

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE
WITH YOU THE DAY
OF YOUR SURGERY**



Total laparoscopic hysterectomy

**This guide will help you understand and get ready for your surgery.
Read it over with your family.**

Québec 

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ANATOMY

The uterus is a pear-shaped muscle with an upper portion that is roughly 7.5 cm long and 5 cm wide.

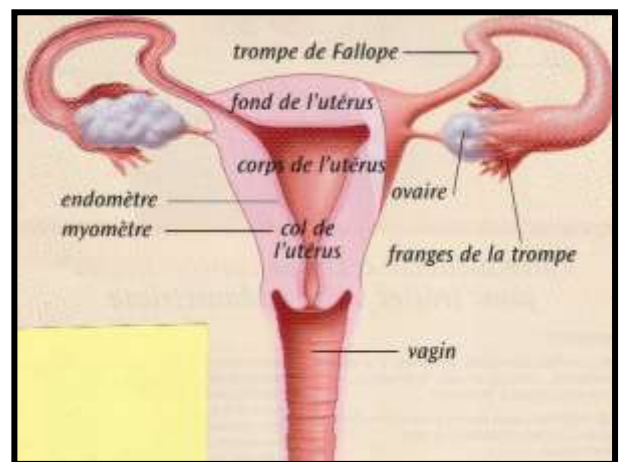
The walls of uterus are about 1.25 cm thick. The uterus varies in size depending on the number of children a woman has had.

The uterus is located in the pelvis between the bladder and the rectum. It is held in the pelvic cavity by several ligaments. The uterus acts as a nest during conception. The lining of the uterus, called the “endometrium” gets thicker as the menstrual cycle progresses and, if there is no pregnancy, it will be shed during the menstrual period.

The ovaries are located at the end of the fallopian tubes. They are oval and about 3 cm long. The ovaries and fallopian tubes form what are known as the uterine appendages.

The function of the ovaries is to produce hormones and release an egg every month until the menopause.

The fallopian tubes connect the ovaries to the uterus. They are about 10 cm long each.



From the leaflet prepared by Abbott Laboratories, Limited, in January 2003 on Lupron Depot entitled "Pour aider à calmer la tempête de l'endométriose".

What is a Total Laparoscopic Hysterectomy?

A hysterectomy is a surgical procedure to remove the uterus and cervix by making 3 to 5 small incisions (cuts) on the abdomen.

The surgery is performed by laparoscopy. This surgical technique lets the gynecologist examine the inside of the abdomen. It involves inserting a laparoscope (fibre optic: a tiny camera equipped with lamps and a powerful light that projects a magnified image onto a television screen) into the abdomen through a small incision at the navel (belly button).

To perform this technique, the gynecologist makes 3 to 5 small incisions (cuts) each measuring 1 cm to 2 cm. One incision is made at the navel, 2 at the pubis and 2 others into the abdomen when necessary. The uterus is removed through the vagina. It can also be removed by a morcellator, as determined by your surgeon.

Carbon dioxide is then insufflated into the abdominal cavity. This gas lifts the walls of the abdomen when the laparoscopic surgical instruments are inserted and allows the gynecologist to clearly see the reproductive organs.

During a total hysterectomy, the cervix is removed. This means that you will probably no longer need to undergo PAP tests. You can confirm this information with your gynecologist.

With a partial hysterectomy, the cervix is not removed. You will still need to undergo PAP tests. After a hysterectomy, however, you will no longer have a menstrual period.

What are a hysterectomy and an oophorectomy?

A hysterectomy involving the removal of the fallopian tubes and/or ovaries is called a hysterectomy with unilateral (1 ovary) or bilateral (2 ovaries) salpingo-oophorectomy. A bilateral salpingectomy is the removal of the fallopian tubes only.

You will only become menopausal if both ovaries are removed. The gynecologist will inform you about possible hormone therapy replacement to protect you from osteoporosis and cardiovascular disease and to help you manage any "hot flashes" and compensate for reduced vaginal secretions.

A lymphadenectomy is the removal for further testing of the lymph nodes (small glands of the immune system) that surround the uterus. This will enable your gynecologist to check for the spread of abnormal cells in cases of endometrial, cervical or ovarian cancer.

Epiploectomy

An epiploectomy is the surgical removal of the omentum, the layer of fat surrounding the intestines.

Cytoreduction

Cytoreduction is the removal of tissue from the intestines and peritoneum (the membrane that surrounds the organs in the abdomen).

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment : _____

During your Preadmission Clinic visit

You will:

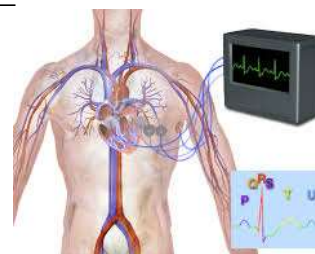
Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.

When you get to the operating room, the anesthetist will talk to you about the best anesthesia and pain relief options for you.



Consent to surgery and anesthesia

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.



This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

The anesthesiologist will discuss the anesthesia with you on the morning of the operation.

GETTING READY FOR THE SURGERY

Tobacco

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450-978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.
- Website: **tobaccofreequebec.ca/iquitnow/**.

Alcohol

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents) : Alcochoix+ Laval at 450-622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>.

Discharge planning

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

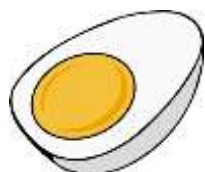
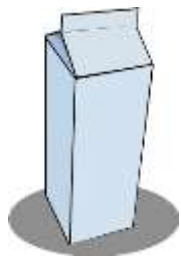
Exercises

- Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.
- Exercise doesn't have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.
- You can also start practicing the exercises you will need to do after surgery (p.22).

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake.



You can also take a supplement such as Ensure or Boost.

Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



☐ Aspirin®, ☐ Asaphen®, ☐ Rivasan®, ☐ Entrophen®, ☐ Novasen®, ☐ Persantine®, ☐ MSD AAS, ☐ Aggrenox® (dipyridamole/ASA), etc.

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop this medication.

☐ Plavix® (clopidogrel)

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop this medication.

☐ Effient® (prasugrel), ☐ Ticlid® Ticlopidine),
☐ Brilinta® (ticagrelor)

- ☐ Stop ____ days before your surgery.
- ☐ Do not stop.

You can keep taking drugs
such as Tylenol®, Tylenol®
Extra-Strength,
acetaminophen and
Tempra® until midnight the
night before your surgery.

Anti-inflammatory drugs (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)

Stop 2 days before your surgery.

All natural products (glucosamine, omega 3, vitamin E, etc.).

Stop 7 days before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

AFTER YOUR VISIT TO THE PREADMISSION CLINIC

Admission date and time

You will receive a call from the hospital's pre-admission department.

The secretary will inform you of the date of your surgery.



Surgery date : _____

Arrival time : _____

You will be informed of the time of your arrival at the hospital by phone 24 to 48 hours before the surgery.

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ You have a possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.

**CALL IMMEDIATELY to inform
450 975-5598
the administrative officer**



PREOPERATIVE DIET

The night before your surgery:

You can eat normally up to the night before your surgery.



Day of your surgery

➔ For all users –

- Starting from midnight the night before your surgery:
 - Do not eat solid food.
 - Do not consume dairy products.
 - Do not consume alcohol and do not smoke.
 - For the consuming of clear liquids, refer to the tables on the following page.



THE DAY OF YOUR SURGERY

At home

Your nurse has given you specific instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.

You can brush your teeth but avoid swallowing the water.

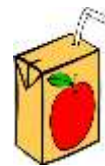



OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include:

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



 Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

IMPORTANT :



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.

HYGIENE BEFORE YOUR SURGERY



- ☐ **Dexidin disinfectant soap (4%):** The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse

Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

Do not shave the surgical area.



Medication

Take these medications **ONLY**
(with some water).

BOWEL PREPARATION

Do this preparation only if the nurse asks you to; she will give you more precise instructions. **

A hysterectomy requires a Fleet® enema. This enema is used to empty and clean the rectal ampulla (the reservoir for stool) before the surgery.

When to do the enema: Around 8 pm the evening before the surgery

How to do it:

- Buy a regular Fleet® enema (intra-rectal) from the pharmacy. Ask the pharmacist for help, if necessary.
- Administer the enema as follows:
- Choose the position that is most comfortable for you: lie down on your side with the right knee bent (1) or on your back (2).
- Remove the protective cap from the lubricated tip.
- Insert the lubricated tip into the anus.
- Squeeze the bottle to get the liquid into your rectum.
- Remove the bottle.
- Try to keep the contents of the enema inside your rectum until you feel a strong urge to have a bowel movement (about 5 minutes minimum).



If all of these instructions are not respected, your surgery may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- **You must bring sanitary napkins, no tampons.**



Please leave all your jewelry and other valuable objects at home.

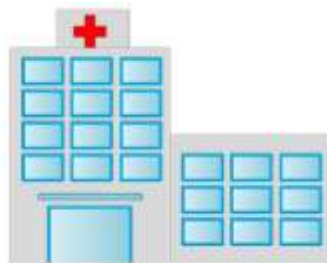
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ **You'll be staying at the hospital after your surgery:**
go directly to local RC-5.



- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).
- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. **Please leave your suitcase in your car.** The suitcase can be retrieved after your surgery once your room is available.



THE INPATIENT SURGERY UNIT

At your arrival, the nurse will help you to get ready for your surgery.

She will give you an hospital gown to put on. (you must remove all other clothing before leaving for the operating room).

She will proceed to a blood test if necessary.

She will go over all preparations that you had to do before your surgery. (drinks, fasting, ...)

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

You must remove your:

- Glasses, contact lenses.
- Underwear, jewelry and body piercings.
- Dentures, hearing, hair piece.
- Sanitary napkins



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

You will wake up in the recovery room.

No visitors are allowed in the recovery room.

The staff will make you comfortable on your stretcher or bed.

You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.

When your condition is stable and your pain is well controlled, you will be transferred to the care unit.

RETURN TO THE INPATIENT UNIT

The staff will make you comfortable on your stretcher or bed and take your vital signs several times. The nurse will also check your steri-strips and/or dressings.

A urinary catheter (tube in the bladder) will be installed during surgery to allow for the evacuation of urine via a collection tube in a bag. It will be removed the day after the surgery or as prescribed by the gynecologist.

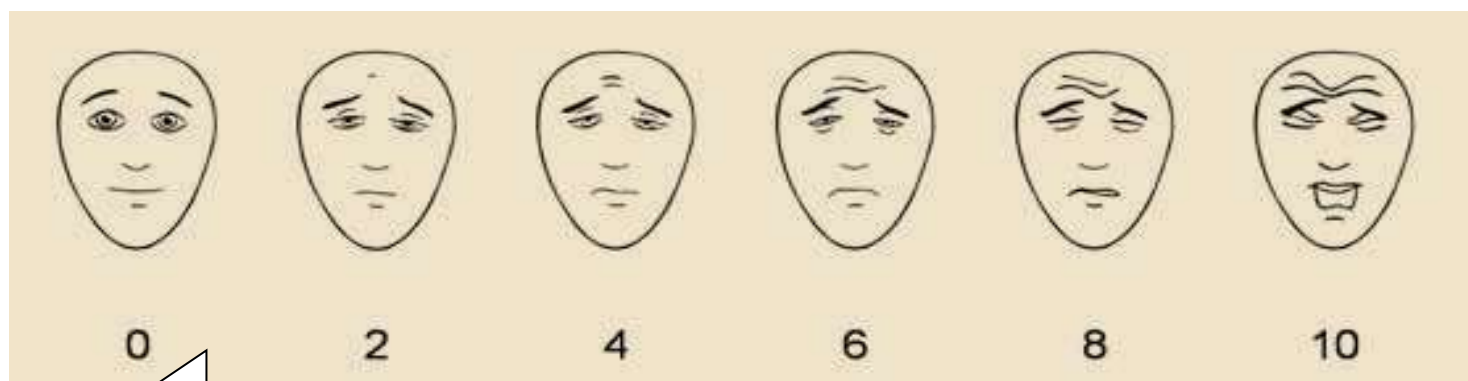
A vaginal mesh can be installed inside the vagina. It is usually removed the day after the operation.



CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10



Target pain level

Our goal is for your pain to stay below 4 / 10.

Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Techniques to relieve pain

Means that can help you reduce your discomfort :

- Sitting or semi-sitting position.
- Getting up - walking.
- Administration of analgesics (medication to relieve pain).

Analgesics (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in pill form will be given to you as soon as you can tolerate it or eat.



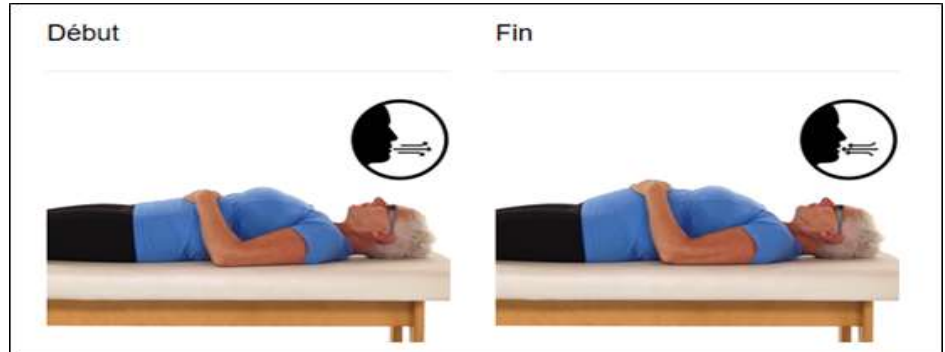
Start your circulation and other exercises as soon as you wake up. (See page 22).

You may feel pain (soreness) in your shoulders for the first few hours after surgery. This pain is caused by carbon dioxide irritating the diaphragm. The pain follows the path of the nerve, which goes to the shoulder. This pain is transient and will disappear in a few days.

BREATHING EXERCISES

Deep breathing

**To do as soon as
you wake up**



1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.



This exercise is not easy to do.

Therefore, you need to practice before your operation.

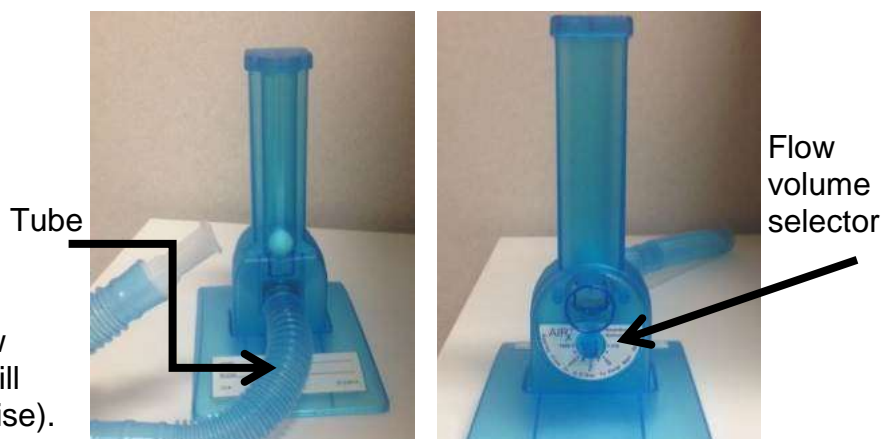
Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises helps you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

Coughing after abdominal surgery

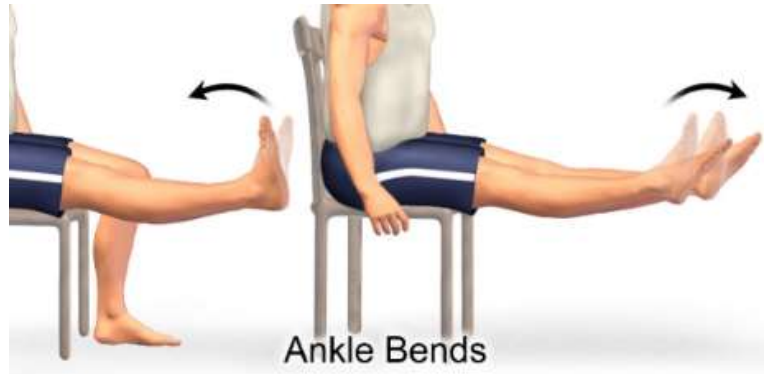
If you feel like coughing or sneezing, first apply light pressure to the operated area (lower abdomen) with your hands or a pillow. This will limit your belly movements and pain as you cough.

CIRCULATION EXERCISES¹

These exercises encourage blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

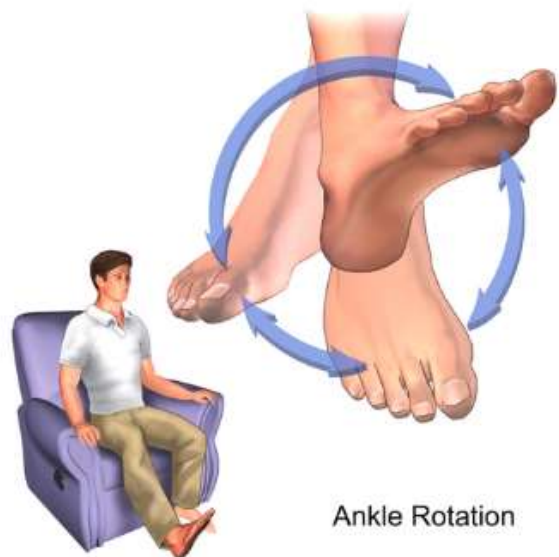
Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Ankle rotations

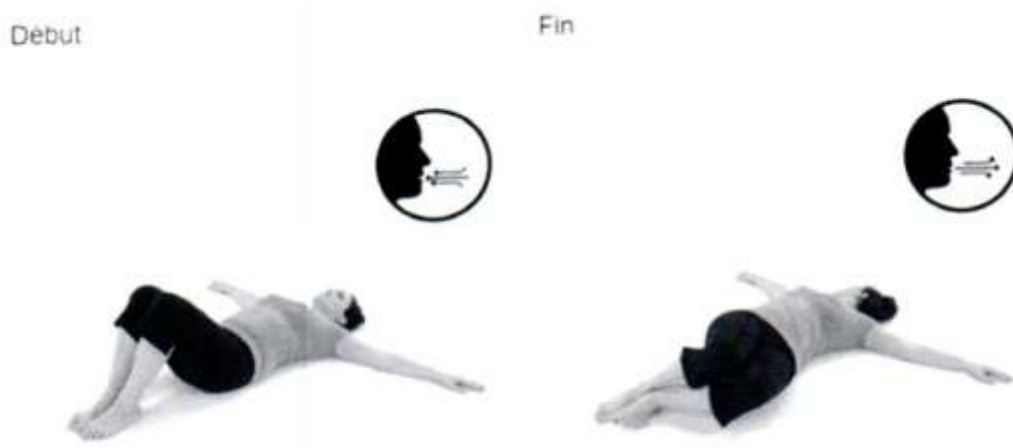
While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



¹ These circulation exercises are based on those developed by Paradis and Poissant.

LEG AND TRUNK MOBILITY EXERCICES

The proposed mobility exercise promotes (like the circulatory exercises) blood circulation in the legs while you are lying down. It also allows for the movement of the intestines, promoting better evacuation of gas and stool, thus preventing constipation.



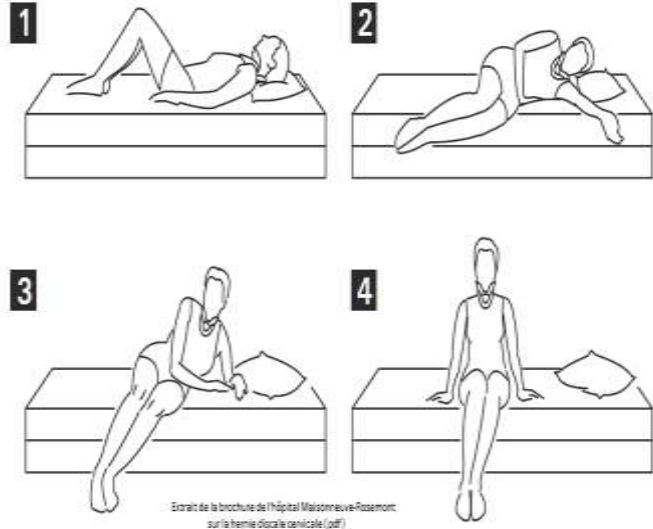
1. Lie on your back with your knees bent and your arms outstretched on each side.
2. As you exhale, gently drop your knees to one side.
3. Return to center on an inhale.
4. Repeat on the other side.

Getting up

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.



To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



Staff will help you sit in an armchair if you need to.

YOUR DISCHARGE FROM THE UNIT

- Your gynecologist is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home. 
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain. 
- The nurse will give you a follow-up appointment with your surgeon. You must absolutely go to this appointment, even if you feel well.

Gynecologist name: _____

Date & time of appointment: _____



- You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your gynecologist if you need these documents.

N.B. If you have insurance forms to complete contact your gynecologist's secretary at his or her private office. (see gynecologist referral on page 36)

**All forms must be sent to the private office.
No forms will be filled out at the hospital on the day of the surgery.**



ONCE YOU GET BACK HOME – INSTRUCTIONS

Your incision

Depending on your procedure, the wounds will be covered with steri-strips.

You might experienced of numbness or burning around the surgical wound. This sensation will gradually disappear.



Hygiene

1. Unless you are advised otherwise, you can shower the day after your surgery. During the first week, it is better to take a shower rather than a bath, since this helps to better wash away germs.
2. Clean the incisions with a mild unscented soap. Be sure to thoroughly rinse and dry the area.
3. Small incisions are closed with absorbable sutures (dissolving stitches). If you have butterfly closures (steri-strips), you can let these fall off on their own. You can remove them after 8 to 10 days if they have not fallen off. You can get these wet in the shower without a problem.
4. You will note reddish vaginal discharge at first, which will turn to pink and then brown. This is caused by the forceps that were inserted into the vagina during the procedure. This spotting will last for 3 to 4 weeks after your surgery.
5. Do not use tampons after surgery.
6. You can take a bath once the steri-strips have fallen off. However, you cannot swim in a pool, lake or spa until the incisions have completely healed (about 4 weeks).

Abdominal swelling

You may notice some abdominal swelling in the evening. This could last for some time.

Going back to work

The return to work depends on the type of work you do. Your gynecologist and the nurse will explain the details and the duration of your recovery. The recovery period is 4 to 6 weeks.



Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.

Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable



NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

- You can use a mild laxative such as Metamucil®, Colace®, Lax A day® or Prodiem® at a pharmacy. Ask your pharmacist for advice.



**If you have not had a bowel movement
for at least 3 days despite these tips, consult a health care professional
(family doctor, pharmacist, Info-Santé at 811).**

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

- Depending on your procedure, you may have to follow certain instructions. The gynecologist or nurse will give you the necessary instructions. Do not hesitate to ask questions.
- You should continue to be active after an operation, but alternate with periods of rest. It is normal to feel tired.
- Pain should not prevent you from doing your daily activities such as dressing, bathing or eating. Take your pain medication if the pain is too severe and at least
- Take your pain medication if the pain is too severe and at least 30 minutes before doing your activities, if applicable.
- Walking is one of the best exercises. Increase the distance you walk each day and alternate with rest periods. Avoid strenuous exercise, sudden movements or contact sports.
- Before you travel, be sure to consult your gynecologist and your insurance.
- Physical activities should be stopped according to the gynecologist's instructions. You must follow the specific instructions for your operation, if applicable.
- You may go up and down the stairs with the strength in your legs, depending on your tolerance.
- You will be able to do gentle swimming (no fast or abrupt movements) after the vaginal discharge has stopped and the wounds have healed, approximately 4 weeks after the surgery following your visit to the gynecologist.
- Avoid sitting for too long to avoid too much blood flow into the pelvic blood vessels. Alternate positions regularly.



SEXUAL ACTIVITIES

No penetrative intercourse for 6 weeks after surgery and only once your gynecologist has told you it is safe to do so.

Sexuality after gynecological surgery

Sexuality is an integral part of who we are as human beings. It is a way of expressing our femininity and plays an important role in our health and well-being.

Each of us expresses our sexuality in different ways. Sex involves more than foreplay and the act of intercourse itself. It encompasses all displays of attraction and affection including play, bonding, intimacy and caressing.

Having surgery on your reproductive organs can cause anxiety about resuming sexual activity. It can also be difficult for women to talk about sexuality, even if they and their partners have concerns in this area. The following explanations are intended to answer questions that women often have following this type of surgery

What happens when the uterus is removed?

- o There is no more monthly menstrual period.
- o Pregnancy is no longer possible.
- o Sexual intercourse and sexual pleasure remain the same.

What happens when the uterus and both ovaries are removed before menopause?

In addition to the effects mentioned above, removing the ovaries will produce a sudden drop in female hormones. This will result in:

- Hot flashes
- Increased vaginal dryness and irritation
- Difficulty sleeping
- At times, a reduced interest in sex

The intensity of these changes will vary for each woman. After surgery, some women may not feel like having sex. This is perfectly normal and generally temporary. If your doctor prescribes hormone therapy to replace the loss of female hormones, these effects will be greatly reduced and possibly eliminated.

Suggestions for preventing or reducing vaginal dryness

Vaginal dryness is a problem that affects most women at some point in their lives. It can lead to itching, burning, irritation and pain during normal daytime activities as well as during sexual intercourse. Proper vaginal hydration is important to keep the vaginal tissues supple and ensure adequate lubrication for sexual intercourse. As a solution, use a moisturizing and lubricating vaginal gel, such as Replens, Moistrin or Astroglide. These gels restore natural moisture for up to three days after a single application. Do not use petroleum jelly products as they contain petroleum, which increases vaginal dryness and can cause infections.

Suggestions for reducing discomfort during penetration:

Many women worry that the first few experiences of sexual intercourse after surgery will be painful or uncomfortable. If deep penetration during intercourse causes discomfort, try the position shown in Figure 1. Keep the legs together. Put gel between the thighs. This position makes the vagina feel deeper and reduces discomfort during penetration. Positions where the woman controls the depth and angle of penetration are also preferred (Figure 2).

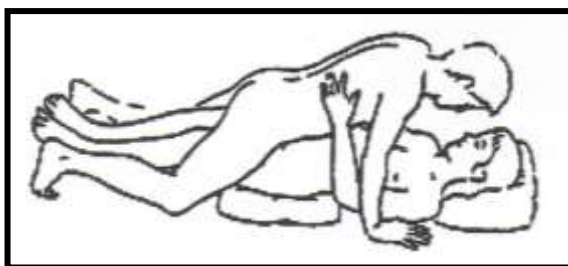


Figure 1



Figure 2

Other tips for a better sex life

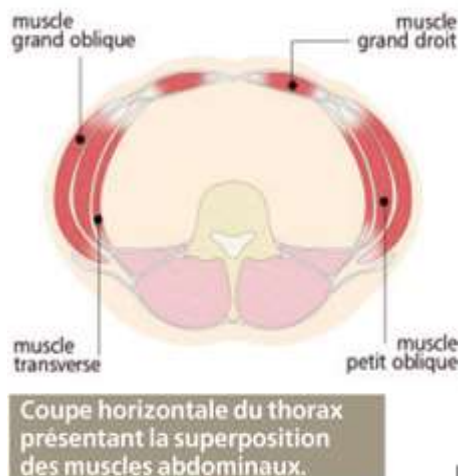
Following surgery, there is no swimming, douching, vaginal penetration or use of a vaginal vibrator for 6 weeks, as the cervix has been removed, and there is an incision in the upper vaginal wall.

Wait two weeks before starting stimulation of external genitalia. Some women prefer to try this on their own to see how their bodies have changed and now respond to arousal.

After vaginal penetration, you may see a slight reddish vaginal discharge. This is normal and should not be a cause for concern.

Your gynecologist will be able to advise you on these issues.

STRENGTHENING EXERCISES



The abdominal muscles have several layers. In the deep layers, the transverse abdominis muscle is closest to the internal organs, and when contracted it acts as a girdle around your waistline. In the middle and superficial layers, you find the internal and external oblique muscles and the rectus abdominis, which together provide support for the internal organs and the spine. They also allow for movement of the trunk.

The strengthening of abdominal muscles should always be done in keeping with specific principles to ensure your optimal recovery and comfort. The first principle is that strengthening should start at the deep layers towards the superficial layers. Second, pelvic floor muscles should be contracted before and during the abdominal exercises. To contract the pelvic floor muscles, simply tighten the muscles you use to stop the flow of urine or prevent passing gas.

Abdominal exercises can be started about one week after surgery and should be painless when performed. After your surgery, do the exercises in the order indicated below for each week.

Suggested starting point: 5 repetitions, once or twice a day. Then, depending on your tolerance, add another exercise with the same frequency. Depending on your tolerance, gradually increase the number of repetitions to 10.

Week #1: Transverse Abdominal (TA)

Exercise #1

- Lie on your back with your knees bent.
- Take a deep breath.
- During the exhale, engage your pelvic floor muscles (prevent urine or gas from passing), then gently pull in your belly button.
- Your pelvis or ribcage should not move.
- Release the contraction.



Progress to doing this exercise while sitting, standing and on all fours.

Week #2: Transverse abdominis (TA) (on all fours)

Exercise #2

- Get on all fours with your back straight.
- Take a deep breath.
- During the exhale, engage your pelvic floor muscles (prevent urine or gas from passing), then gently pull in your belly button.
- Your pelvis or ribcage should not move.
- Release the contraction.



Week #3: Transverse abdominis (TA) (on all 4s, lift one arm and progress to lift one leg)

Exercises #3 and #4

- Get on all fours with your back straight.
- Breathe in deeply as you add an arm raise (exercise #3) or a leg raise (exercise #4) (5 repetitions on the right and 5 on the left, for 5 seconds.
- During the exhale, engage your pelvic floor muscles (prevent urine or gas from passing), then gently pull in your belly button.
- Your pelvis or ribcage should not move.
- Release the contraction.

Important note: When performing these exercises, do not let your back arch. If it does, you can lift your arm or leg lower or make sure you are engaging the deep muscles (point 2).



Week 4: Pelvic tilt (engaging the rectus abdominis)

Exercise #5

- Lie on your back with your knees bent.
- Tilt your pelvis slightly backwards so that your back is glued to the floor.
- Take a deep breath
- Hold for 5 seconds.
- Breathe out slowly.



Week #5: Resistance exercise for the obliques (middle layer)

Exercise #6

- Lie on your back and bend your knees.
- Pull in your belly button (as explained in exercise 1).
- Raise your leg to a 90-degree angle.
- Place your arm on the same side of the raised leg inside the knee.
- During the exhale, push your leg outwards and at the same time resist the movement with your arm (no movement should occur).
- Hold for 5 seconds, then gently release all muscles engaged in the exercise.

Start

Finish



Week 6: Crunches (rectus abdominis) and cross crunches (obliques)

Exercise #7

- Lie on your back and bend your knees.
- Tilt your pelvis slightly backwards so that your back is glued to the floor.
- Pull in your belly button (as explained in exercise 1).
- Lift your head and shoulders to lift your shoulder blades off the floor (keep your chin tucked in and your neck extended throughout the exercise without pulling on your head).
- Hold for 5 seconds, then gently release all muscles engaged in the exercise.



Exercise #8

- Lie on your back and bend your knees.
- Tilt your pelvis slightly backwards so that your back is glued to the floor.
- Pull in your belly button (as explained in exercise 1).
- Cross your arms over your chest, tuck your chin in and keep your neck extended.
- Lift your head and shoulders to lift your shoulder blades (keep your chin tucked in and your neck extended throughout the exercise without pulling on your head).
- Hold for 5 seconds, then gently release all muscles engaged in the exercise.



Week 7: Traverse abdominis (moving one leg at a time)

Exercise #9

- Lie on your back and bend your knees.
- Pull in your belly button (as explained in exercise #1).
- Tilt your pelvis (as explained in exercise #2)
- Raise your left leg at a 90-degree angle.
- Hold for 5 seconds; during the exhale, lower your leg, keeping your back still without allowing it to arch.
- Repeat with the right leg.







COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-Santé at 9-1-1**



If **you have** one or more of the following signs or symptoms:

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Your pain increases and is not relieved by medication.</p> 
 <p>You have cramps or constant pain in your calf.</p>	<ol style="list-style-type: none"> 1. Signs of surgery site infection: <ul style="list-style-type: none"> ○ Redness ○ Pain ○ Swelling ○ Yellow or green discharge 2. Malodorous (foul-smelling) vaginal discharge. 3. Burning while urinating (burning sensation when urinating). Frequent need to urinate or the feeling of not emptying the bladder. 4. Significant vaginal bleeding: well soaked sanitary napkin requiring an hourly change. 



Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).

For all other questions: Contact one of the resources listed on next page



RESOURCES

For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week

Outpatient Clinic

Preadmission (preoperative only) 450 975-5566
Gynecological 450 975-5563

Private offices of Gynecologist surgeons in Laval

Address : 129, Boulevard de la Concorde Ouest, Laval (Québec)
Phone 450 668-3250

Dre Geneviève Bertrand
Dr Geneviève Bérubé
Dr Marie-Ève Carette
Dre Katrie Dupont Chalaoui
Dre Caroline Desjardins
Dre France Durocher

Dre Maxime Lacerte
Dre Annie Lamontagne
Dre Frédérique Latraverse
Dre France Leduc
Dre Dominique Thériault

CLSC

Laval region

Accueil première ligne 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose 450 622-5110
CLSC de l'Ouest de l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Laurentides Regions

Centre intégré de santé et de services sociaux des Laurentides :

Thérèse de Blainville 450 433-2777
Des sommets 819 324-4000
St-Jérôme 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier 450 433-2777
Argenteuil 450 562-3761
Antoine Labelle 819 275-2118

Lanaudière regions

Lanaudière South 450 654-2572
Lanaudière North 450 839-3864

BIBLIOGRAPHY

Brunner-Suddarth - Soins infirmiers, Médecine et chirurgie – Volume 6 : Fonctions digestives, métaboliques et endocriniennes, Volume 4, 3^e édition, 1994

Brochure du Centre de santé et des services sociaux de Laval, intitulé « Hystérotomie vaginale assistée par laparoscopie » novembre 2001 – révisé juillet 2020.

CHUMontreal.qc.ca "Se préparer à une opération aux ovaires" Mai 2015.

REFERENCES

McGill University Health Centre. Patient Education Office (2013). Guide de préparation à la chirurgie d'hystérectomie totale par laparoscopie

In collaboration with :

The preadmission clinic staff of l'Hôpital Cité-de-la-Santé.

Gynecologist of l'hôpital Cité-de-la-Santé.

Judith Dubois, infirmière clinicienne, AIC

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