GY+()N Gynaecology & Oncology Group

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> Professor Lewis Perrin Dr Nim Cabraal Dr Nisha Jagasia

POST OPERATIVE INFORMATION – HYSTERECOMY

What you need to know after your operation.

You are advised not to operate heavy machinery, drive a motor vehicle, or sign any important or legal documents 24 hours after the operation due to the effects of the anaesthetic.

FOLLOW UP:

- All procedures require a post-operative check with your surgeon 4 weeks after surgery.
- Phone the rooms to make this appointment or if you have any concerns about your healing.

VAGINAL DISCHARGE:

- You may experience a slight pink, red or brown vaginal discharge for up to 6 weeks after a hysterectomy.
- Slight vaginal discharge such as this is a normal part of healing.
- Do not use tampons or insert anything into the vagina for 8 weeks after hysterectomy.
- If you have heavy bright bleeding, pass blood clots, or have offensive smelling vaginal discharge please contact the rooms OR attend the nearest emergency department.
- Do not be alarmed if you experience no vaginal discharge as this is also a normal variation.

SEXUAL ACTIVITY:

- Avoid sexual intercourse for 8 weeks after hysterectomy, to avoid infection and trauma to the surgical site.
- Water based lubricant (such as KY Gel) may be useful when recommencing intercourse.

SWIMMING / BATHS:

• Avoid bathing (shower only), spas or swimming for 8 weeks after hysterectomy to avoid infection.

DISCHARGE MEDICATION/PAIN KILLERS:

- Please take the pain killers as prescribed in hospital. Take them regularly for the first few days after discharge. After this you can gradually decrease their use, until you only use them on an as needed basis.
- All your normal medications can be resumed once you are discharged unless directed otherwise.
- Some patients will be required to self-administer a blood thinning injection (Clexane) for 3 weeks after discharge. If this is required, you or your carer will be given education while you are in hospital on how to administer the injection and you will be dispensed the injections on discharge.

ANTI THROMBOTIC STOCKINGS:

• These will be supplied when you are admitted.

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• After hysterectomy it is best to wear these for 2 to 4 weeks post-operatively, as much as possible.

SUTURES AND DRESSINGS:

- Our surgeons generally use sutures which are not visible and do not require removal.
- Most key-hole incisions are now dressed in skin glue that washes off after 10 to 14 days. You can shower immediately after surgery with these wounds.
- All open procedures will be dressed with a see-through dressing which should be removed 10 days after surgery. After dressing removal, it is best to avoid any strong soaps or creams on the wound.

DIET:

- Avoid constipation by eating a high fibre diet (wholegrains, beans, lentils, fruits, vegetables, pear/prune juices) in combination with adequate fluid intake. Water is best up to 6 to 8 glasses per day.
- Use the prescribed stool softeners such as Coloxyl (2 tablets twice daily) or Movicol (1-2 sachets per day) to avoid constipation and straining.

ACTIVITY:

- Avoid strenuous exercise for at least 6 weeks after your operation.
- Avoid heavy lifting (greater than 2 to 3 kilos) or straining for 6 weeks after surgery.
- Walking, providing you feel comfortable, is a good early activity.
- You will need to gradually increase your activity levels; both exercise and physical work as your comfort levels improve during your recovery.

DRIVING / FLYING:

- In general, key-hole procedures will enable you to return to driving sooner than open hysterectomy.
- You should be fit to drive once you are not experiencing pain, moving around freely and not taking any pain killers, but if in any doubt please check with your surgeon.
- You may fly 5 days after key-hole surgery and 11 days after open surgery, depending on the airline.

BACK TO WORK:

- Time off will depend on the type of operation you have had and what you do in your job. This is up to six weeks for major procedures such as a hysterectomy. Please discuss with your surgeon.
- Please contact the rooms to arrange a certificate if required.

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MENOPAUSE / HRT:

• If you were pre-menopause and your ovaries have been removed at surgery, you may suffer menopausal symptoms such as hot flushes. This can be corrected with hormone replacement treatment either as tablets or patches. Your surgeon will discuss your individual requirements prior to discharge if necessary.

SYMPTOMS TO REPORT TO YOUR DOCTOR:

If you are experiencing fever, worsening abdominal or pelvic pain, burning during urination or excessive urination, offensive smelling or discoloured vaginal discharge, unusual shortness of breath or chest pains, increasing redness or discharge from the wound(s) or if you are concerned about any aspect of how you are feeling; please contact the rooms or your local doctor or emergency department for review.

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