

Prepare For and Recover From Gynecologic Surgery

Patient Name _____

Surgery _____

Surgeon Name _____

Surgery Date/Time _____

Check in Time _____

Take these medications **the night prior** to surgery

Take these medications on **the morning of surgery** with sip of water

Check in at Surgical Admission Center (SAC) on the **6nd floor Ocean side**, at the time instructed by the SAC

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Aloha

Preparing for surgery can be overwhelming. Everyone is different. Your care 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.

At the end of the booklet, there are calendar planners and checklists to help you and your family.



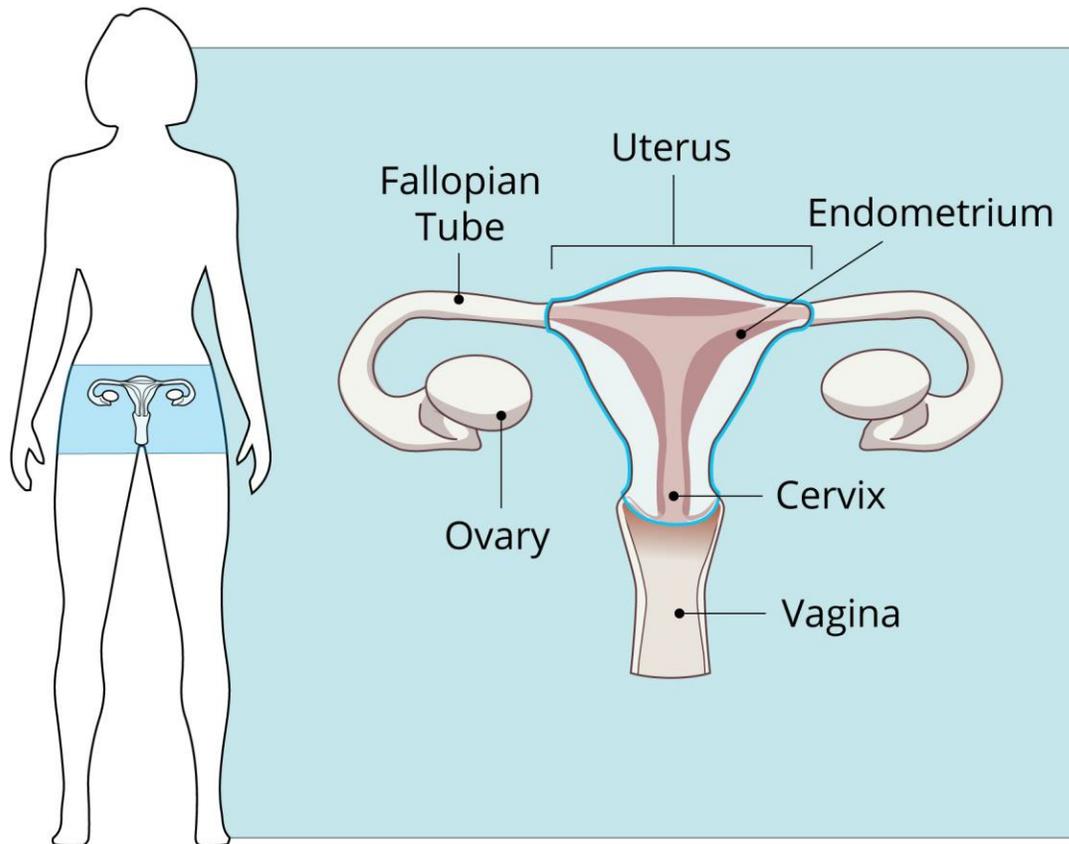
Read this booklet as soon as you can.

- Bring it 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.

Your Surgery Team

Your 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 2 **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

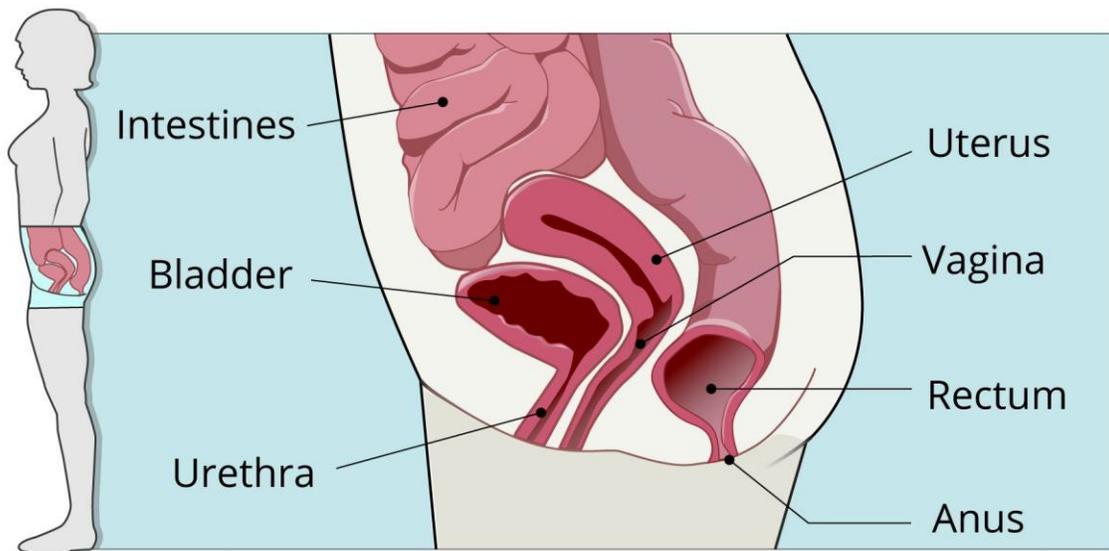
Even though women can no longer get pregnant, they can still get STDs (sexually transmitted diseases). So, it's important for any partners to get tested for things like HIV and to use things like condoms.



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.
- With surgical menopause it 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



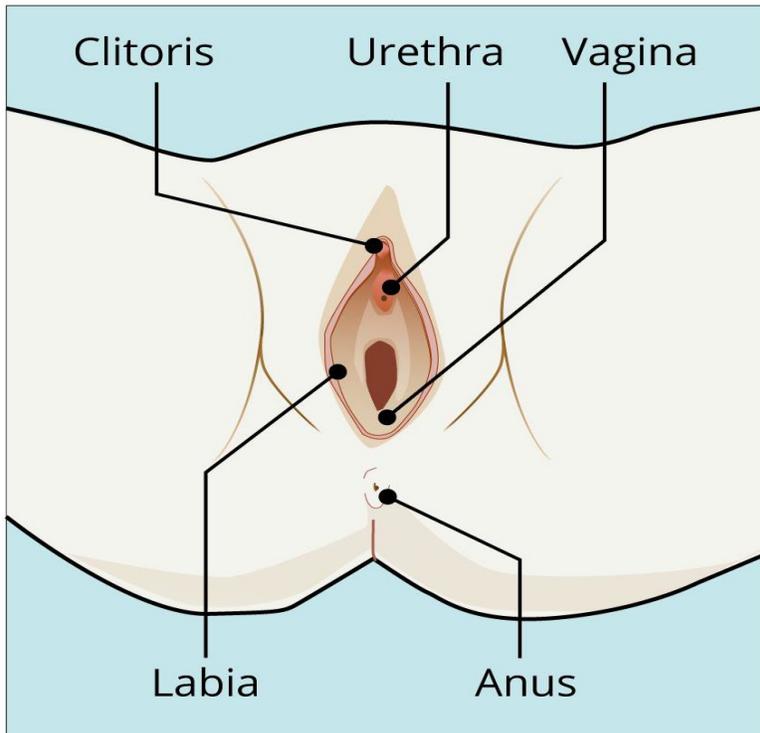
The **bladder** stores urine (pee). When you go to the bathroom, urine leaves the body through a small tube called the **urethra** [yoo-REE-thruh]. You can see it's right in front of the vagina.

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** [EY-nuhs]. As you can see, everything is close together inside your body. Sometimes surgery is done to remove the uterus (called a **hysterectomy**).

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



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 HPV tests.

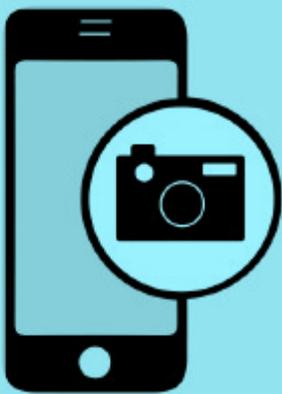
Get Ready for Surgery

Your Surgery Team

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

Information to Bring to the Hospital

- Your DOD/CAC card.
- Any other important medical information, like allergies.
- A list of any prescription medications.
- A list of anything over the counter medications or supplements that you take regularly, like aspirin, Tylenol®, Benadryl®, eye drops, vitamins, or herbal supplements.



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

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

Before Surgery



During your GYN Preop office visit, find out:

- If you need any blood tests.
- The date of your surgery.
- The date and time of your pre-op SAC visit telephone vs inperson.
- What medications you should and should **NOT** take the evening prior or morning of surgery.
- When you will need to schedule a postoperative visit

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.



During your SAC appointment or on your Date of Surgery, you'll have the ability to meet with a member of the team that will give you medication to make you comfortable during surgery (called: anesthesia). They will:

- Review your medical history.
- Figure out what kind of medication they'll use to manage your pain and help you sleep during surgery.
- Talk about managing your pain immediately after surgery.



Let Us Know If You Have Sleep Apnea And if you use a CPAP machine (continuous positive airway pressure) at night, bring it with you to use while you're in the hospital if there is a possibility you could be staying overnight.

2 Weeks Before Surgery

Friends to Help at the Hospital and at Home



Choose one friend or family member to help you make decisions and manage your care during your hospital stay.



Ask if you'll need help from friends or family at home. For example, if you take care of anyone, like children or an older parent, find out if you should get help caring for them. If you don't have people who can help you that first week at home, let us know.



Make a list of movies you'd like to watch or books you'd like to read while you recover. It helps to have things to look forward to.

Who Speaks for You?



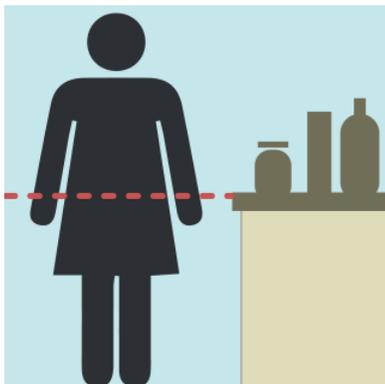
Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during the procedure, or if you cannot speak for yourself afterward, your team needs to know who speaks for you.

Make sure this person knows what treatments (like CPR) 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 any time.

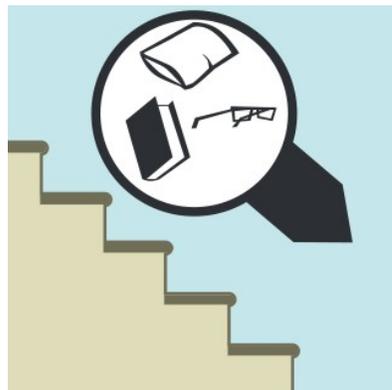
- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, Your JAG office can help you make one. You can also find a State form on the Internet here: <http://bit.ly/StateForm> or at NHPCO.org

Set Up Your Home

Before you go to the hospital, set up your home 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 back.



Put anything you use often at waist and shoulder height where it's 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 often.



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



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.
- **A thermometer**: if you have temperature greater 101.5 degrees F, notify surgeon.

Get Strong for Surgery



Eat healthy in the weeks before surgery.

This helps you recover faster. Find out what's best for you or talk with a nutritionist. Protein can help your body heal. It's often good to eat healthy lean forms of protein. Increasing your healthy carbohydrate intake a couple days before surgery, aka "Carb Loading," can improve how you feel after surgery. If you have diabetes, it is more important that sugars remain under good control.



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.

Smoking and nicotine limit blood flow and make it hard for your body to heal after surgery. 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.

- **Do NOT use any kind of tobacco or nicotine at least 4 weeks before and after surgery.**
- **Other people should NOT smoke around you in the weeks before and after surgery.**



Talk to your doctor about ways to stop smoking or using nicotine so you can heal well.



5 days prior to surgery DO NOT shave, wax, or remove hair on or 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.

Two Days Prior To Surgery



- Increasing your healthy carbohydrate intake a couple days before surgery, aka “Carb Loading,” can improve how you feel after surgery. If you have diabetes, it is more important that sugars remain under good control.

The Day Before Surgery



- Take Neurontin (Gabapentin 600mg) or Lyrica the night before surgery. This medication will also help reduce your pain after surgery.



- Shower with soap the night before surgery and dry yourself off thoroughly. Then use the Chlorhexadine wipes or SOAP given to you by the OB/GYN clinic to clean your skin. You will be provided instructions from a nurse in our clinic regarding how to do this. If you cannot use the wipes/soap due to an allergy you will need to shower the night before and the morning of surgery. This helps prevent infections.



Ask if you have any questions about which method you should use.

How to perform a Preoperative Shower

- Get in the shower and wash your hair with your regular shampoo.
Rinse the shampoo out of your hair.
- Once your whole body is wet, turn the water OFF. Use soap to wash you. If you are given a special soap (Chlorhexadine/Hibiclens) instead of wipes, make sure you clean every part of your body with the special soap **EXCEPT:**

- Do NOT use the special soap on your face.
 - Do NOT get the soap in your eyes, ears, mouth, nose, or vagina (genitals).
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. If you were given wipes you will clean yourself with them as per the instructions given to you by the OB/GYN clinic.
 7. Put on fresh, clean clothes and sleep on clean sheets.

Sport Drink or Ensure Pre-Surgery Clear Nutrition Drink



Find out/ask if your surgeon wants you to drink something sweet the night before surgery.

- If you purchase a sport drink such as *Gatorade*: drink 16 oz. at bedtime.
- If you purchase the *Ensure Pre-Surgery Clear Nutrition Drink*: drink one (1) bottle at dinner and one (1) bottle at bedtime.

The Morning of Surgery: At Home



- If you were not given wipes or can't use then shower with soap as directed.
- If you were given wipes to clean with you will repeat the cleaning in the morning.

Nothing to eat or drink 8 hours before surgery time. Except 2 hours before surgery time you may drink **clear** liquids (sport drink/Gatorade or Ensure pre-surgery clear nutrition drink). Clear means it has no particles and you can see right through it.



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

Only rinse your mouth out with water when you brush your teeth.

Medications



Find out what medications you should and should NOT take the morning of surgery.

- If you need to take any pills, take them with a sip of water.
- Leave your medications at home. The hospital will give you any medications you need while you're there.

Sport Drink or Ensure Pre-Surgery Clear Nutrition Drink



Find out if your surgeon wants you to drink something sweet 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.

If you purchase a sport drink such as *Gatorade*: drink 16 oz. 2 to 4 hours before surgery.

If you purchase the *Ensure Pre-Surgery Clear Nutrition Drink*: drink one (1) bottle 2 to 4 hours before surgery.

- 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, you may be told to **NOT** drink this, so ask.



Computers, tablets, and cellphones are allowed. And there is Wi-Fi (internet access) in the hospital.

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 if you are going to stay overnight.

What to Wear

- Wear loose, comfortable clothes, like sweatpants.
- If you wear glasses or use a hearing aid, be sure to wear them.
- Wear comfortable shoes that are easy to slip on and off.
- **Do NOT wear any jewelry, including wedding rings, earrings, or body piercings.**

What to Bring

- Your CAC/DOD ID cards
- A list or photos of all your medications, including how much you take and how often you take them.
- This booklet
- A copy of your advance directive (optional)

TIP

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.

The Day of Surgery: At the Hospital



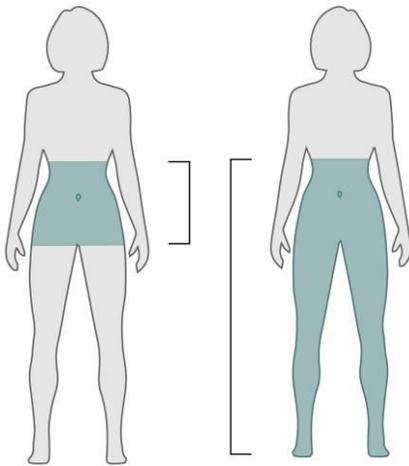
After you check in, one member of your family can go with you to the pre-surgery area. Due to COVID-19 visitor policies can change so confirm at your SAC appt/T-con the visitor policy. Ask your doctor how long your surgery will take on average. During long surgeries, a nurse will update your family.

Controlling Your Pain

We'll talk with you to figure out what kind of medication to give you during surgery, called "anesthesia." No matter what you get, you probably **won't** remember anything about surgery.

You may get general anesthesia.

This puts you to sleep.



You may also get an epidural. With this, a small tube is placed in the low back. This lets us numb the belly area. And sometimes the legs are numb, too.

- It's very safe.
- It's one of the best ways to manage pain.
- This can also help us give you pain medication after surgery.
- You'll also get medication to help you relax or put you into a light sleep.

Numb Belly or Belly and Legs

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 recovery
- It can be addictive (6-10% of patients who use it once will become addicted)
- It can make it difficult or painful to have a bowel movement or poop (constipation)
- It can make people feel loopy and out of it

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible. The default is to offer you a non-narcotic pain pathway to avoid these risks.



Let us know if you or anyone in your family has an addiction. 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 can 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 doctor will talk with your family.



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

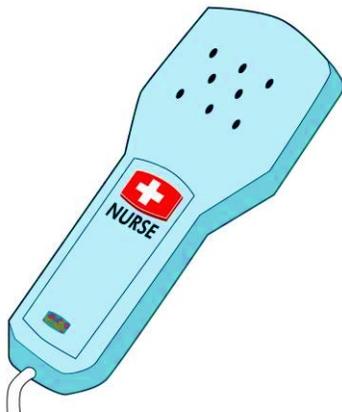
Your family can see you. If you are staying overnight it will depend on the postoperative recovery room available and COVID 19 risk level as to whether or not a family member or friend can stay with you in the room overnight in a reclining chair if available.

- You'll still have a small tube (an IV) in your arm for fluids or medication.
- You may get oxygen.
- You may still have a small tube (a catheter) in your bladder.



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. And a nurse will help you get up.



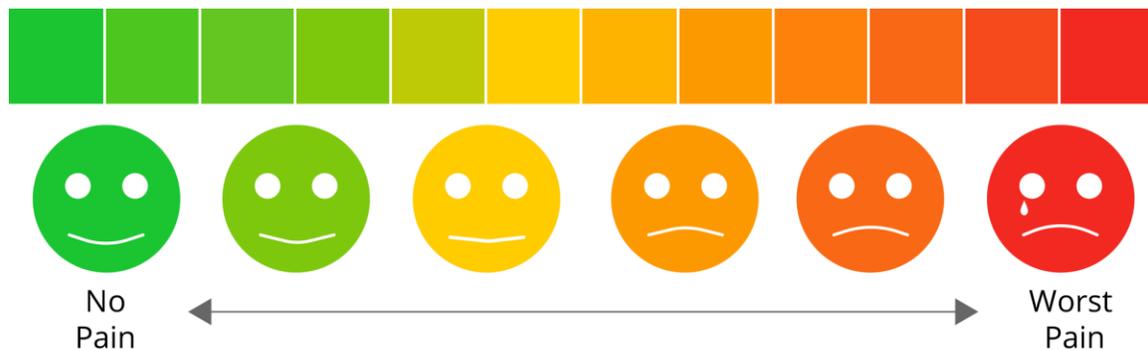
Only close friends or family should visit the day of your procedure. You'll still be tired and need rest.

Plan for Recovery at 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. **So, it's important to stay ahead of the pain.**



To help manage your pain:

- You'll get medications like acetaminophen (Tylenol®), ibuprofen (Advil®), gabapentin (Neurontin), or pregabalin (Lyrica).
- You may get cold packs.
- You may get a pain patch to help with pain by your surgery scar.
- If you have an epidural, you may get more pain medication through the small tube in your back after surgery.
- Your surgeon may inject numbing medicine into your incisions/vagina/uterus/ to help with pain.
- You may get opioid pain medications as needed.

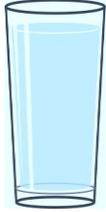


Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. This can help take your mind off any pain you still have.



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.

In the Hospital or at Home



1 Day After Surgery

- Chewing gum 3 times a day after surgery can help your bowel activity return sooner.
- If you have surgery on your bowels, you may only have clear liquids until you pass gas. After you have passed gas you may be able to eat regular food.
- If no surgery on your bowels, you may be able to eat regular food.
- If you are in the hospital, we'll help you get out of bed, sit in a chair, and walk down the halls as much as you can. If you are at home, don't be afraid to ask for help with these activities. It's good to be out of bed for at least 4 hours.
- If there's a tube in your bladder to drain urine, this might be removed by your nurse.
- To help prevent lung infections while you are in the hospital, you'll get a device to help you take deep breaths in. Ask how often to do this. It's very important to do this every hour or so. If you are at home remember to take slow relaxed deep breaths as tolerated for 5-10 minutes every 2 hours while awake.

2 to 3 Days After Surgery

- If there's a bandage on your wound, it will usually be removed. If you are at home your surgeon will provide you instructions regarding wound care as part of your discharge paperwork.
- In the hospital you will keep using the breathing device to take deep breaths. If you are at home you will continue your deep relaxing breath exercises



You should be up out of bed most of the day. Try to walk down the hall or around your house at least 3 times a day. Ask for help if you need it.

You may be ready to go home/discharged if:

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

Leaving the Hospital (Discharge)

We will help you go home as soon as possible. But sometimes there are delays.

- Arrange for someone to meet you and take you home.
- You will NOT be allowed to go home alone or take a cab home alone.

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.

Before you go home, make sure you have:

- Information about your procedure(s).
- Directions about how and when to take any medications.
- Prescriptions for medications you need at home.
- Ask if you need to schedule a follow-up appointment.

TIP

Prescriptions for medication can be filled while you are in the hospital or given to you preoperatively. Ask if you would like to do this.

Plan for Recovery at Home



When to Call

Call us if you are worried or have a question.

Call your surgeon early if you think something is wrong, don't wait!

Call RIGHT AWAY:

- If you feel like you're getting worse instead of better.
- If you have a fever of **100.4 degrees F (Fahrenheit) or higher**.
- If you have the chills and you're shivering.
- If your pain medication doesn't control your pain enough.
- If you have very bad pain in your belly that lasts longer 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 less than 1 hour.
- If any pus or bad-smelling fluid is coming from your surgery wounds.
- If any of your surgery wounds become hot, red or **MORE** painful.
- If it burns or you have pain when you urinate (pee).
- If you feel sick to your stomach or you're throwing up.
- If you feel dizzy or if you faint (pass out).
- If you have very bad diarrhea (loose, watery bowel movements).
- If you have pain or swelling in your foot, ankle, thigh, or calf (back of your lower leg), this can be a sign of a blood clot.

Call 911 or go to the Emergency Room if you:



- Have chest pain
- Are short of breath or have trouble breathing
- Or if you have any other severe problems

Have the emergency team call us once you are stable.

Recovering at Home

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. This will be provided as part of your discharge paperwork.

- 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 one hour.

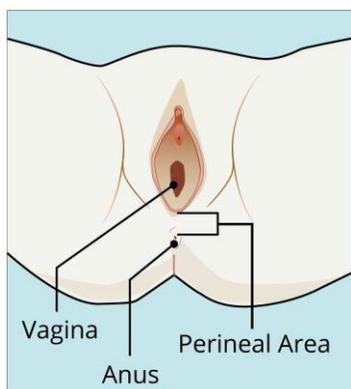
Do NOT have sex. And do NOT put anything in your vagina until your doctor says it's OK. This can cause infections. Ask your doctor how long to wait. Until then:



- 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**. 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.

Pain Medication

- Do not expect to have zero pain.
- You may be asked to take Neurontin (gabapentin 600mg) or Lyrica (pregabalin 300mg) every 8-12 hours for up to 5 days after surgery to decrease your risk for developing chronic pain.
- Take Motrin (Ibuprofen) 800mg every 8 hours with food and Tylenol 650mg orally every 6-8 hours for the first 7 days (whether you have pain or not). You may take both at the same time together. Motrin and Tylenol have little to no side effects.
- If Motrin and Tylenol are not enough, you may receive a prescription for a narcotic called oxycodone. One (1) tab Oxycodone can be taken every 4 to 6 hours as needed. You may take up to 2 tablets every 6 hours for pain. Oxycodone can cause nausea and vomiting, constipation, and has a potential for addiction, so use it only if needed. An alternative synthetic narcotic is Tramadol 50-100mg every 5 hours as needed for pain. It can have less nausea but still has addictive risk.
- Please bring unused narcotics that you don't need to the pharmacy or in designated receptacles near the pharmacy for disposal.

Belly Pain or Swelling

In general your pain should progressively get better after surgery not suddenly worse. 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 Come to our clinic during regular business hours or the TAMC ER during nights/weekends for evaluation.

If your uterus is removed or have a laparoscopy, some women feel a sense that their belly is swollen that can last for weeks or months. You may hear this called "swelly belly." If this happens, wearing a comfortably fitting abdominal binder during the day can help.



Call your doctor if your belly becomes hot, red, or painful or very swollen and tender. This is NOT a normal part of "swelly belly."

Bowel Function



Take regular walks, eat healthy, and drink plenty of fluids, during the first weeks at home. If you are given a narcotic as part of your pain control plan you will be given a stool softener called Miralax to go home with. A scoop of this powder is dissolved in water or juice and taken once a day until you are no longer using narcotic pain medications for pain control. Walking and moving help keep your bowels moving so you're less likely to have problems, like constipation. Chewing gum 3 times a day right after surgery can help your bowel function return sooner.

Urinating

After surgery, sometimes women feel like they still have to urinate (shishi). 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 (shishi), or if you feel like you are not able to empty your bladder fully, call your doctor. Pain or burning can be signs of infection.

How to Take 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.



You can shower and let the soapy water wash over any wounds on your belly. This may burn or sting. If the wounds have steristrips, skin glue, or clear dressings over them you may still shower with them on.

Do NOT take a bath, swim, or sit in a hot tub until your surgeon says it's OK. You may need to wait a month or more until your

wounds have healed.

Ask for instructions about using ice packs or heating pads. **Do NOT put them right on your skin.** This can burn or damage 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.

If you have band aid strips over your incisions you may take them off 2 weeks after surgery

If you have any clear dressings (look like plastic wrap) covering your wounds you SHOULD take these off 3 days after surgery. If there is one covering your belly button make sure to take out any gauze that was left in the belly button.

Eat Healthy



You will heal better if you eat healthy and get protein but avoid heavy/rich/greasy foods.

Sometimes people don't feel like eating in the days after surgery. Some foods may taste different or the smell may make you feel sick. If this happens: eat a lot of small meals throughout the day. Over time, you'll be able to eat more.

- **Do NOT eat fried, greasy food. It can make you constipated.**
- **Avoid things that cause gas: fizzy drinks like soda. Avoid vegetables like beans, peas, lentils, broccoli, and cauliflower if they were not a normal part of your diet before surgery or typically cause gas for you. Otherwise you may eat them.**

Exercise, Walking, and Lifting

If you had a minor vaginal based procedure that didn't involve and incisions/wounds you will likely be allowed to resume normal activities the day after surgery. However, you won't be allowed to swim, baths, have intercourse,



douche, or use tampons for a couple weeks after.

If you had more major surgery, 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 make you strain.**
- **Do NOT play contact sports (like basketball or soccer) for 1 month.**

If you have pain, slow down! Pain is your body's way of telling you it's not ready to do something.

Hobbies and Activities

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

TIP

If you feel tired and worn out at first:

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

Find out when you can go back to work.



It may be a few days or many weeks. Also let your doctor know if your job involves a lot of physical work, like lifting.

- Ask your employer if there are rules about when you can return.
- If you need a return-to-work form or disability papers, bring them to your follow-up appointment or fax them to our office.

Ask when it's OK to drive.



If you need to take any opioid pain pills, these slow down your reaction time. This makes it dangerous to drive, so wait until:

- **You no longer take ANY opioid pain pills** (like oxycodone or Dilaudid).
- **Most of your pain is gone.** You need to be able to react quickly with the foot you use to brake and stop.

When is it OK to have sex? Will it be different?



Ask your surgeon when it's OK to have sex again. Most women need to wait about 6 weeks after major surgeries and 2 weeks after minor ones.

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. Your surgeon is not embarrassed by this.

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 feel a sense of loss if their uterus or ovaries were removed.

- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you have a lot of bad days, or if you feel very sad, overwhelmed, or helpless, call your doctor.

These feelings usually go away as you heal. But it's important for your health care team to know so they can make sure you recover well.

Planners and Checklists

Planners

- Pre-surgery Planner
- Recovery Planner

Checklists for Surgery and Recovery

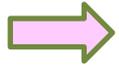
- 1 month before surgery
- A few days before
- The day before
- The morning of
- After surgery
- 1 day after surgery
- 2 days after surgery
- 3 days after surgery
- Before you go home
- Notes

For the Hospital

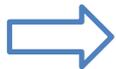
- Specific Bowel Prep Instructions
- Parking and Check In
- Visiting Hours
- Contact Numbers

My Pre-surgery Planner

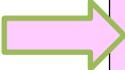
Use the grid below to write down important dates.



In the bottom row of the calendar mark what day of the week your surgery is scheduled for. And write in the date.



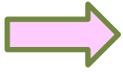
In the top 3 rows, mark any appointments **leading up to surgery** (for example, anesthesia clinic, primary care doctor visit). Also write down reminders for things you need to do in the days and weeks before surgery.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							
							
							
							

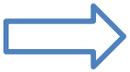
Write your surgery date in the bottom row so you know when to plan ahead

My Recovery Planner

Use the grid below to enter 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

1 Month Before Surgery

- Y Get a copy of your medical records to bring to your appointments.
- Y Choose which family member or friend will speak for you if you cannot speak for yourself. Talk with that person about your wishes. And create an advance directive. Get your State form here: <http://bit.ly/StateForm>
- Y Meet with your healthcare team to review your medical history.
- Y Get any blood tests your doctor orders.
- Y Schedule medical and/or cardiology clearance if necessary.
- Y If you smoke, vape, or use chewing tobacco, work with your doctor to quit at least 4 weeks before surgery.

2 Weeks Before Surgery

- Y Choose one friend or family member to be your advocate during your procedure and hospital stay.
- Y Find out what time your SAC appointment/T-con is scheduled.
- Y Find out if you need to stop any medications the day of surgery.
- Y Eat healthy and get exercise, like walking.

A Few Days Before Surgery

- Y Clean and set up your home so it's easy to get around when you get home.
Increase the amount of healthy carbohydrates in your diet (Fruits, vegetables, whole grain breads, pasta).
- Y Make sure you have everything you need from your pre-operative appointment to clean your skin, like special wipes/soap (Chlorhexadine/Hibiclens).
- Y Do NOT remove any hair by shaving or waxing.

The Day Before Surgery

- Υ Follow the instructions provided by the TAMC OB/GYN clinic regarding the use of special Wipes or soap. DO NOT USE the soap or wipes to clean INSIDE your VAGINA. These are for outside skin use only.
- Υ If you have an allergy to these products you will bathe with regular soap the night before and the morning of surgery.
- Υ Drink a 16oz energy drink the night prior to surgery.
- Υ You can have a regular meal up until midnight before your surgery. After that only clear liquids
- Υ If you are told to do follow a CLEAR LIQUID diet, follow your doctor's instructions about when to start.
- Υ If your surgeon has instructed you to take medication the night prior to surgery you should do so.

The Morning of Surgery

- Υ Take any medications as instructed with a sip of water.
- Υ Shower with any special soap or wipes.
- Υ Do NOT remove any hair by shaving or waxing.
- Υ After you shower, do NOT put anything on your skin like lotions, oils, creams, deodorant, or makeup.
- Υ If you're told to drink something like a sport drink or Ensure Pre-Surgery Clear Nutrition Drink, drink it at least 2 hours before surgery.
- Υ Again drinks MUST BE CLEAR-If you have questions about what this means bring it up at your SAC appt.

Clear Liquid Diet

The clear liquid items are **allowed**:

- Water
- Gatorade
- Lemonade or Kool-Aid
- Sodas, teas, coffee (no cream)
- Gelatin (without fruit)
- Popsicles (without fruit or cream)
- Italian ices
- Juices without pulp; apple, white grape juice
- You may use salt and sugar

3

NOT allowed:

- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup
- Alcohol

Make sure you have:

- Υ Your DOD ID card.
- Υ A list of any medications, herbs, or supplements you take.
- Υ 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

If you are discharged with an Incentive Spirometer, follow the discharge instructions given for its use.

1 Day After Surgery



Get up and move this gets your blood flowing and helps you heal

- A nurse will help you get out of bed the first time
- Spend at least 6 hours out of bed.
- Ask for help to walk down the hall at least 2 times.
- Drink clear liquids and eat as you feel up to it.
- Chewing gum three times a day after surgery can also help your bowel activity return sooner.
- Practice taking deep breaths IN with the breathing device every hour. If you are at home remember to take slow relaxed deep breaths as tolerated for 5-10 minutes every 2 hours while awake.

2 Days After Surgery

Remember, moving helps you heal.

- Spend at least 6 hours out of bed.
- Walk down the hall or around you house at least 3 times.
- Eat soft foods like applesauce. Eat solid food if you feel like it.

3 Days After Surgery

- Spend a lot of the day out of bed and walking around.
- Start to eat solid food (if you haven't already).
- Find out how to manage your pain at home. Your pain should already be well controlled/improving.

Find out when to call:

- Call if you feel very sad, overwhelmed, or helpless and these feelings do NOT go away.

Call if you have signs of a wound infection like:

- The surgery area becomes red or painful, or if there's fluid coming out of the scar (wound).
- You have a fever of 100.4 degrees F or higher.

Before you go home, make sure you have:

- Instructions that tell you what to do at home.
- An appointment to see your surgeon for a follow-up visit or the number to call and set one up.
- Any prescriptions for new medications.

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 drive until you no longer take ANY opioid pain medications.
- Do NOT lift anything heavy that would make you strain (like a full bag of groceries).
- Do NOT play any contact sports, like soccer or basketball.

AT HOME: WHEN TO CALL

You can tear this sheet out and put it on your refrigerator or keep it by your bed.

Call Right Away:

- If you feel like you're getting worse instead of better.
- If you have a fever higher than **100.4 degrees F**.
- If you have the chills and you're shivering.
- If your pain medication doesn't control your pain enough.
- If you have very bad pain in your belly (abdomen) 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.
- If pus or bad-smelling fluid is coming from your surgery wounds.
- If it burns when you urinate (pee).
- If you feel sick to your stomach or you are throwing up.
- If you feel dizzy or if you faint (pass out).
- If you have very bad diarrhea (loose, watery bowel movements).
- If any of your surgical wounds become hot, red or MORE painful.
- 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.

Call 911 or go to the Emergency Room if you:



- Have chest pain
- Are short of breath or have trouble breathing
- Or if you have any other severe problems

Have the emergency team call us once you are stable.

Parking and Check-In

It is highly recommended that you plan ahead of time for a ride to the hospital on the day of your surgery. You are required to have a ride home from the hospital and won't be allowed to drive yourself. Please arrive at the time the Surgical Admissions Center (SAC) told you to arrive. You will report to SAC unit located on the 6th floor of the hospital Oceanside (The front of the hospital facing the flagpole).

If you have questions about where to report to on the day of surgery, contact the SAC.

Parking is located all around the hospital.

On the day of discharge your nurse will inform you in advance that you will be going home. You are required to have a ride home from the hospital and someone must be at home with you to help you if you had a major surgery.

Important Contact Numbers

Surgical Admission Center (5AM-8:30PM Weekdays Only): **808-433-5999**

After Hours Nurses Advice Line: **800-874-2273**

TAMC OB/GYN Nurse Advice Line (during clinic hours): **888-683-2778, 7, 2**

TAMC OB/GYN Central Scheduling: **888-683-2778, 7, 1**