is made through the vagina. The surgery is performed through this incision, and the vaginal incision is stitched closed when the surgery is finished. There are no incisions seen on the abdomen (belly).

- Patients usually go home the same day after vaginal surgery
- Complete healing usually takes between 2-6 weeks with activity limits

Laparoscopic surgery and robotic surgery:

Small ½ to 1 inch incisions (cuts) made on the abdomen (belly). The abdomen will also be filled with gas. The surgeon puts a long, thin camera and other surgical tools through the small incisions to perform the surgery. This can also be done using a machine called a robot.

- Patients usually go home the same day after laparoscopic or robotic surgery
- Complete healing can take between 2-6 weeks

Preparing for Surgery

IMPORTANT!

Please call us if you have any questions about your surgery or cannot come to your scheduled appointments. If you cannot come or need to cancel your surgery, please call your nurse at your clinic as soon as possible so that we can offer that date/time to another patient.

As Early As Possible Before Surgery

- Read this packet and any other educational instructions given to you by your surgical team. Research shows that you can recover faster and go home sooner by following ERAS (Enhanced Recovery after Surgery). Your medical team will guide you through this process. The goals are to reduce the amount of stress that surgery can put on your body. You are a key part of your care team!
- Your surgeon will tell you if you need an appointment with an anesthesia team before your surgery. If so, they will refer you to the anesthesia clinic.

- Complete any needed doctor visits and tests before your surgery, such as:
 - Visit with your primary doctor (PCP)
 - Blood tests
 - Electrocardiogram (EKG) to check your heart
 - Chest X-ray to check your lungs
 - Other imaging: _____
 - Any other tests: _____
- Go to any other scheduled doctors' appointments before your surgery.
- Find one or two people that will help you before, during and after surgery. When you go home after surgery, you will likely need help with making meals, taking medicines, childcare, driving, etc.
- Find a person who will drive you home from the hospital. Make sure that they can be at the hospital on the day of your surgery. You cannot take public transportation (i.e. bus, taxi) or any other contracted rideshare transportation (i.e., Uber) to go home from the hospital.
- Check all the pills that you are taking. Tell your doctors and nurses about any drug allergies you have or any medicines that may make you sick.

Medication instructions:

- Patients are usually in the hospital for 1-3 days after an open surgery.
- Bring a list of your pills, along with vitamins you take to all of your appointments.
- If you are diabetic, talk to your doctor about these medications. It is important to keep your blood sugar less than 180 mg/dl. Changes may need to be made to keep your blood sugar at a good level.
- If you are on blood thinners, talk to your doctor about a plan for these pills. (For example, Aspirin, Coumadin, Rivaroxaban, etc.)
- If you are on steroids, talk to your doctor about a plan for these medications.
- To lower your risk of bleeding, stop taking aspirin one week before surgery unless your doctor tells you to continue.
- Make a plan for each of your medications with your doctor before surgery.

Maintain a healthy lifestyle:

- If you smoke, this can increase your chance of lung problems and make it harder to heal after surgery. STOP smoking 4-6 weeks before surgery. Once you have stopped, consider quitting for good. Ask your doctor about ways to help stop. Do not smoke the day of your surgery.
- Eat a healthy diet that includes fruits, vegetables and protein.
- To help you get stronger and get well sooner, do exercises and walk before your surgery day. Ask your doctor what kind of exercise is best for you.
- Limit how much alcohol you drink. Stop drinking alcohol 24-48 hours before surgery.
- Stop shaving around the surgical area 1-2 weeks before surgery.

The Day before Surgery

- Wash your skin with the medicated antibacterial soap given to you and use as directed.
- Do not eat any food or drink after midnight the evening before your surgery.
- You may be told to drink clear liquids. You will be given a clear carbohydrate (sugar) drink at your appointment with your anesthesia team. Drink one bottle before you go to bed the night before surgery. Drink the second bottle before leaving home to go to the hospital on the day of surgery. (See next page).
- Have your phone ready. You will get a phone call from the hospital the day before your surgery. They will go over what you should do to prepare for your surgery. They will also tell you when to be at the hospital and where to go.

The Morning of Your Surgery

Before you leave home:

- Take your second medicated antibacterial soap shower, as directed.
- If ordered by your doctor, drink the second bottle of the clear carbohydrate drink that you were given before leaving home on the morning of your surgery.
- Leave all valuables, including jewelry, at home.
- Do not wear makeup, lotion or deodorant.

Going to the hospital:

- The person who calls you the day before your surgery will tell you where to go for check-in and what time to arrive at the hospital.
- Be at the hospital on time. This should be about 2 hours before your surgery.

At the hospital:

- A nurse will help you get ready for your surgery.
- You will meet your anesthesia provider and other members of your surgical team. They will talk to you about your medical history and explain the plan of care that is right for you.
- You will have an intravenous (IV) catheter in your arm for fluids. A warming gown may be used to help keep you warm. You will receive medications to help control your pain after surgery. You may have other treatments to prepare you for your surgery, like checking your blood sugar levels.

Same-Day Surgery

- If you are having a vaginal, robotic or laparoscopic hysterectomy, the goal is for you to go home the day of your surgery.
- Before they let you leave the hospital, you will need to drink, eat and walk.
- You will be released from the hospital when you are feeling well, your pain is under control and your surgery team has no other concerns.
- It is very important that you pass gas within 3 days of surgery. Call your surgeon's office if this does not happen within 3 days.
- Discharge instructions will be given to you.

IMPORTANT:

If you go home the same day as your surgery, a team member will call you the next day to see how you are doing. It is very important that you answer your phone if you get a phone call the day after surgery.

Recovering From Surgery

After Surgery and Staying the Night

If you are admitted to the hospital after surgery:

- After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU), then to your hospital room. You may have IV lines, an oxygen mask and possibly a catheter (tube) to drain urine out of your bladder. Your vital signs (temperature, pulse, blood pressure) will be checked often. Your bandages will also be checked.
- It is important to sit up in a chair soon after surgery and be out of bed as much as you can. Don't be afraid to ask for help.
- With help, walk to the bathroom to urinate if you do not have a catheter in your bladder. It is best to have the catheter removed as soon as possible.
- Your team will tell you when you can start drinking water and have clear liquids. When you feel good, your doctor will let you begin eating solid food.
- You will be shown how to use a plastic breathing tool called an incentive spirometer. You need to use it every hour when you are awake. This will help you breathe deeply and expand your lungs.
- Your IV fluids should be stopped by the first day after surgery.
- There are some reasons why things may change and take extra time.

Pain control after surgery:

Keeping your pain under control is an important part of your healing. After surgery, you may have some pain, but it is important that you are comfortable enough to walk, cough and take deep breaths.

- You will get pain medication before and after surgery. Please take all the pain medication your doctor prescribed. Speak with your doctor about your concerns.
- If you have severe pain, there are stronger pain medications available.
- You may also be given hot packs or other alternatives to pain medicine to help with your pain. If you are still having pain, tell your care team.

Going home:

You will be ready to go home once you are:

- Drinking enough liquids to stay hydrated.
- Not nauseated (sick to your stomach) or having painful burping or belching.
- Moving around with little assistance.

At the time you go home, you will be given:

- A copy of your discharge instructions.
- A list of medications you need to take.
- Prescriptions for pain medications. If possible, these medications will be delivered to your bedside before you are discharged home.
- Date and time for your follow-up appointment with your surgeon.

At Home After Surgery

Call us right away or come to the emergency room if:

- You have a fever higher than 100.4 degrees.
- Your wound is red, more painful and has discharge.
- You are vomiting or can't keep liquids down.
- Your pain is worse, and you are not able to control it with pain medication.
- You are bleeding heavily or have a lot of fluid coming from your vagina.
- You have severe abdominal (belly) pain.

If you have an emergency, call 911 or go to the nearest emergency room.

The office and hospital phone numbers are on page 2 of this booklet.

Wound Care

Bandages and dressings:

Check the discharge instructions from the hospital. Most bandages are removed between 1 and 7 days after surgery. The bandage should not be on longer than 7 days.

Wound appearance:

- For the first 1-2 weeks after surgery, your incision (cut) may be slightly red or uncomfortable. Call us if your incision becomes very red, painful, swollen or is leaking fluid.
- You may feel a hard or lumpy area at the ends of the incision or in the middle of your cut. This should go away after a few days or weeks.
- Your incision will continue to change and soften over time. It is common to have some numbness or tingling on the skin around your incision. This should get better with time.

Keeping your incision clean:

- You may shower 24 hours after your surgery and let the soapy water run over your incision.
- Do not soak in the bathtub, hot tub or swimming pool for 6 weeks after surgery.
- Do not put rubbing alcohol, hydrogen peroxide or perfumes on your incision.

Passage of stitches:

Stitches placed inside your vagina will go away on their own in 3-4 weeks. This may cause a small amount of bleeding, and you might see some string-like material in your underwear. The stitches (string) may have a bad odor. If the odor continues for more than a few days or you have a fever, contact your surgeon's office.

Common Concerns after Discharge

Post-operative nausea and vomiting:

It is common to feel sick after your surgery. We will give you nausea medication to help. It is best to take the nausea medication early, eat small meals and try to drink liquids throughout the day. As long as you keep yourself hydrated, the sick feeling will likely go away.

Bowel functions:

Your bowel movements (pooping) may take a few weeks to settle down and have different patterns at first. Your bowel movements may be loose (watery) or be hard (constipated). This should get back to normal with time. Your doctor will let you know which stool softeners or laxatives are safe to take after surgery.

It is very important to **AVOID CONSTIPATION and HARD STOOLS** after surgery. Too much straining may cause pain, bleeding and might tear your stitches. To prevent this:

- Stay hydrated by drinking 8 glasses of water every day.
- Limit pain medications as much as possible.
- Take stool softeners, such as docusate sodium.
- Walk often.
- Eat foods high in fiber such as fruits, vegetables and beans.

Vaginal discharge:

In the first few weeks after surgery, you may have vaginal discharge or some vaginal bleeding (spotting). As you heal, the spotting will become less red and more brownish and will eventually stop. You may pass stitches around 3-4 weeks. All of this is normal.

Lifting or doing too much activity may tear your stitches, which could cause extra spotting. If this happens, please decrease your activity level. If bleeding gets worse, please contact your surgeon's office as soon as possible.

Urinary function:

After surgery, you may get the feeling that your bladder is not emptying all the way or that urinating feels different. This usually gets better with time. Contact your surgeon if you are having trouble urinating, are not able to urinate or have severe stinging or burning when urinating.

Swelling of abdomen:

Swelling can occur after any type of surgery. This is because of the trauma of the incision in the abdomen and the gases that were used during surgery. Swelling can happen soon after surgery and can last for several weeks. With too much activity, it may get worse. Contact us if you begin having severe pain, or if your abdomen (belly) becomes hot and red. This is NOT normal.

Activities you should do:

- Walk and climb stairs when you go home.

- Drive when you are off narcotic pain medications and are able to react quickly with your braking foot.
- Return to hobbies and activities soon after surgery when you feel ready.

Activities you *should NOT* do for six weeks after surgery:

- Sit or lie down for long periods of time.
- Lift anything heavier than a gallon of milk, about 10 lbs.
- Play contact sports or exercise too strongly (walking is okay).
- Put anything into the vagina (no tampons, sex, douching, etc.) until your surgeon gives you the ok.

Work:

Your team will let you know when you can return to work. If your job requires heavy physical activity or labor, do not do this activity for 6 weeks after your surgery. Check with your employer on the rules for returning to work. Let us know if you will need any letters, excuse or paperwork filled out for your time away.

Leftover medicine:

Find a pharmacy to return any unused narcotic tablets at the web address below:

www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know