**Vaginal Hysterectomy/**

**Laparoscopic Assisted Vaginal Hysterectomy**

**Patient Information booklet**

**Please bring this book to your admission to the Hospital and to all of your appointments**

For information call

Before your surgery:

Contact your surgeon’s office or Pre-Operative Assessment Clinic 613-721-2000 ext. 2920 between 8:00 a.m. to 4:00 p.m. Monday to Friday

After your surgery:

Contact your surgeon’s office

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular healthcare needs.

# Welcome to Queensway Carleton Hospital

Queensway Carleton Hospital (QCH) is a patient and family-centered hospital providing a broad range of services through the dedicated care of healthcare professionals. We look forward to helping you throughout your hospital stay. Please be sure to ask any questions you may have at any time.

Please refer to our Patient Handbook for more information about QCH and what you need to know as a patient while you are here. This handbook will focus specifically on your upcoming hip replacement surgery.

**IMPORTANT: If your surgeon or healthcare team gives you different recommendations than what has been provided in this booklet, please follow directions from the surgeon or healthcare team.**

**Vaginal Hysterectomy/Laparoscopic Assisted Vaginal Hysterectomy**

This booklet has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient booklet of the Vaginal Hysterectomy/Laparoscopic Assisted Vaginal Hysterectomy gives you an idea of what to expect from when you get to the hospital until discharge.

Once you and/or your family have read the information, please feel free to ask your nurse or other members of the healthcare team any questions.

## Pre-Operative Assessment Clinic

This important appointment will help prepare you for your surgery. This visit takes place two to three weeks before your surgery. The Operating Room Scheduling Department will call you to schedule an appointment with the Pre-Operative Assessment Clinic. Your visit may take approximately 4-6 hours to complete.

On the day of your appointment, come to the hospital with your health card. Ask at the Information Desk in the Main Lobby for directions to the Patient Registration Department where you will be registered and then directed to the Pre-Operative Assessment Clinic.

It is mandatory to attend this appointment or your surgery will be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a health assessment and pre-operative tests will be performed.

Some tests that may be performed include:

* X-rays
* Blood and urine tests
* ECG (electrocardiogram)

You will be given information about your hospital stay. The nurse will take your health history and ask you to review your consent for surgery. Please pay special attention to:

* When to stop eating and drinking before surgery
* Medication management before and after surgery
* Date and place for your hospital admission
* How to prepare for your surgery
* Deep breathing exercises and ankle exercises

You may see other healthcare professionals during your visit, if requested by your surgeon. These may include:

* Anesthesiologist
* Medical Doctor

**Please bring the following to your Pre-operative Assessment Clinic appointment:**

* All of your current medications in their original package including vitamins and herbal products. Please include prescription and non-prescription medication like inhalers, sprays, ointments and eye drops

■ If your pharmacy prepares a dossette or blister pack, bring one that contains a week’s supply of medication and ask your pharmacist to prepare a list with dosing instructions of the medications contained within the pack

■ A list of medication allergies and all other allergies including the type of reaction

■ Provincial health insurance card and proof of any additional health insurance

■ Your substitute decision maker if they have signed the consent for you

■ Your reading glasses, if required

■ A translator if you have difficulty understanding or speaking English

■ We recommend that you bring one family member or friend with you to your appointment. This person can be your designated care partner. This person has to be able to accompany you to your various appointments in the hospital and there is quite a bit of walking involved

**You will be asked if you smoke, consume alcohol, use recreational or street drugs on a regular basis. Please be honest, as this may affect your surgery and recovery time.**

**Your date of surgery is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call the Queensway Carleton Hospital Operating Room Pre Admission Department on the day before your surgery is scheduled to get the time for your admission. The number to call is (613) 721-4840 between 11 a.m. and 3 p.m., Monday through Friday.

Call for your admission time on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(yy/mm/dd)

**On the day of your Pre Op Assessment Clinic visit we will advise you to purchase 2 scrub brushes of Chlorhexidine soap. They can be purchased at the QCH Gift Box on the main floor next to the front lobby.**

QCH Gift Box Hours

Monday to Friday 9 a.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

**Antibiotic Resistant Bacteria**

**If you have ever been told you had or have an antibiotic resistant bacteria such as MRSA (Methicillin Resistant Staph Aureus)or ESBL (Extended Spectrum Beta-Lactamase producing bacteria) please tell the pre-operative staff.**

## Will I need to see a social worker?

A social worker may call if you feel there are any issues that make it difficult for you to manage at home on discharge. If you are already on Home Care through the Local Health Integration Network Home and Community Care (LHIN HCC), please make sure that your Care Coordinator knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can guide you to do it when you come to Pre-operative Assessment Clinic (POAC).

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

# Care Partner & Visitor Policy

Please refer to the QCH Patient Handbook for detailed information about our care partner and Visitor Policy while you are at QCH.

**Please ensure that visitors are aware of the Queensway Carleton Hospital scent-free policy. Please do not bring scented flowers to the hospital.**

**My family contact is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Health tips before surgery

## NOTE: Notify your surgeon before your surgery if you develop a cold or any other illness.

## This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

**Accommodations for out of town patients and families**

If you need to stay at a hotel before or after surgery, please refer to the QCH Patient Handbook for some suggestions.

A short stay at a retirement home may be an alternative for family members who are seniors. Your nurse in the Pre-Operative Assessment Clinic will have a list of retirement homes that offer this service.

## What should I bring to the hospital?

* A knee length dressing gown which opens all the way down the front
* Non-skid slippers
* Comfortable clothing. For example: jogging pants or shorts and a shirt, to wear home
* Toothbrush, toothpaste, soap, shampoo, deodorant, tissue. These items are not supplied by the hospital
* Please label any equipment brought from home with your name
* All your current medications in the proper bottles, including non‑prescription medications
* A list of allergies including the type of reaction

**Enhanced Recovery Program for Gynecological Surgeries**

**Patient Information**

At Queensway Carleton Hospital, our goal is to manage your pain and nausea after your gynecological surgery. Enhanced recovery means that you are able to eat and move around sooner and may help to reduce the possibility of lung infections and blood clots. Many patients feel well enough to go home after one day in hospital and may be able to return to work sooner.

**Before surgery**

You should be eating healthy foods up to bedtime on the day before surgery

* Have a high protein snack at 11 p.m. the night before surgery (for example: crackers and cheese, toast and peanut butter, egg and toast)
* **DO NOT** eat solid food (anything you have to chew) after midnight
* **DO** drink 1 cup (250 mL or 8 ounces) of clear fluids or (anything you can see through) before you leave to come to the hospital (for example: Gatorade™, ginger-ale™, apple juice, water). Do not drink coffee, coke™, or orange juice
* You may be given Tylenol™ and Celebrex™ at the hospital while waiting for your surgery

Preparation for surgery

You must follow these rules or your surgery may be cancelled:

1. **Do not eat any solid food after midnight the night before your surgery.**
2. **If you are thirsty, you may drink clear fluids until you leave to come to the hospital.**
3. **Please drink one cup (250 mLs or 8 oz) clear fluid either apple juice, water or ginger-ale™, before leaving to come to hospital.**

You should take your regular prescription medications (no vitamins or herbal products) with water the morning of surgery as advised by the nurse or doctor you spoke with in POAC. **Bring your medications including any inhalers with you to the Hospital.**

You **must** stoptaking all supplements **except** vitamin D, calcium, or iron/iron supplements one week before surgery.

If you are taking Aspirin or other blood thinners, please inform your surgeon or nurse. You will be given specific instructions.

* **Skin preparation:**  Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions**

Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine sponge. Pat yourself dry with a fresh clean soft towel, put on clean pajamas or clothes and put on freshly laundered bed linens on your bed if you are able
2. The morning of surgery repeat your bath or shower using the Chlorhexidine 4% soap sponges

**(Chlorhexidine 4% soap sponges are available at the QCH Gift Box)**

* If you are a smoker, stop smoking at least 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization
* Do not drink alcohol at least 24 hours before surgery
* On the day of surgery do not apply deodorant, powders, and body lotions or insert contact lenses. **Please do not wear any scented products because some people are allergic to them**
* Do not bring valuables (jewellery, credit cards, and money) to the Hospital. We do not assume responsibility for lost or stolen articles
* Arrange for someone to drive you to the Hospital the day of surgery, and drive you home on your discharge day

**During Your Hospital Stay**

**When you arrive at the hospital**

* Report to the Patient Registration Desk on the main level. Please bring your health card, insurance cards and this booklet. Please do not bring valuables to the hospital

■ From Patient Registration, you will be directed to the Day Surgery Unit (DSU). One care partner can accompany you and stay with you once you are admitted. You may designate this care partner to be the person to call after surgery

■ Staff will show you where to change into a hospital gown. Your clothes will be placed in a bag for transfer to your room. You will then lie down on a stretcher

■ Your nurse will start an IV and will give you any needed medications

■ You will talk to your anesthesiologist and surgeon before your surgery. The nurse will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle. You may receive a spinal anesthetic

■ In DSU, you will be covered with a special blanket to keep you warm. This will be removed before taking you to the OR. Keeping you warm helps to prevent post operative infections

**During surgery**

* You may be offered a spinal anesthetic (freezing medicine that is put into your back) or a general anesthetic
* You will be given an anesthetic medication
* Your anesthesiologist will discuss these with you prior to your surgery

## After surgery: Recovery Room

■ Your operation can last from 1 ½ to 2 ½ hours

■ You are moved from the Operating Room to the Post Anesthetic Care Unit (PACU)

■ You may have an oxygen mask or nasal prongs on your face. You may require oxygen for 24 hours following surgery

■ You may have a catheter in your bladder to drain your urine

■ Your nurse monitors your vital signs, including your pulse and blood pressure and will look at your incision frequently

■ Your nurse will check the circulation, sensation and movement of both legs. Your legs will feel heavy and will be difficult to move for a few hours after the spinal anesthetic. They will slowly return to normal

■ If you feel any pain, nausea or itchiness tell your nurse. You will be given medication to help you feel better

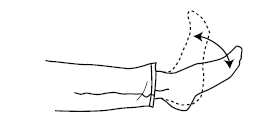
■ You may be drowsy after the surgery, as you become more alert we will encourage you to do ankle exercises and deep breathing exercises (see below). These exercises will help to prevent post-operative complications

■ You will be transferred to your room when your nurse determines it is safe to move you and when your room is ready. Sometimes there are delays due to the late discharge of other patients

■ You will then be transferred to your room on the inpatient unit. Your family will be able to visit you after you are admitted to your room. They can bring in your luggage and equipment at that time

**Ankle exercises:**

Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be at least every hour while you are awake.



**Deep breathing exercises:**

Take a deep breath in through your nose and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

## After surgery: the inpatient unit

* You will be moved to your room. You will have an IV (intravenous) in your arm to give you fluids
* You will be getting out of bed the evening of your surgery. Walking and exercise are a vital part of your recovery
* The nurse call button will be within your reach so you can push the button if you need assistance
* You will be encouraged to eat small amounts if you are hungry
* You may be given pain medications (Tylenol™ and Celebrex™ ) that should be taken on a regular schedule whether you have pain or not
* Pain or nausea medications will be available if you need them
* You will likely feel well enough to go home on the first day after surgery

**Protecting your skin from pressure injuries**

During and after your surgery you are at risk for developing a pressure injury (bed sore, pressure ulcer). A pressure injury is skin breakdown that develops, usually over the tailbone and the heels, from sitting and lying in the same position for long periods of time or from sliding down in bed. Some key things that can be done to protect your skin are: avoid sitting in bed with the head of the bed higher than 30 degrees for long periods of time. Reposition yourself or ask for help about every 2 hours, when you turn on your side put a pillow between your legs and when you lie on your back. Use pillows under your lower legs, so your heels “float” off the bed.

**Operative Site**

For laparoscopic surgery – you will have several small incisions with self dissolving sutures covered with a clear plastic dressing and Steri-Strips™. It is normal to have a small amount of old blood on your dressing. You will be advised when to change your dressing. If the incision (s) is wet, clean incision with mild soap and water, gently towel dry and apply 4x4 gauze or Band-Aid™ to the incision. The clear plastic dressing and Steri-Strips™ could stay on for 5-7days.

**After discharge from hospital**

* Continue to use Tylenol™ and Ibuprofen (Advil)™ on a regular basis for the first few weeks
* If you have a prescription for a narcotic medication, use this as needed if the Tylenol™ and Ibuprofen (Advil)™ are not managing your pain
* Eat and move around based on how you feel. Avoid any heavy lifting or driving in the first few weeks
* You will need about 4 to 6 weeks to feel like you did before your surgery
* Drinking fluids helps prevent constipation, as well as eating fruits and vegetables
* Call your doctor or come to the Emergency Department if you have a fever or increased pain
* For laparoscopic surgery you will need to purchase one box of 4 x 4 gauze or a small box of Band- Aid™ at a drug store , it is best to purchase these before your surgery to have available at home
* If surgery has been done laparoscopically, it is normal to have abdominal bloating for several days. You may also notice pain in your shoulder, under your ribs or in your back
* If you have nausea and vomiting you may take Gravol™ to relieve the vomiting

**Call your surgeon or go to your nearest Emergency Department if you have any of the following:**

* + Elevated temperature (38°C or 100.4°F) and/or chills lasting more than 24 hours
  + Drainage/discharge yellow-green pus like, foul smelling
  + Increased redness or swelling of the incision sites
  + Continued or increased pain
  + Excessive bleeding

## Pain Management

Please see the booklet “Pain Management after Surgery”.

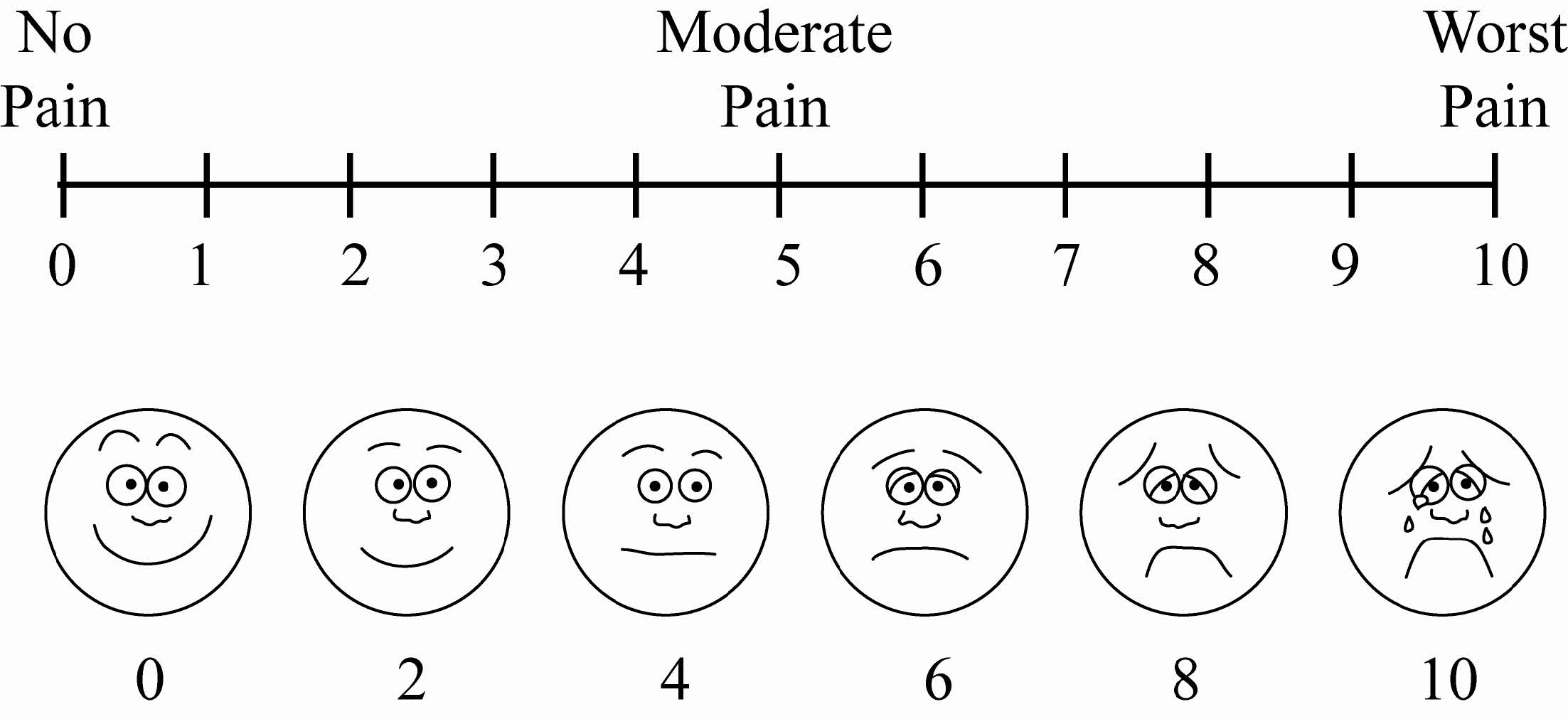
Adequate pain management is very important for your quick and speedy recovery. Good pain management is needed in order for you to be able to participate in physiotherapy and early walking. It is very important to take your pain medication in order to be comfortable enough to move about as required. The exact amount of pain medication needed will vary between individuals.

Your anesthetist is responsible for pain management during the first 24 hours after surgery. Your pain regimen may consist of several parts. Your anesthetist will determine with you what type of pain management you will receive.

Some side effects of pain medicines are: constipation, nausea, vomiting, drowsiness and being itchy. Tell your nurse if you have any of these symptoms. Ask your nurse for pain medication if you are uncomfortable. Your nurse will ask you to rate your pain according to a ruler as outlined below. You will be discharged home with a prescription for medication to manage your pain.

**Pain scale ruler**

Your nurse will ask you to rate your pain on either the number or FACES scale (see below). Pain is rated from 0 (no pain) to 10 (worst pain).



## What should I eat?

Good nutrition promotes healing, helps fight infection and ensures a smooth recovery.

* + Eat well with Canada’s Food Guide
  + Enjoy a variety of food from all four food groups:
* Vegetables and fruits
* Grain products
* Milk and alternatives
* Meat and alternatives
* Emphasize whole grain cereals and breads
* Choose **iron-rich foods and a Vitamin C source** at every meal

|  |  |
| --- | --- |
| **Process** | **Pre- Admission** |
| **Assessment** | * You will be assessed by another physician if requested by your surgeon |
| **Tests** | * You will have laboratory tests (blood and urine) * You may have a chest x-ray and electrocardiogram, if ordered by your physician |
| **Medications** | * Please bring your medications in and we will review them |
| **Nutrition** | * We will review food allergies or food sensitivities you may have |
| **Rest and activity** | * You will be asked to have a shower or a bath at home the morning of your surgery |
| **Education** | * Please review this patient booklet that you have been given |
| **Discharge planning** | * We will discuss your discharge plans |

**If you have been diagnosed with sleep apnea bring your machine with you.**

|  |  |
| --- | --- |
| **Process** | **Day of Surgery** |
| **Assessment** | * We will check your temperature, blood pressure, heart rate on a regular basis * We will monitor your vaginal blood flow * We will assess your vaginal packing, if present * We will measure the quantity of fluids administered/taken as well as your urinary output |
| **Tests** | * We will do a blood test |
| **Medications** | * We will administer antibiotic medication and pain medication |
| **Treatments** | * You may have a vaginal pack inserted during the operation * We will insert a urinary catheter in your bladder to monitor your urinary output * We will continue to administer fluids through your intravenous * You will be encouraged to perform deep breath & coughing exercises |
| **Nutrition** | * After your surgery, you will be able to have sips of fluids initially and increased to a regular diet |
| **Rest and activity** | * You will be able to be up and about after surgery * You will be washed after your surgery * You will be assisted to dangle and stand at the side of the bed after your surgery |
| **Education** | * We will review with you the importance of performing deep breathing & coughing exercises after your surgery * We will review the need to have good pain control to improve your recovery. If you experience more pain or nausea, please inform your healthcare provider |
| **Discharge planning** | * You will have your urinary catheter removed in the early morning and will be going home before 10 a.m. on the morning after your surgery * Plan for discharge on the morning after your surgery * You will need to arrange for a ride before 10 a.m. on the morning after your surgery |

**Notes:**