DIGNE DE CONFIANCE,
à chaque instant

2023

Centre intégré de santé et de services sociaux de Laval

Preparation guide for a surgery

Vaginal hysterectomy ± cystorectocele cure

2nd edition

This guide will help you understand and get ready for your surgery.

Read it over with your family and bring this guide with you the day of your surgery.

Québec

A publication of
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Diffusion
This document is available electronically at www.lavalensante.com

Legal deposit - Bibliothèque et Archives nationales du Québec, 2023
ISBN 978-2-550-93970-2 (print, 2nd edition, 2023)
ISBN 978-2-550-93045-7 (print, 1st edition, 2022)
ISBN 978-2-550-93971-9 (PDF, 2nd edition, 2023)
ISBN 978-2-550-93046-4 (PDF, 1st edition, 2022)

Translation and adaptation of
Guide de préparation à une chirurgie: hystérectomie vaginale ± cure cystorectocèle, 2023

TABLE OF CONTENTS

ANATOMY

The uterus is a pear-shaped muscle whose upper part measures on average 7.5 cm in length and 5 cm in width.

Its walls are about 1.25 cm thick. Its size can vary depending on the number of children a woman has given birth to.

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. It is its inner layer (the endometrium) that thickens during the menstrual cycle and that will detach at the time of menstruation (if there is no pregnancy).

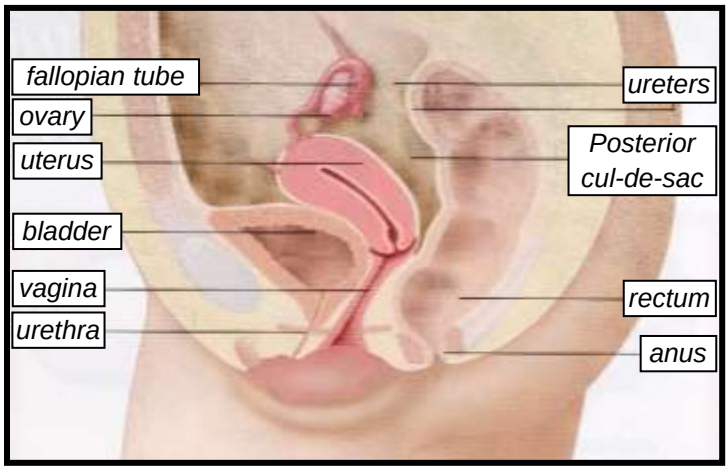
The ovaries are located at the end of the fallopian tubes. They are oval in shape and about 3 cm long. The ovaries and fallopian tubes form what are called the appendages.

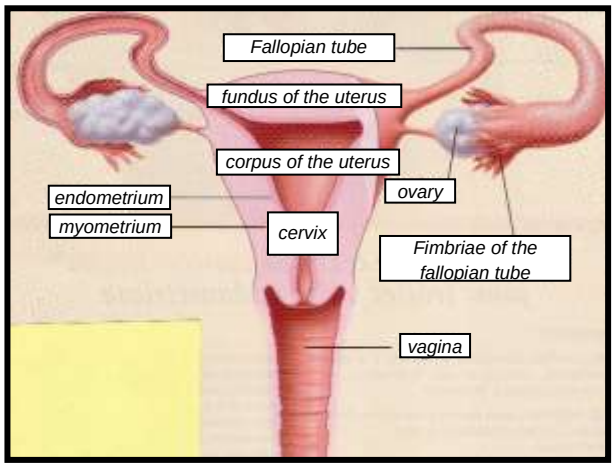
The function of the ovaries is to produce hormones and release an egg each month until menopause.

The fallopian tubes connect the ovaries to the uterus. They are about 10 cm (4 inches) long each.

The bladder is a muscular sac located between the pubis and the vagina in women. Its role is to store urine.

The rectum is located at the back of the vagina.





From the leaflet prepared by Abbott Laboratories, Limited in January 2003 on Lupron Depot entitled "To help calm the endometriosis storm.

What is a vaginal hysterectomy?

A vaginal hysterectomy is the removal of the uterus and cervix vaginally.

During surgery, the cervix is removed. Vaginal cytology (PAP test) is no longer necessary **except** in certain special cases. You can confirm this information with your gynecologist.

It should be noted that after a hysterectomy, there is no more menstruation.

Generally, vaginal hysterectomy is performed without the removal of the ovaries (oophorectomy).

What is a vaginal hysterectomy and an oophorectomy?

If you have a hysterectomy with the removal of the fallopian tubes and/or ovary(ies), it is a vaginal hysterectomy with salpingo-oophorectomy unilateral (1 ovary) or bilateral (2 ovaries).

You will become menopausal only if both ovaries are removed. The gynecologist will inform you of possible hormone therapy to protect you from osteoporosis and cardiovascular disease, as well as to control "hot flashes" and to compensate for decreased vaginal secretions.

What is a cystocele?

A cystocele is a descent of the bladder into the vagina, caused by a lack of pelvic support (*image A*).

What is a cystocele cure?

Cystocele cure consists of repairing the front wall of the vagina via an incision (wound) and reinforcing the tissue surrounding the rectum to return it to its natural position.

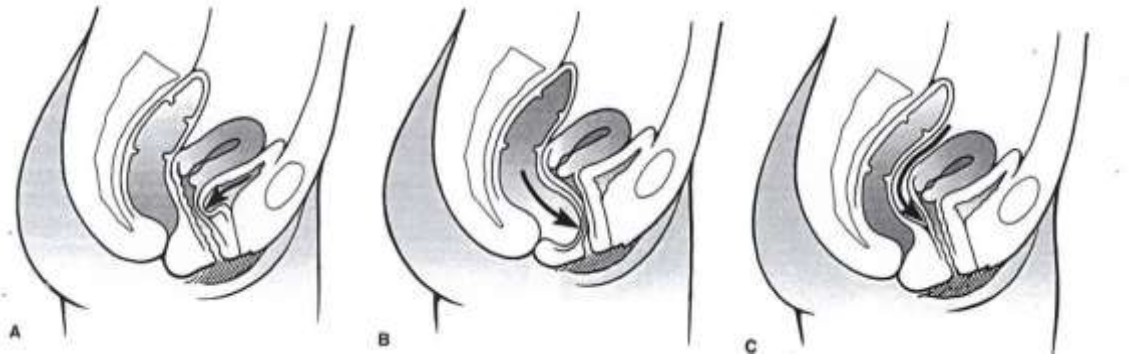
What is a cystorectocele cure?

A cystorectocele is the descent of both the bladder and the rectum into the vagina (*image B*).

A cystocele cure aims to repair the anterior (front) and posterior (back) walls of the vagina, as well as to strengthen the tissues supporting the bladder and rectum.

What is a enterocele?

The enterocele (*image C*) corresponds to an intra pelvic hernia extending into the recto vaginal space (rarer). Surgery is usually performed vaginally.



McCall Culdoplasty

A plasty of the cul-de-sac of Douglas by fixation with internal ligaments is done in cases of prolapse of the vaginal dome.

Sacrospinous fixation

In cases of genital prolapse (descent), by vaginal way, it is a question of solidifying the posterior vaginal wall (back), with a small sacrospinous ligament.

Perineorrhaphy

This is a repair of the perineum (a diamond-shaped region that contains the lower end of the digestive, genital and urinary tracts).

Colpocleisis

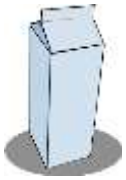
In cases of genital prolapse, it is a technique that closes the vagina, where the uterus remains in place and forms a ceiling. Performed in older women who no longer have sexual relations.

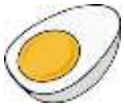
TVT surgery (tension-free vaginal tape)

In cases of urinary stress incontinence. A technique that consists of vaginally placing a strip under the urethra to support it. May require the presence of a urologist in the room to perform this procedure.

PREOPERATIVE DIET

Suggestions to boost your protein intake





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

★ To complete your diet, you can also take a supplement such as Ensure or Boost.

EXERCISES

Exercising helps ensure that your body is in the best possible condition for your surgery.

If you are already exercising, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercise does not 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 (see page 24).

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:

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: https://www.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.

Website: 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 b e 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.
- The hospital stay varies from 24 to 72 hours depending on your gynecologist.
- You can have your surgery if you are menstruating

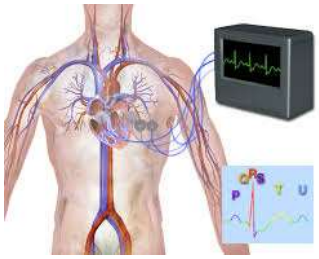
BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

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: _____

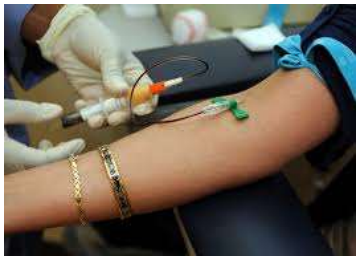
Location: _____

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.

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 with you on the morning of the operation which anesthesia (general or spinal) is best for you.

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®, ❒ Rivasa®, ❒ 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.

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

- **❒ Prasugrel[MD] (Effient), ❒Ticlid[MD] (Ticlopidine) ❒Ticagrelor[MD] (Brilinta)**

  ❒ Stop _____ days before your surgery.
  ❒ Do not stop.

- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
  Stop **3** days before your surgery.

- **Anti-inflammatory drugs**: meloxicam (Mobicox), piroxicam (Feldene)
  Stop **7** days before your surgery.

- **Anti-inflammatory drugs**: tenoxicam (Mobiflex)
  Stop **10** days before your surgery.

- **All natural products** (except for melatonin): 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.

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

Date of your surgery: _____

Arrival hour: _____

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 the administrative officer at:

Gynecology..... 450 975-5598

❑ 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 (3).
  - 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).

IMPORTANT

If all of theses instructions are not respected, you surgery may be cancelled.

PREOPERATIVE DIET

The night before your surgery

You can eat normally.

The 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

The nurse will tell you if you need to follow the following beverage instructions:

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

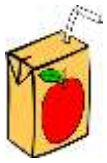
  You can brush your teeth but avoid swallowing the water.

  OR

- **<u>You MUST drink clear fluids</u>** before the surgery.

  Allowed clear fluids include:

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



IMPORTANT

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 <u>the morning of your surgery</u>. 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.

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 area to be operated on

Medication

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

IMPORTANT

If you do not follow all these instructions your operation 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 need to bring sanitary napkins, no tampons.**

IMPORTANT

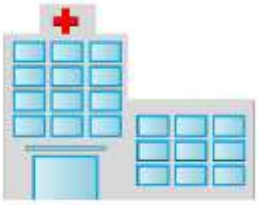
Please leave all your jewelry and other valuable objects at home.

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 must stay in the hospital after your operation: go to the reception desk in block C, first floor, room 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 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.
- She will proceed to a blood test if necessary.
- She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

- You have to urinate before you leave.
- You may 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, tampons.

Staff will direct you to the operating room.

The anesthesiologist will meet with you once you arrive in the operating room to discuss with you the anesthesia and pain relief modalities best suited for you.

For further information about anesthesia, please read « Role of 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.

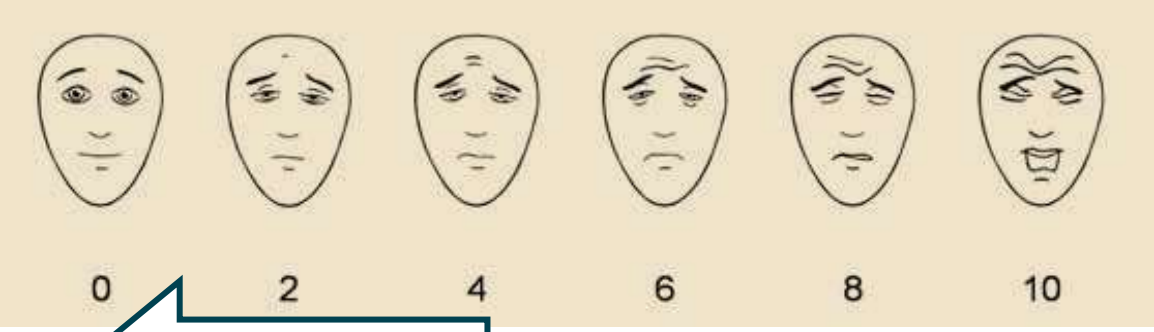
RETURN TO THE INPATIENT UNIT

1. Once on the unit, 2 visitors are allowed at a time (up to a maximum of 8:30pm). (1 visitor only in day surgery).
2. The staff will make you comfortable on your stretcher or bed and take your vital signs several times. She will assess your general condition and pain level.
3. A vaginal mesh may be placed inside the vagina. It is usually removed 24 to 48 hours after the operation, depending on your gynecologist. Otherwise, a sanitary napkin will be put in place after the procedure.
4. A urinary catheter (tube in the bladder) will be installed during the surgery to allow the evacuation of urine, via a collection tube, into a bag. It will be removed the day after the surgery or as prescribed by the gynecologist.

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.



Our goal is to keep your pain below 4/10

<u>Pain relief is important because this will help you:</u>

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

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.

- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

- In cases of cystorectocele, the application of ice (in a bag covered with a cloth) on the perineum for 10-15 minutes, 4 to 5 times a day will bring you good relief.

BREATHING EXERCICES

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. 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.
3. **Inhale slowly and deeply through your nose or mouth**. Feel your lungs inflate. Just the hand on your belly should rise.

IMPORTANT

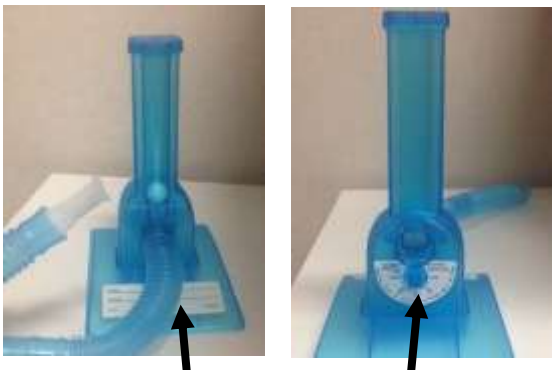
This exercise is not easy to do.
Therefore, you need to practice before your operation.

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 position.
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 EXERCICES[1]

These exercises encourages 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.

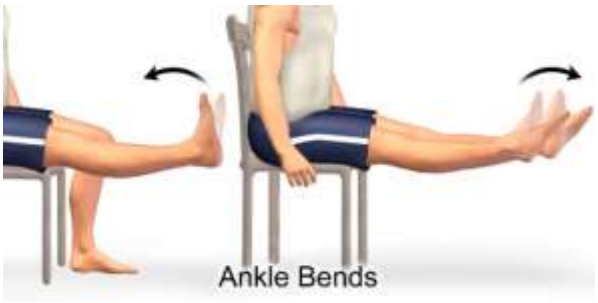


Image: Wikimedia Commons (2017)

Ankle rotation

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 two hours.

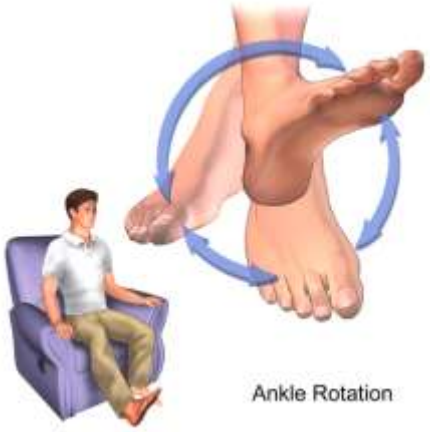


Image: Wikimedia Commons (2017)

[1] Circulatory exercises are taken from 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.

Start

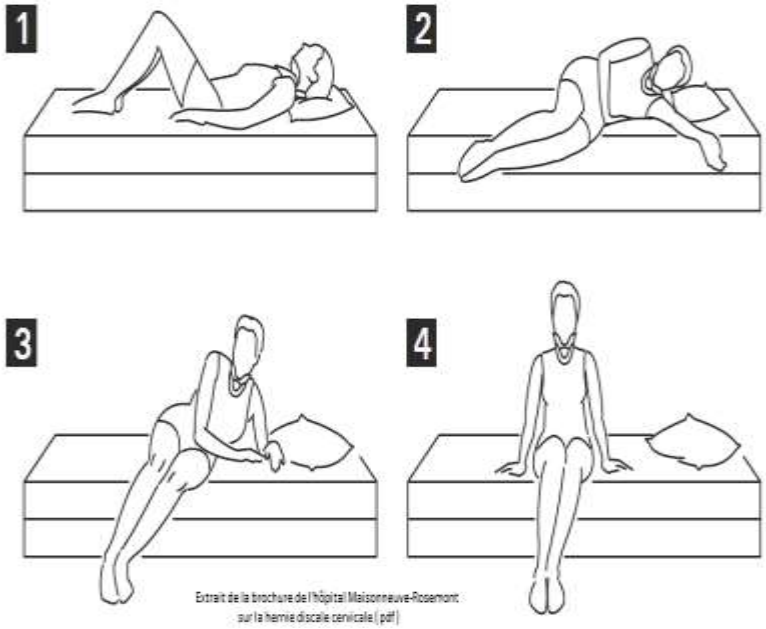
End

1. Lying on your back with knees bent and 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.
5. As you exhale, gently drop your knees to one side.
6. Return to center on an inhale.
7. 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.**



Extrait de la brochure de l'hôpital Maisonneuve-Rosemont sur la hernie discale cervicale (.pdf)

1. Lying on your back, bend your knees. 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. Hold the sitting position on the edge of the bed or stretcher for a few minutes, as you may feel dizzy. Take deep breaths and exercise your ankles (rotation) slowly.

4. When you feel comfortable, slide your buttocks quietly to the edge of the bed or stretcher to allow your feet to touch the floor.

If you are not feeling well, tell the nurse or attendant immediately. The staff will help you sit in the chair if necessary.

LYING DOWN

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

1. Sit on the edge of the bed or stretcher.
2. Using a foot bench, push with your heels to move your seat back to the center of the bed.
3. Still in the sitting position, rotate your seat by bringing your legs into the bed or stretcher.

You must do the muscle exercises on pages 24 and 25 to avoid thrombophlebitis (clots in the leg).

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.

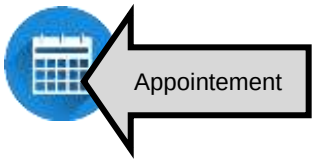
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.

- You will receive a proof of hospitalization or medical leave from work form if you need one. Your gynecologist should be notified if you need these documents.

If you have insurance forms that need to be completed, contact your gynecologist surgeon's secretary at his private office. (See gynecologist referral on page 36).

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

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: _____

Location: _____

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

The surgery is performed vaginally, so the incisions are located inside the vagina (absorbable stitches)

Hygiene

1. When the vaginal mesh is removed, unless otherwise advised, you can take a shower on the second day after surgery. Showering is preferable to bathing during the first week after surgery because it helps to dislodge microorganisms.
2. Wash your genitals every day and after each bowel movement. Use a mild unscented soap to clean the wound. Rinse well and dry well.
3. Warm sitz baths will help relieve the pain of cystorectocele.
4. You will notice a reddish, then brownish vaginal discharge for about 3 to 4 weeks after the gynecological surgery. Note that this discharge is normal.
5. Do not use a tampon after surgery, or vaginal douche until there is a discharge or tenderness, 4 to 6 weeks.
6. You may notice black threads (sutures) on your sanitary napkin. This means that the vaginal wound is healing well and the sutures are no longer necessary.
7. You may notice some abdominal swelling in the evening, which may last for a while.
8. You may have difficulty urinating after the catheter is removed (cystocele). The nurse will encourage you to hydrate more, but to resolve this temporary situation, the nurse may put in a new catheter that you will keep in for a few days. You will leave the hospital with your urinary catheter and explanations will be given to you regarding its maintenance and removal.

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.

Breast feeding

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 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

Prodium® 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

IMPORTANT

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 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 go swimming slowly (no fast or abrupt movements) after the vaginal discharge has stopped and the wounds have healed, approximately 6 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.

Perineal and pelvic rehabilitation are recommended 1 month after your surgery to strengthen your pelvic floor.
(see exercises page 37).

SEXUAL ACTIVITIES

No penetrative sex for 6 weeks after surgery and with the approval of your gynecologist.

Sexuality after gynecological surgery

Sexuality is an integral part of who we are as a person. It is a way to express 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 sex itself. It encompasses all demonstrations of attraction and affection including play, bonding, intimacy and caressing.

Surgery on the female genitalia can be a source of anxiety about resuming sexual activity. In addition, it is often difficult for women to talk about their sexuality, even if they and their partners are concerned about it. The following explanations are intended to answer questions that women often have following genital surgery.

What happens when the uterus is removed?

- There is no more menstruation each month.
- Pregnancy is no longer possible.
- There is no change in sexual activity or pleasure.

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 loss of female hormones. This will result in:

- Hot flashes.
- Increased vaginal dryness and irritation.
- Difficulty sleeping.
- Sometimes a decrease in interest in sex.

The intensity of these effects will vary for each woman. Sometimes, following surgery, a woman may not feel like having sex. This is completely normal and should generally be temporary. In addition, 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 decreasing vaginal dryness

Vaginal dryness is a problem that affects most women at some point in their lives. Vaginal dryness can cause itching, burning, irritation and pain during normal daytime activities, as well as during sexual intercourse. Vaginal moisturization is important to keep the vaginal tissue supple and to ensure adequate lubrication for intercourse.

Use a moisturizing and lubricating vaginal gel such as Replens®, Moistrin® or Astrogly®. 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 are concerned that the first few encounters 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).

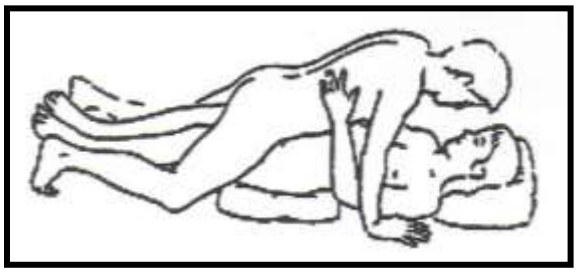


Figure 1

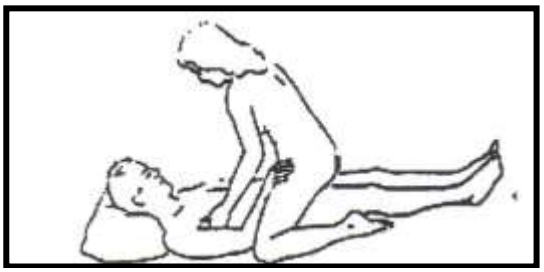


Figure 2

Other advice for a better sexual experience

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

Wait two weeks before beginning external genitalia stimulation. Some women prefer to try the procedure alone to see how their bodies change and respond to the stimulation.

Slight reddish vaginal discharge may be present after vaginal penetration. This is normal and should not be a cause for concern.

If these explanations haven't answered all your questions, don't hesitate to talk to your doctor or nurse.

Your gynecologist will be able to advise you.

COMPLICATIONS

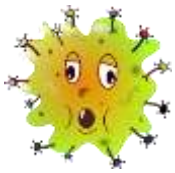
If you have difficulty breathing:

Immediately call
Urgence-santé at 911

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

 Fever (38.5 °C or 101 °F or higher) **for more than 24 hours**	 Your pain increases and is not relieved by medication.	 You have cramps or constant pain in your calf.

1. Signs of surgical site infection:



- Redness.
- Pain.
- Swelling.
- Yellowish or greenish 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 an Info-Santé nurse at 811 at any time (24 hours a day).

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

RESOURCES

For emergencies, call 911.

For health advice, call 811.

24 hours a day, 7 days a week

Outpatient clinics

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

Private offices of Gynecologist surgeons in Laval

Address: 1299, Bld de la Concorde Ouest, Laval (Québec) 450 668-3250

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

Laurentian region

Centre intégré de santé et de service 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 region

Lanaudière Sud 450 654-2572
Lanaudière Nord 450 839-3864

PERINEAL AND PELVIC REHABILITATION

TO START 4 WEEKS AFTER YOUR OPERATION

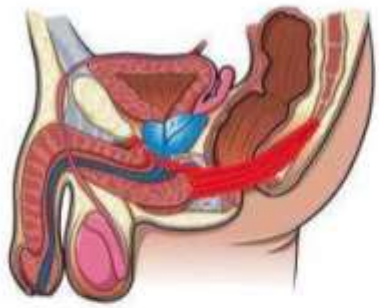
RÉADAPTATION UNIVERSELLE
Physiothérapie | Ergothérapie

Perineal and pelvic rehabilitation

B. Pelvic floor strengthening exercises and tips

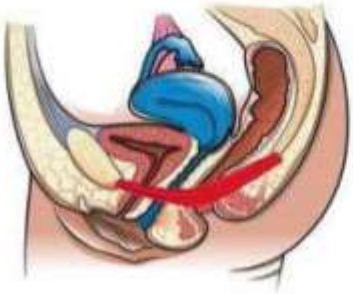
Introduction :

It has been proven by several studies, including ICI (International Consultation on Incontinence) that pelvic floor exercises help improve and even correct urinary incontinence depending on the degree of your condition. In addition, the exercises and advice help control urges and prolapse. It has been proven that exercises supervised by a physiotherapist specialized in perineal and pelvic rehabilitation are more effective than those done alone with an explanatory sheet. Intensive strengthening should be done over a period of about 4 to 6 months, then continued 3 times a week to maintain strength. It takes about 4 to 6 weeks to see a noticeable difference. A basic physiotherapy treatment is about 4 treatments.



What is the pelvic floor?

Several muscles form the pelvic floor, it is comparable to a hammock that extends from the pubis to the coccyx. It is crossed by the anus for all and also by the vagina for women.



Functions of the pelvic floor:

- Supports the pelvic organs (bladder, anus and also the uterus in women).
- Allows the continence of urine, stool and gas.
- Participates in the sexual function (orgasm in women and men).
- Participates in the stabilization of your pelvis with the abdominal and lumbar spine muscles.

Before proceeding with the strengthening exercises and making sure you are contracting the right muscles, here are **some tips**:

I. With your hand flat on the floor, feel the perineum as it contracts and not push under your hand, make the difference between the two opposing movements.

II. 2nd tip for women: Place a finger in the vagina. If you feel the finger being sucked into the vagina, the contraction is well done. If the finger is pushed out of the vagina during the attempted contraction, you are pushing the muscles outward as if you were passing a stool.

Be careful, pushing outward could weaken your pelvic floor even more. It is important to understand the movement before you repeat it.

For women:

When moving, remember to contract as if to hold urine and gas.

For men:

Squeeze your anus and think as if you are trying to shorten your penis (mental image).

Exercise # 1: Maximum Contraction (slow fibers)

1. Lying on your back with your knees bent, as you exhale, contract your pelvic floor muscles to the maximum as if to hold urine and gas.
2. Hold the contraction for 5 seconds while breathing normally, then release with a 10 second rest between each contraction.
3. Do 3 series of 10 contractions maximum with a 60 second rest between each series. Do this 5 days a week.

- Progress from a straight back sitting position to a standing position.
- Progress the contraction time to 10 seconds with a 20 second rest.

Tips:

Count out loud so that you don't block your breathing and thus avoid increasing abdominal pressure which interferes with strengthening.

Relax, as much as possible, all other muscles, especially the buttocks and inner thighs, to maximize the quality of the pelvic floor contraction.

Exercise # 2: Rapid Contraction

Same position as the previous one.

1. As you exhale, rapidly contract the pelvic floor muscles to the maximum as if to retain urine and gas and release completely.
2. Do 3 series of 10 contractions with a 60-second rest between series.

To be done 5 days a week
Same advice as the previous one

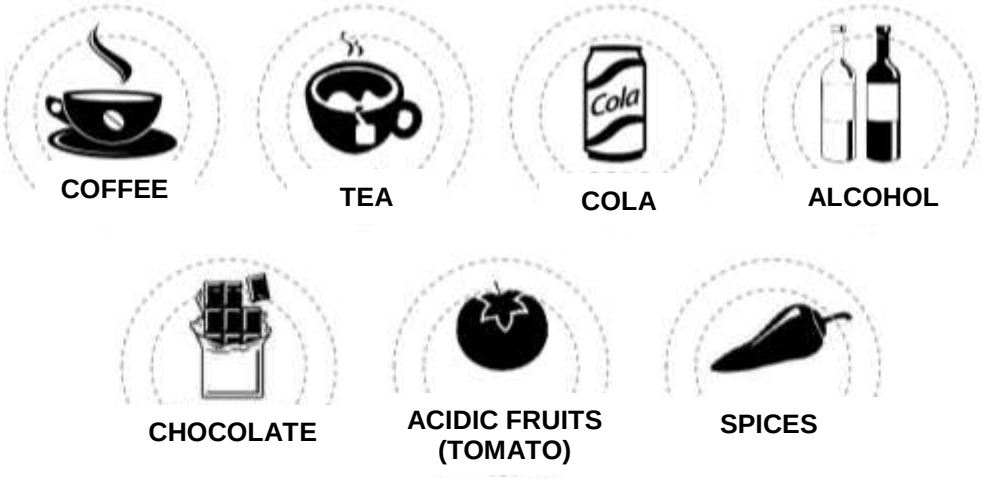
Exercise # 3: Perineal locking (functional exercise)

Before coughing or sneezing, tighten the pelvic floor muscles to avoid urine leakage and to reduce the pressure on the pelvic floor muscles.
Do the same before any effort, such as standing, walking or lifting.

B. Bladder irritants

During muscle rehabilitation, some liquids and foods are irritants to the bladder.

Reduce to a minimum during rehabilitation:



In addition, dark urine (due to the high concentration of urea) is another irritating factor for the overactive bladder.

Increase
Your fluid hydration to 2 liters / day.

Avoid
Stop/pee exercise during urination increases the risk of urinary tract infection**.**

To soften the stool and facilitate evacuation, in addition to increasing hydration, it is necessary to increase fiber (fruits, vegetables and cereal products such as bran, oats and wheat), if a medical diet is prescribed, refer to your doctor and/or nutritionist.

Constipation and poor defecation technique can weaken the muscles and increase the risk of hemorrhoids.

C. STOOL EVACUATION TECHNIQUE AND PUSHING METHOD

1. Sitting position: Hip flexion more than 90° (use a small bench). This position imitates the squatting position which is the most favorable for going to the saddle.
2. Feet open, internal rotation of the hips so knees together (this relaxes the pelvic muscles).
3. Lean forward slightly, back straight and forearms resting on the knees (this helps to relax the sphincter of the anus).

N.B. If you have prolapses, i.e. organ descent, bend slightly backwards to facilitate the expulsion of stools.

4. Relax, make sure that the perineum is at rest and if the expulsion is not spontaneous, tighten the belly by exhaling gently into your closed fist. It is important not to push by blocking your breath, as this creates too much pressure on the perineum.
5. If you are not able to evacuate quickly, do not push too hard and wait until you feel the need again. Only go to the bathroom if you feel the urge, because pushing weakens the pelvic floor muscles and increases the risk of getting hemorrhoids.

Tip: To help stimulate stool movement (the urge to have a bowel movement), you can drink a glass of cold water in the morning upon waking.

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NOTES

NOTES

Centre intégré
de santé
et de services sociaux
de Laval

Québec

May 2023
Direction des services professionnels
62-100-351