



DIGNE DE CONFIANCE,
à chaque instant

2023

**Centre intégré de
santé et de services
sociaux de Laval**



Preparation guide for a surgery

Total laparoscopic hysterectomy



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 

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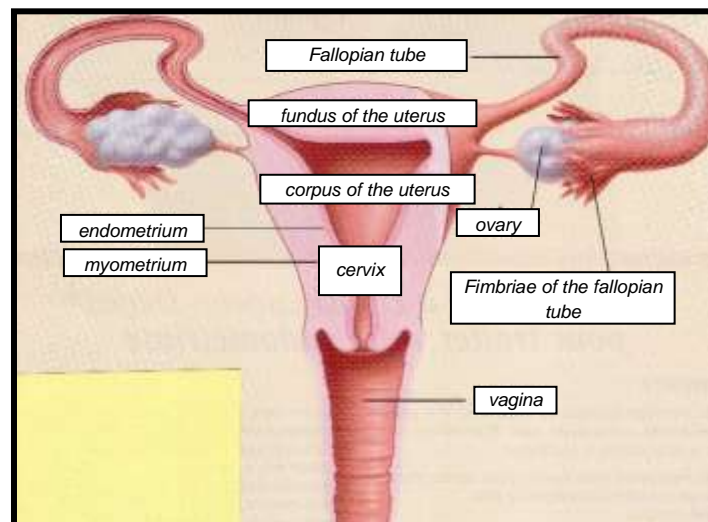
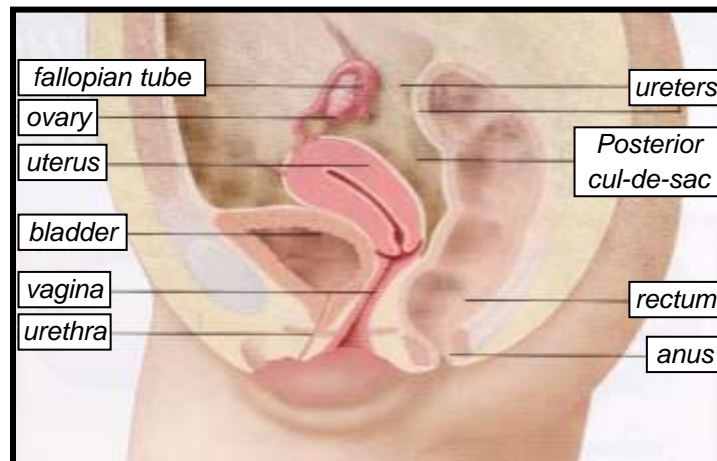
ANATOMY

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.



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 involves removal of a layer of fat surrounding the intestines (omentum).

Cytoreduction

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

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: _____

Location: _____

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

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.
- 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.

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

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: _____

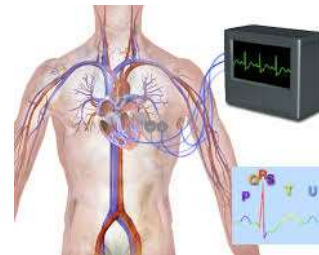
During your Preadmission Clinic visit, you will:

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 the anesthesia with you on the morning of the operation.

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

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.

THE NIGHT BEFORE YOUR SURGERY

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:

- **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 and 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.



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 at the pharmacy. You must use the soap from your chin to your toes and then rinse.



- Usual hygiene:** The morning of your surgery, perform your usual hygiene routine.

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).

INTESTINAL PREPARATION



Take this preparation only if the nurse has asked you to; She will give you more specific instructions

Some surgeries require a Fleet enema[®]. This enema empties and cleans the rectum before the operation.

- Do 1 enema: At around 8:00 p.m. the evening before your surgery.
- Do 2 enemas (**anal surgery only**):
 - 1st: At around 8:00 p.m. the evening before your surgery;
 - 2nd: 1 ½ hour before you leave the house the morning of your surgery.





How to take the enema

- Buy one or two regular Fleet[®] enemas (intra-rectal). Ask your pharmacist if needed.
- Administer the enema as follows:
 - Choose a comfortable position from the ones suggested below.
 - Remove the protective cap from the lubricated tip.
 - Insert the lubricated tip into the anus.
 - Squeeze the bottle to force the fluid into the rectum.
 - Remove the bottle.
 - Try to retain the enema solution inside your rectum until you have a strong urge to have a bowel movement (about 5 minutes).



If you not follow all of these instructions, your surgery may ben cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired 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 towels (no tampons).

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



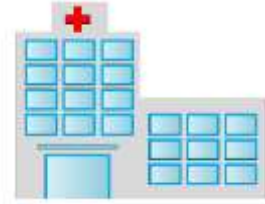
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

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

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ **If you are going to have a day surgery:** Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit.



YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.

- ❑ **If you have to stay at the hospital after your surgery:** Go to the reception area of Room RC.5, block C.

The time of your operation will be given to you when you arrive at the unit.

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 DAY SURGERY UNIT OR THE CARE UNIT

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

- Give you a hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- Proceed to a blood test if necessary.
- Check that you have followed the preparation instructions (beverages, fasting, etc.).

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.



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.

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.
- Once you are stable and your pain is controlled, you will be transferred to the day surgery 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.

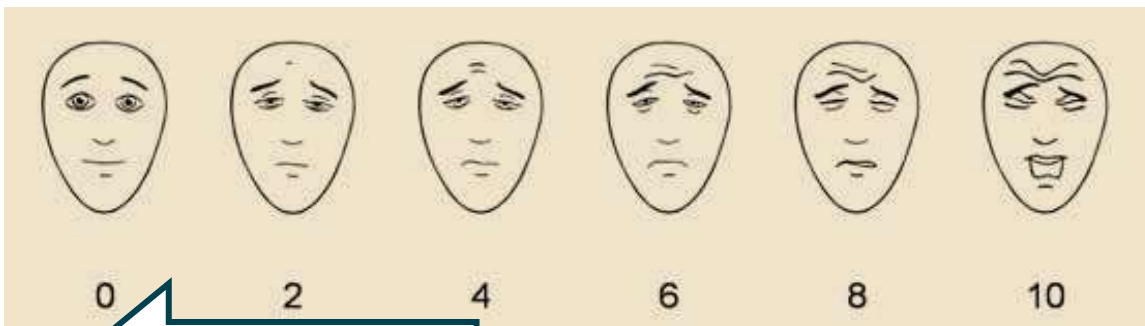
A urinary catheter (tube in the bladder) will be installed during surgery to allow for the evacuation of urine via a collection tube in a bag. It will be removed the day after the surgery or as prescribed by the gynecologist.

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.



Our goal is to keep your pain 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).

Analgesia (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 EXERCICES

Deep breathing

To do as soon as you wake up

Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



Breathe in slowly and deeply through your nose or mouth as if you were smelling a flower. At this point, you will feel your lungs expand. Only the hand on your belly should lift.

Keeping your lips pinched, **slowly** exhale through your lips. This will take twice as long. Exhale to get the air out of your lungs by pulling your stomach in.



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

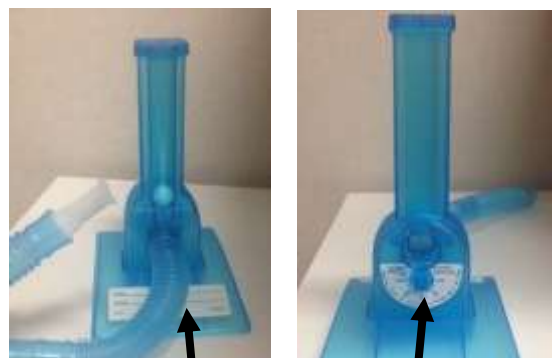
Spirometer

** 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.



Tube

Flow
volume
selector

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.

Repeat steps 4 to 6 for approximately 5 minutes per hour, or as directed by the nurse.

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

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)

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.

Beginning



End

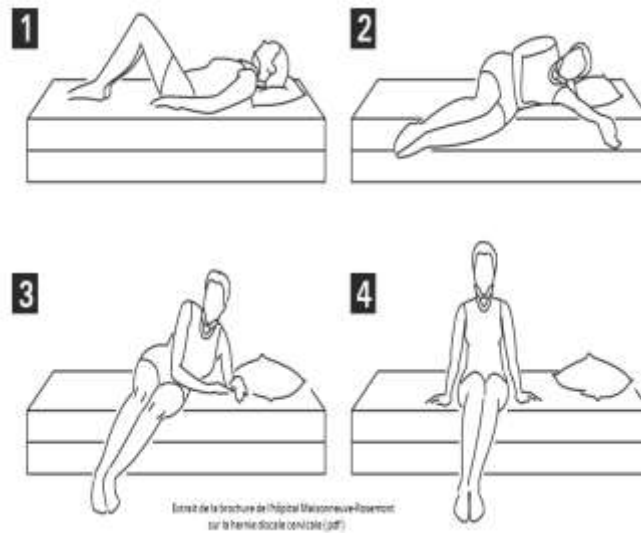


- 1) Lie on your back with your knees bent and your arms outstretched on each side.
- 2) As you exhale, gently drop your knees to one side.
- 3) Return to center on an inhale.
- 4) Repeat on the other side.

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. Lying on your back, bend your knees.
2. Turn toward your non-operated side.
3. 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.
4. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
5. 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 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 gynecologist. You must absolutely go to this appointment, even if you feel well:



Gynecologist's name: _____

Date & time of appointment: _____

Location: _____

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.



If you have insurance forms that need to be completed, contact your gynecologist's secretary at his private office. (See gynecologist referral on page 38).

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

- There is no more monthly menstrual period.
- Pregnancy is no longer possible.
- 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.

The vaginal dryness 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 Astroglyde. 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).

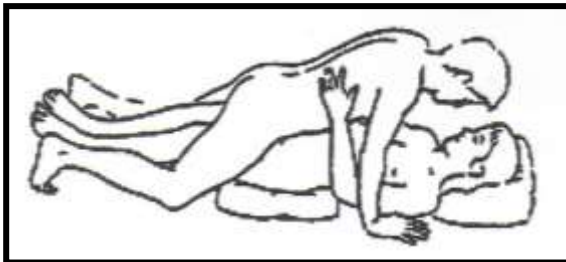


Figure 1

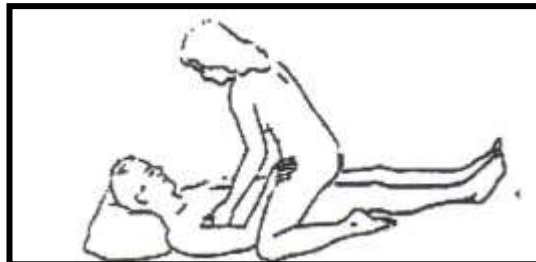


Figure 2

Othe 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.

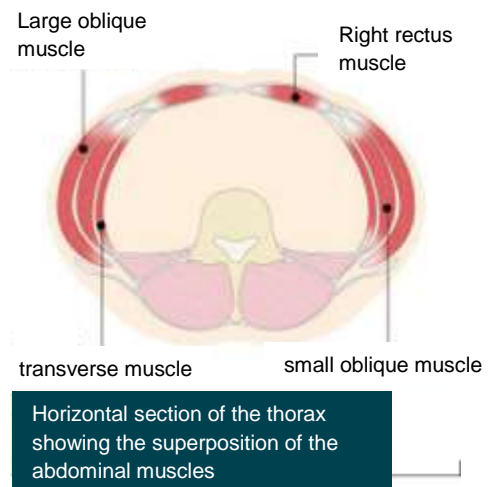
Wait two weeks before starting stimulation of external genitalia. Some women prefer to try this on their own to see how their bodies have changed and now respond to arousal.

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 musculature has several layers. In the deep layers, the transversus abdominis is the muscle that is closest to the viscera and when contracted, acts as an abdominal strap. In the intermediate and superficial layers, we find the small and large obliques and the large rectus, which also provide support to the viscera and the spine. They also allow for trunk movement.



The strengthening of the abdominal muscles must be done according to certain principles, in order to optimize recovery and avoid possible discomforts. First, strengthening should always be started from the deep layer to the superficial layer. A second important principle is that a contraction of the pelvic floor muscles must precede and be maintained throughout the abdominal strengthening exercises. To contract the pelvic floor muscles, the instruction: "Hold urine and gas" is applied.

Abdominal strengthening exercises can be started about 1 week after surgery and should be painless. It is suggested that the following order be followed in the weeks following your surgery.

Suggested starting parameters: 5 repetitions at a frequency of 1 to 2 times per day. Then, depending on your tolerance, add another exercise with the same parameters. Depending on your tolerance, gradually increase the number of repetitions to 10.

Week # 1: Transverse abdominis (TA)

Exercise # 1

- Lie on your back with your knees bent.
- Breathe in deeply.
- As you exhale, activate the pelvic floor muscles ("hold urine and gas") first, then gently pull in your belly button.
- There should be no movement of the pelvis or rib cage.
- Then release the contraction.

Evolve this exercise by doing it in a sitting position, standing and on all fours.



Week # 2: Transverse abdominis (TA) (4 legs)

Exercise # 2

- Position yourself on all fours with your back straight.
- Breathe in deeply.
- During the exhalation, activate the pelvic floor muscles ("Hold urine and gas") first, then gently pull in your belly button.
- There should be no movement of the pelvis or rib cage.
- Then release the contraction.



Week # 3: Transverse abdominis (TA) (4 legs lift one arm and progression lift one leg)

Exercises # 3 and # 4

- Stand on all fours with your back straight.
- Inhale deeply, adding an arm raise (exercise #3) or leg raise (exercise #4) (5 reps on the right and 5 on the left, for 5 seconds.
- On the exhale, activate the pelvic floor muscles ("Hold urine and gas") first, then gently pull in your belly button.
- No movement of the pelvis or rib cage should be observed.
- Then release the contraction.

Be careful, during these exercises, you should not feel your back digging in. If it does, you can raise your arm or leg lower or make sure you activate the deep muscles (point 2).



Week 4: Pelvic tilt (activation of the rectus abdominis)

Exercise # 5

- Lie on your back with your knees bent.
- Tilt your pelvis slightly backwards in order to stick your back to the floor.
- Inhale deeply.
- Hold for 5 seconds.
- Exhale slowly.



Week #5: Resistance without movement of small/large obliques (middle layer)

Exercise # 6

- On your back with your knees bent.
- Pull in your belly button (as explained in exercise 1).
- Raise your leg to 90 degrees.
- Place your arm on the same side of the raised leg on the inside of the knee.
- During the exhalation, push the leg out and at the same time resist the movement with your leg (no movement should then occur).
- Hold for 5 seconds, then gently release all components of the exercise.

Start.



End



Week 6: Half-straightening (straight) and half-crossing (obliques)

Exercise # 7

- On your back, knees bent.
- Tilt your pelvis slightly backward so that your back is on the floor.
- Pull your belly button in (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 components of the exercise.



Exercise # 8

- On your back, knees bent.
- Tilt your pelvis slightly backward so that your back is on the floor.
- Pull your belly button in (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 and neck extended throughout the exercise without pulling on your head).
- Hold for 5 seconds, then gently release all components of the exercise.



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

Exercise # 9

- On your back, knees bent.
- Pull in your belly button (as explained in exercise # 1)
- Tilt your pelvis (as explained in exercise # 2)
- Raise your left leg to 90°.
- Hold for 5 seconds, during the exhalation, lower your leg, keeping your back still without allowing it to dig in.
- Repeat with the right leg.







COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-santé at 911**



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>
<p>1. Signs of surgical site infection:</p> <ul style="list-style-type: none">• Redness.• Pain.• Swelling.• Yellowish or greenish discharge. <p>2. Malodorous (foul-smelling) vaginal discharge.</p> <p>3. Burning while urinating (burning sensation when urinating). Frequent need to urinate or the feeling of not emptying the bladder.</p> <p>4. Significant vaginal bleeding: well soaked sanitary napkin requiring an hourly change.</p>		



**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

Pre-admission (preoperative only)	450-975-5566
Gynecology	450-975-5563

Private offices of Gynecologist surgeons in Laval

1299, Boulevard de la Concorde Ouest, Laval	450-668-3250
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CLSC

Laval area

Accueil première ligne.....	450-627-2530, ext. 64922
CLSC des Mille-Îles	450-661-2572
CLSC et centre de services ambulatoires Ruisseau-Papineau.....	450-687-5690
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 area

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 area

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

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

novembre 2023
Direction des services professionnels
62-100-362