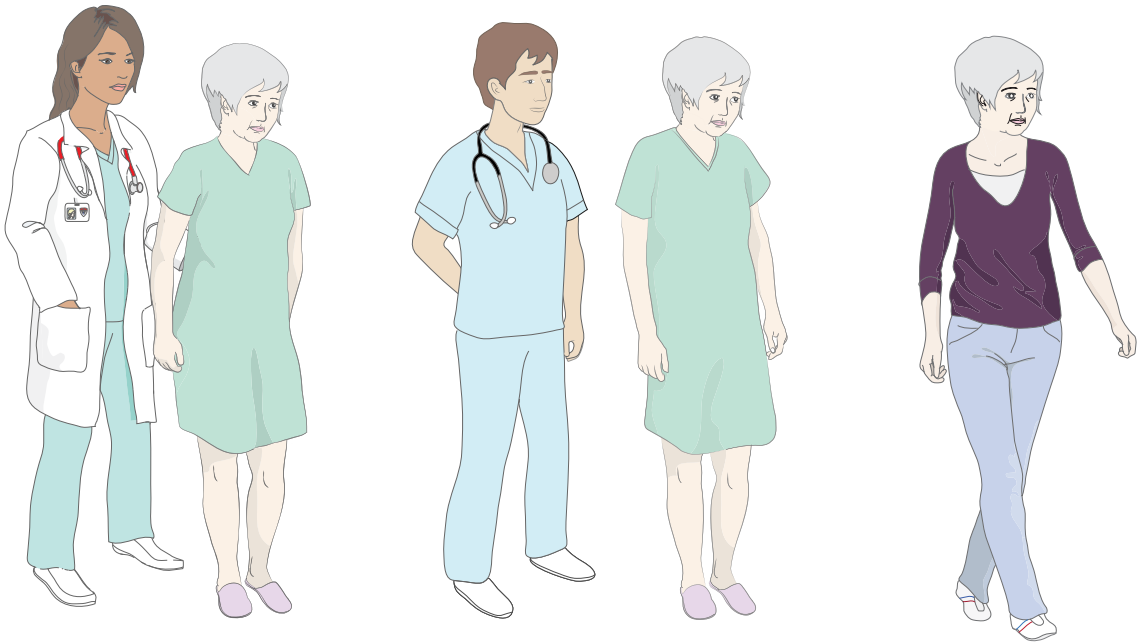


# A Guide to Gynecology Surgery



This booklet will help you understand and prepare for your surgery.

This booklet was developed by the MUHC Surgical Recovery (SURE) working group and Gynecology/Gyne-Oncology department.

We would like to recognize the MUHC Patient Education Office for their support throughout the development of this booklet, the design and layout, as well as for the creation of all the images.

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## IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

Centre universitaire  
de santé McGill



McGill University  
Health Centre

**PRET SURE**  
Parcours de rétablissement chirurgical du CUSM  
MUHC Surgery Recovery Program

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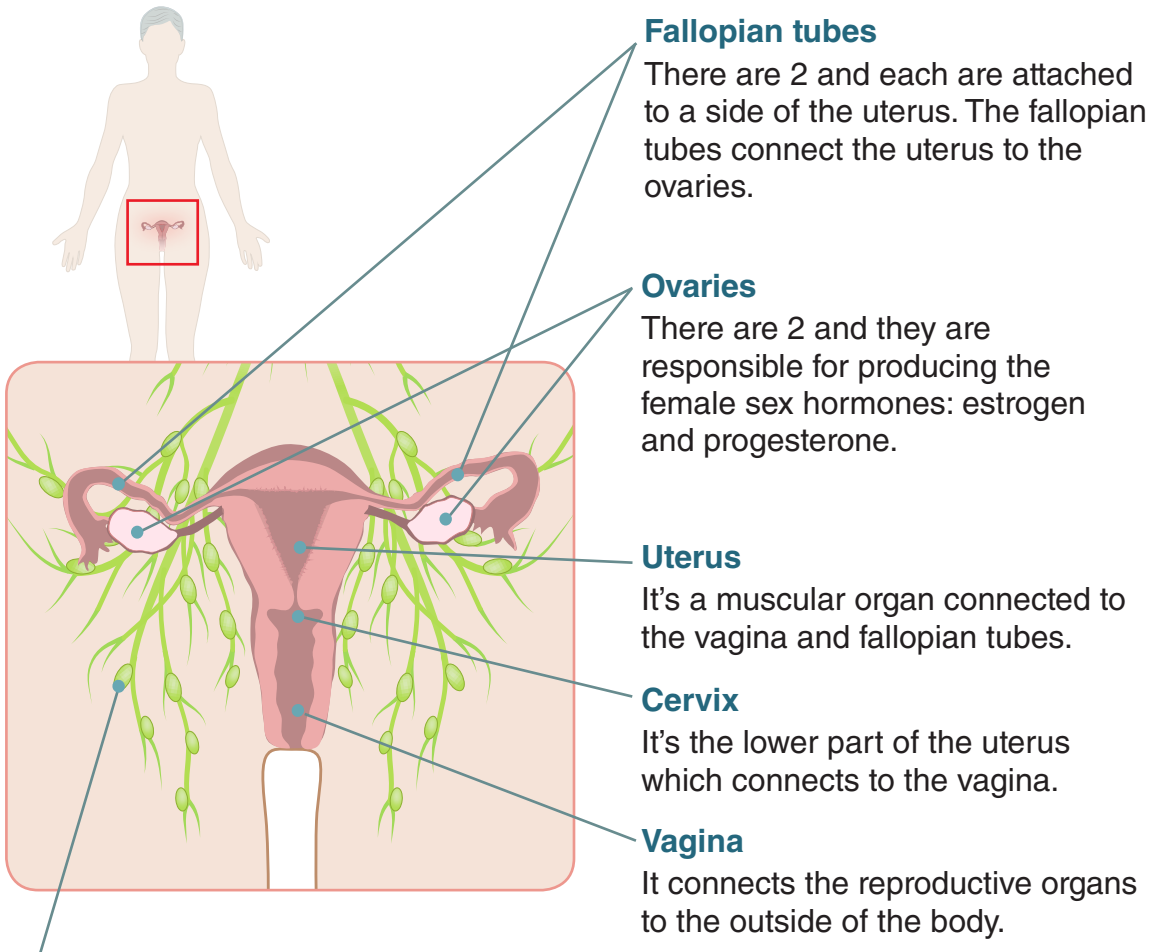
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## What is the female reproductive system?

The female reproductive organs are located in the abdomen (belly). They are covered by the omentum (a layer of fat), the intestines and the bladder. These organs are protected by your pelvis (hip bones).

The female reproductive system includes the: fallopian tubes, ovaries, uterus, cervix, and vagina.



### Lymph nodes

They are small, bean-shaped masses that act as filters to remove anything that does not belong in your body, such as bacteria, viruses, dead cells, debris, and cancer cells. They are part of the lymphatic system of your body.

# What is Gynecology Surgery?

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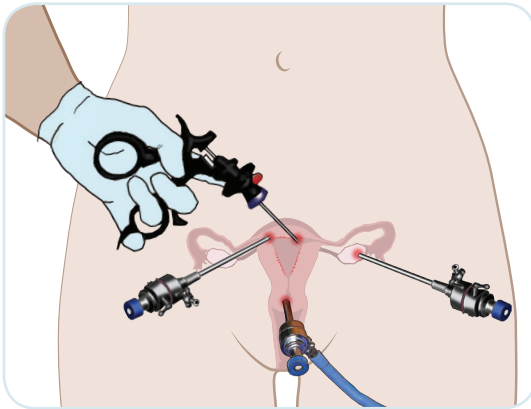
Gynecology surgery involves the removal of a specific part of your reproductive system.

The surgery can be done 2 ways:

## 1. Minimally Invasive

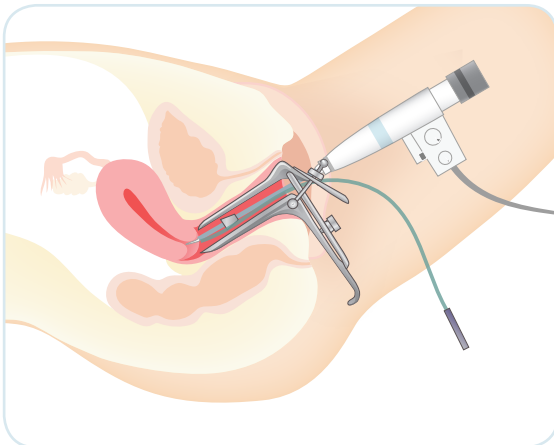
A minimally invasive surgery can be done in different ways.

Your surgeon will talk with you about the kind of surgery you need.



### Laparoscopic

The surgeon will make several small cuts (incisions) in your belly, will use instruments and a camera, through which he/she will remove a part of your reproductive system.



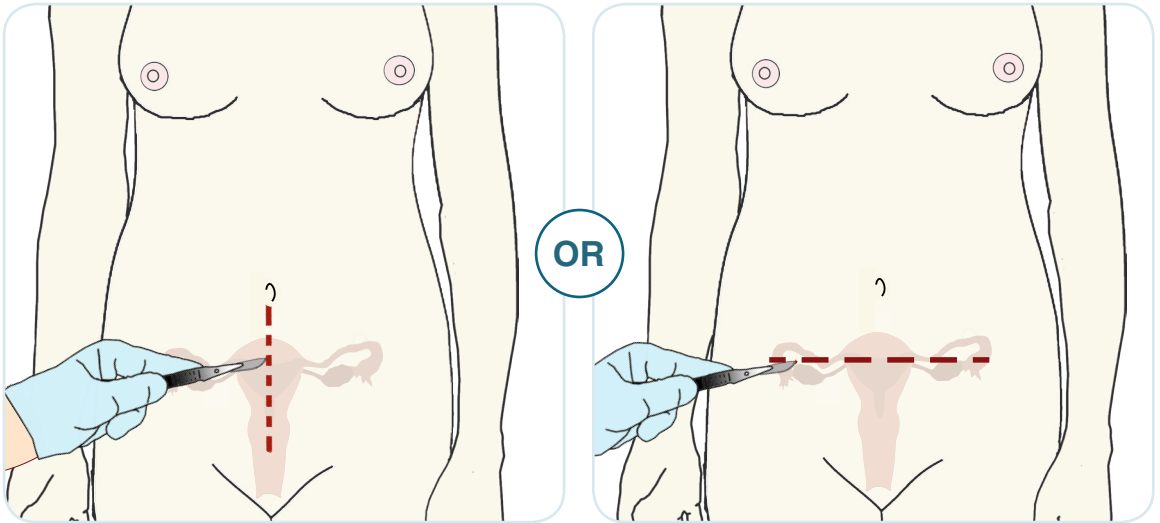
### Vaginal

The surgeon will remove the uterus through the vagina. You will not have cuts in your belly.

## What is Gynecology Surgery?

### 2. Laparotomy (open)

The surgeon will make one incision in your belly to perform the surgery.



Please note that your surgeon will advise you on which surgery is best for you.

## Preparing for your surgery

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### Be active

Exercise will help your body be as fit as possible and keep your weight under control. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. A 30 minute walk is far better than not exercising at all.



### Stop smoking

If you smoke, quitting smoking for good is a step that will have the greatest impact on improving your health. Quitting is possible even if you are a long time heavy smoker and have tried to quit many times in the past.

It is never too late to start!

Your doctor can help you stop smoking and talk about options with you. See page 33 to learn more.



### Restrict alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with some medications you will receive in the hospital.

If you need help decreasing your alcohol use before surgery, your doctor can help you.



## Preparing for your surgery

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### Plan ahead

These are the things you need to think about in preparation for your surgery. You may need help with meals, bathing, laundry, housework and/or transport after your surgery. Stock your fridge and freezer with food that is easy to reheat.

Make plans with your family and friends so you will have the help you need.

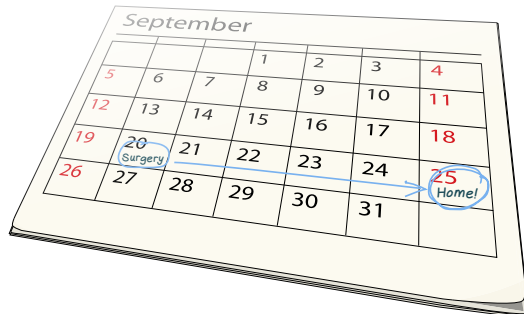
If you live alone and you think you will need help after your surgery, you should communicate ahead with your local CLSC to know about their services (housekeeping, meals on wheels, etc...).

### Arrange transportation

You may go home from the hospital 1-3 days after your surgery. Keep in mind that we call the day of your surgery: Day 0. For example: If your surgery is on Monday, plan to go home on Saturday. Tell your nurse if you have concerns about going home.

Remember to arrange a ride to go home.

See page 30 to learn more about the MUHC parking rates.



## Pre-operative Clinic visit

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### During your Pre-operative Clinic visit, you will:

- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital.
- Meet with a doctor who will ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medications and herbal products before surgery. The Pre-operative Clinic doctor will explain which medications you should stop and which ones you should keep taking.

Also, you may:

- Have blood tests
- Have an electrocardiogram (ECG) to check how your heart works



**If you have any questions, contact the Pre-operative clinic nurses at 514-934-1934, ext. 34916, Monday to Friday, 7:00 a.m. to 3:00 p.m.**

**RVH Pre-operative Clinic: Located near the cafeteria at DS1. 2428 (Block D, level S1).**

## Phone call from Admitting

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The day before your surgery, the Admitting Department will phone you to tell you what time to come to the hospital (if your surgery is scheduled on a Monday, the hospital will phone you the Friday before). They will ask you to arrive 2 hours before your planned surgery time.

### Exception:

If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6:30 a.m. The time of surgery is not exact. It may happen earlier or later than planned.

Date of surgery: \_\_\_\_\_

Time of arrival at the hospital: \_\_\_\_\_



Room: **Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055)**. Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North) and go to the 3<sup>rd</sup> floor. These are the first set of elevators you will see.

**If you do not receive a call by 2 p.m. the day before your surgery, contact the Admitting Department at 514- 934-1934 ext. 31557.**



## **Cancelling your surgery**

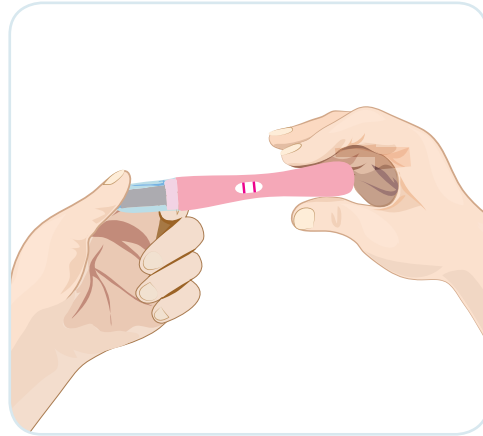
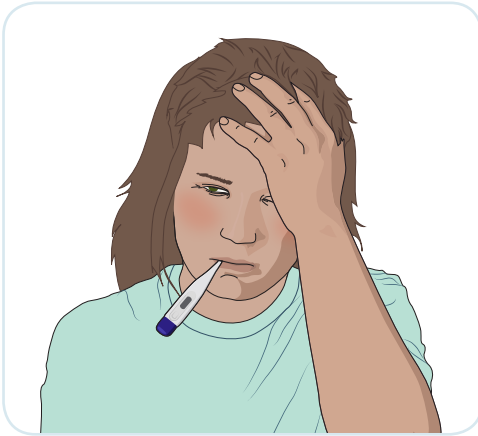
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If you get sick or pregnant, **call as soon as possible** both your surgeon's office **and** the Central Operating Room Booking (CORB) 514-934-4488 (between 9 a.m. - 11 a.m. and 1 p.m. - 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating: your full name, date of surgery, telephone number, hospital card number, surgeon's name, reason for cancelling or postponing your surgery, and the timeframe you are not available to have the surgery.

**If you need to cancel your surgery the day before after 3 p.m.:**

- Call the Admitting Department at 514-934-1934 ext 31557.



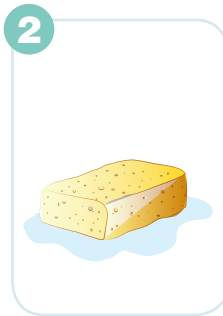
The Royal Victoria Hospital is a Transplant and Cardiac Centre. This means your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

## Washing

### The night before surgery:



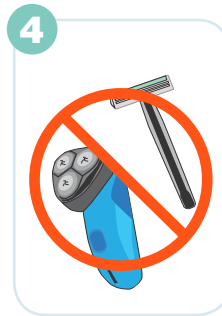
Use regular soap and shampoo for your face and hair



Take a shower with 1 of the 2 sponges you were given



Wash your body from the neck down, including your belly button and your genital area

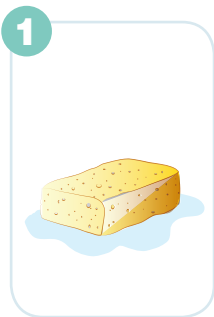


Do not shave the area where the surgery will be done

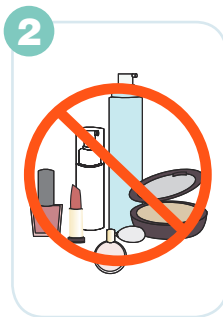


Wear clean clothes (nightgown, pyjamas) to bed

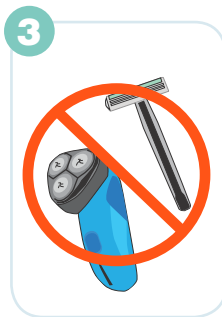
### The morning of surgery:



Take a shower by using the 2<sup>nd</sup> sponge you were given



Do not apply lotion, perfume, makeup, nail polish and do not wear jewelry or piercings



Do not shave the area where the surgery will be done



If you wear contact lenses, wear your glasses instead



Put on clean and comfortable clothes

## Diet











The nurse in the Preoperative Clinic will explain what to eat and drink before your surgery. **Remember:** Do not drink alcohol the day before your surgery.

**Exception:** A small number of people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

### The evening before surgery:

- Eat and drink normally until midnight
- Drink 1 carbohydrate drink (clear juice) during the evening (see list on the right)
- Drink it within 10 minutes
- **After midnight, do not have any food, dairy products, or juice with pulp**













Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	850 mL	
 Commercial iced tea	1100 mL	
 Cranberry cocktail	650 mL	
 Lemonade without pulp	1000 mL	
 Orange juice without pulp	1000 mL	

### The morning of surgery:

- **Do not eat any food**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list on the right)
- Drink it within 10 minutes
- **Do not have any dairy products or juice with pulp**
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.
- **Exception:** If you are asked to arrive around 6:30 a.m. Stop drinking at 5:30 a.m.

### No Sugar-free drinks

Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	425 mL	
 Commercial iced tea	550 mL	
 Cranberry cocktail	325 mL	
 Lemonade without pulp	500 mL	
 Orange juice without pulp	500 mL	

## What to bring to the hospital

- This booklet
- Medicare card
- List of medications that you take at home (ask your pharmacist to give you one)
- 2 packages of your favorite gum
- Slippers, loose comfortable clothing for when you'll return home
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and, tissues
- 1 package of sanitary pads

### If needed:

- Bring your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Bring your cane, crutches or walker labeled with your name



**Please bring these items in a small luggage labeled with your name. The space for storage is limited. Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.**



## At the hospital

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### Admitting area

Report to **Registration, Surgery and Intervention Centre**, Block C, level 3 (C03.7055), at the time given.

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators on your right or left (North) and go to the 3<sup>rd</sup> floor. These are the first set of elevators you will see.

### In the Preoperative admitting area, the nurse will:

- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Complete a preoperative checklist with you



### In the operating room

When the operating room is ready, a patient attendant will bring you there.

In the operating room, you will meet your anesthesiologist (the doctor who will put you to sleep) and the other members of the surgical team. You will be asleep and pain-free during your surgery.

## At the hospital

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### Waiting room

Family and friends may wait for you in the **waiting room** located in **C03.7158** (Block C, level 3, room 7158). The space is small so we ask that you limit the number of people coming with you.

At the end of your surgery, the Post-Anesthesia Care Unit (PACU) nurse will call the family member or friend you have chosen to tell them how you are doing.

There are no visitors allowed in the PACU.

### Internet access

**There is free WiFi available at the hospital. Connect to:**

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



### Other resources:

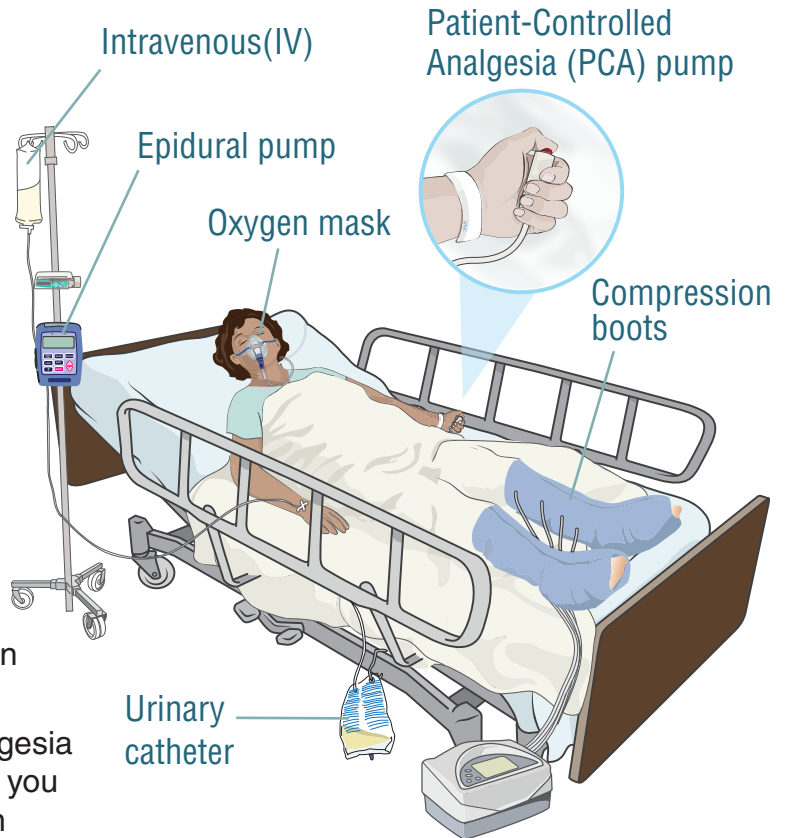
- Cafeteria: Located in the Adult Atrium on the level S1
- Vending machines: Block C, level S1
- Stores / Restaurants / Coffee shops : Galleria, RC (Ground floor) level & Atrium level S1
- Bank machines: Blocks C & D, RC (Ground floor) level; level S1
- McConnell Resource Centre (patient library): Block B, RC (Ground floor) level, room BRC. 0078
- Prayer and meditation room: Block C, level 2, room C02.0310.4

## In the Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU), also called the **Recovery Room**. You will be there for a few hours.

### You may have:

- An intravenous (IV), giving you fluid and medications
- An oxygen mask, giving you oxygen
- A urinary catheter (tube), draining urine out of your bladder
- Compression boots on your legs, to help your blood circulation and to prevent blood clots
- An epidural catheter (small tube in your back), giving you pain medication to control your pain
- A Patient-Controlled Analgesia (PCA) pump that will give you a dose of pain medication when you press a button.



### Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

When you are ready, you will go to your room on a surgical unit. Your family may visit you once you are in your room.

## Pain Control

Pain relief is important because it helps you:

- Breathe better
- Move better
- Sleep better
- Eat better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10. Your nurse will give you medication if you have pain. Our goal is to keep your pain score below 4/10.



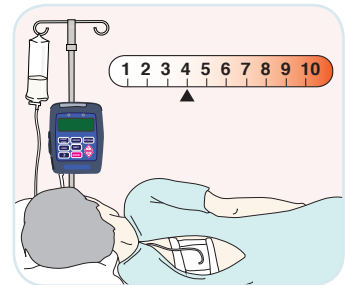
### Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine. This will help your nurse decide how to best manage your pain.

**Do not wait until the pain gets too strong before telling us.**

### Epidural catheter

Your anesthetist will place a small catheter (tube) in your back to give you continuous pain medication. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It is usually removed on Day 3 after your surgery.



### Patient-Controlled Analgesia (PCA)

A PCA pump is a computerized machine that will give you a dose of pain medication when you press a button. The pain medication is an opioid such as morphine, hydromorphone, or fentanyl. The pump is attached to a thin, flexible tube (intravenous or I.V. line) that is placed in your vein. You will be taught how to use this pump to keep you comfortable and keep you moving.



## Exercises

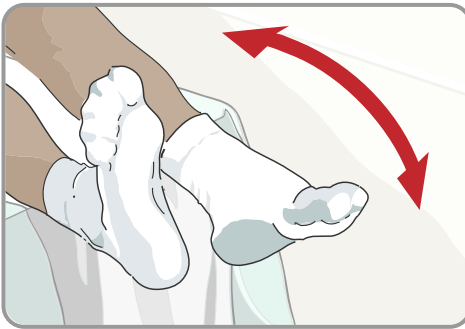
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It is important to move around in the bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

### Leg exercises

These exercises help your blood to circulate in your legs.

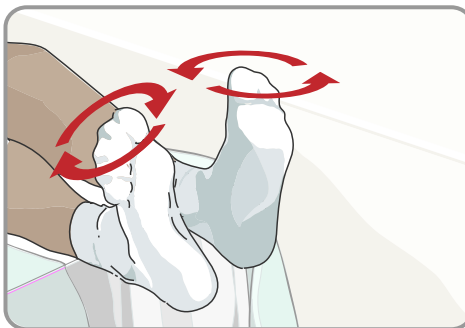
Repeat each exercise 4 to 5 times every half hour while you are awake.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.



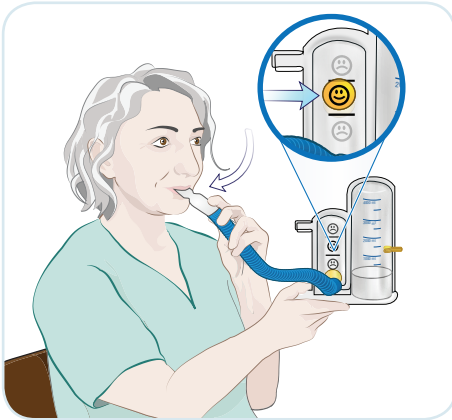
Rotate your feet to the right and left.

## Exercises

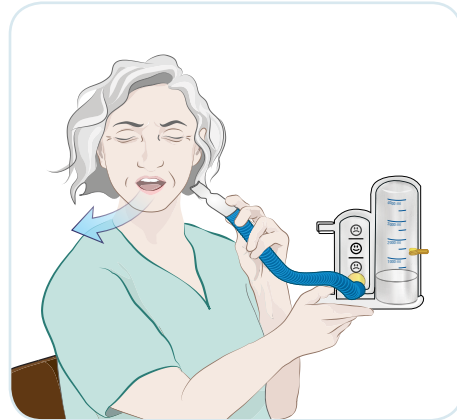
### Deep breathing and coughing exercises

An inspirimeter is a device that helps you breathe deeply to prevent lung problems.

To use your inspirimeter:



Put your lips around the mouthpiece, breathe in deeply, and try to hold the yellow ball where the happy face is located for 2 to 4 seconds



Remove the mouthpiece, breathe out, and rest for a few seconds

x10

Repeat this exercise 10 times every hour while you are awake

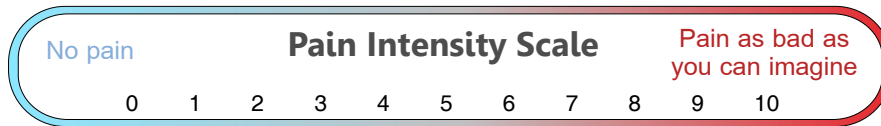


Take a deep breath and cough. If you have some secretions, cough them up.

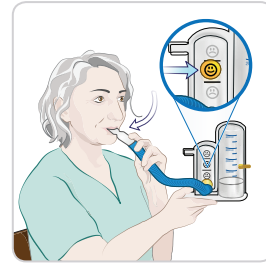
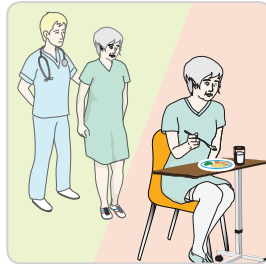
## Day After Surgery

### Pain

- Tell your nurse if you are having pain greater than 4 on the pain scale.



### Activities:



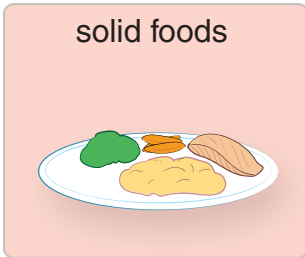
- Your intravenous will be removed (if applicable)
- If you have a urine tube (catheter), it will likely be removed the morning following your surgery (if applicable)
- Once the urine tube is removed, walk to the bathroom (with assistance) to urinate
- With assistance, you will get up and walk in the hallway
- Sit in the chair
- Do your breathing exercises at least 10 times every hour while awake
- It is recommended that you keep the compression stockings on for 4 weeks to prevent the development of blood clots. You can remove your stockings to wash and dry them

## Day After Surgery

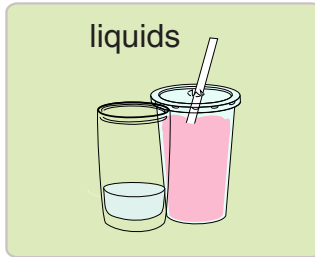
### Meals:

- Eat solid foods
- Continue to drink liquids
- Chew gum for 30 minutes 3 times a day, to stimulate your bowels

solid foods



liquids



gum



### Discharge:

- Plan to go home the morning after surgery if you had a laparoscopic/robotic surgery
- Plan to go home 1 to 3 days after surgery if you had a laparotomy (open) surgery



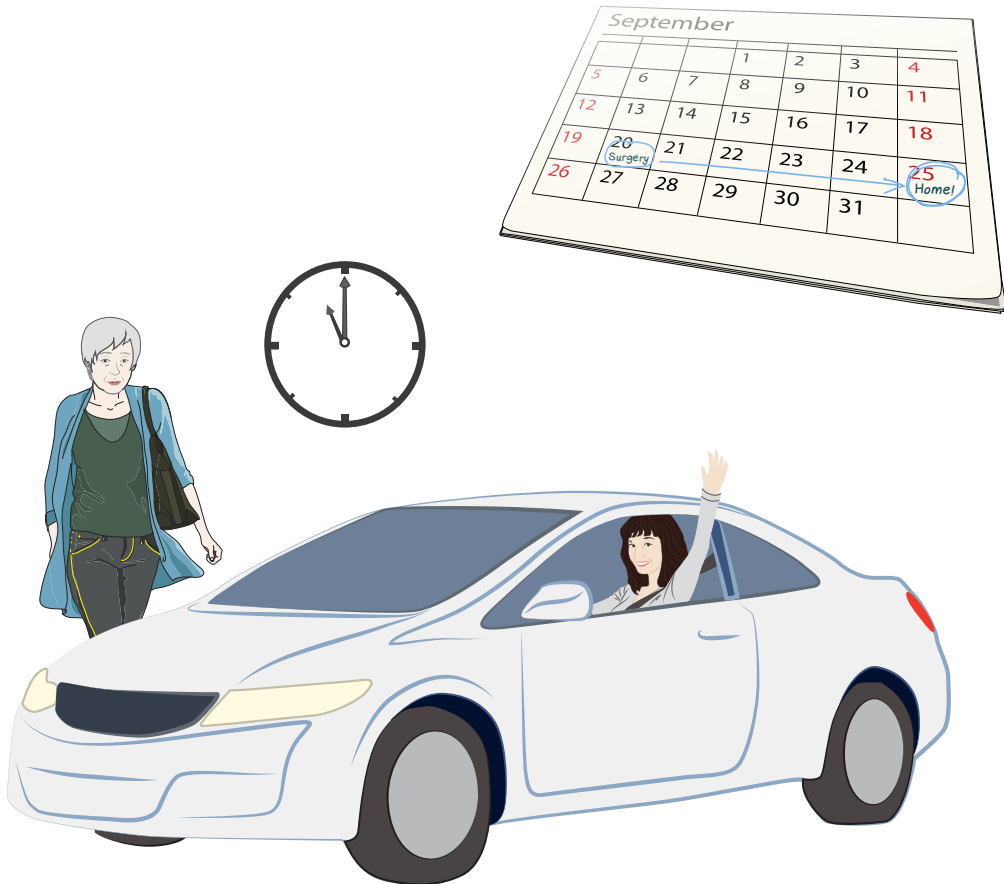
## Day of Discharge

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### Plan to go home today before 11 a.m.

Before leaving the hospital, make sure you are given the information to make a follow-up appointment with your doctor and a prescription for your medication (if applicable).

If you have clips or stitches to be removed, we will arrange for the CLSC to remove them.



## Pain

You may have some pain during the first weeks following surgery. If you have mild pain (2 to 3 out of 10), you can take Tylenol (acetaminophen) 650 milligrams every 4 hours or 975-1000 milligrams every 6 hours.

If you have moderate pain (4 out of 10), take your prescribed pain medication. Do not wait until your pain is more than 4 out of 10 before taking your medication.

Continue to take the pain medication as prescribed for as long as you experience pain.



**If you have severe pain that is not relieved with medication, call your surgeon or go to the emergency room.**

Pain medication may cause constipation. To help your bowels stay regular:

- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 30 minute walk is a good start)
- Take laxative your doctor ordered



## Diet

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You can eat anything you want to unless told otherwise by your doctor, nurse, or nutritionist.

Include foods that contain protein to help your body heal. Meat, fish, poultry, and dairy products are a good source of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.



**If you are nauseous and cannot keep fluids down, call your surgeon.**

## Incisions

It is not unusual for your wound to be slightly red and uncomfortable during the first 1-2 weeks after surgery.

Avoid tub baths for the first 4 weeks. You may take showers if you have an abdominal incision; there is no need to cover it. **If steri-strips have been used (white skin tapes), do not remove them, they will fall off by themselves.** If they have not fallen off in 2 weeks, remove them. Gently wash the area with mild unscented soap and let water run over the incision. **Do not scrub the area.** Pat dry. **Do not apply creams over the incision.**



**Call your surgeon if your incision becomes warm, red, and hard, or if you see pus or drainage coming from it.**

## Vaginal Bleeding

It is normal to have light bleeding for up to 2 weeks after your surgery. Some patients may have discharge or spotting lasting up to 6 weeks while the stitches in the vagina are absorbing. **Call your surgeon if you have heavy bleeding similar to your period, blood clots, or foul smelling vaginal discharge.**

Do not use a vaginal douche, it can increase your risk of developing an infection.

If you have some vaginal bleeding, use sanitary pads or panty liners, **do not use tampons.**

## Activities

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After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 6 weeks after your surgery.
- Ask your surgeon when it is safe for you to drive. Do not drive while you are taking narcotic pain medication or for 1 month after your surgery.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- Avoid penetration during sexual activities until the follow up appointment with your surgeon. Ask your surgeon at the appointment if it is ok for you to resume your usual sexual activities. It usually takes 6 to 8 weeks to resume all your normal activities.

Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

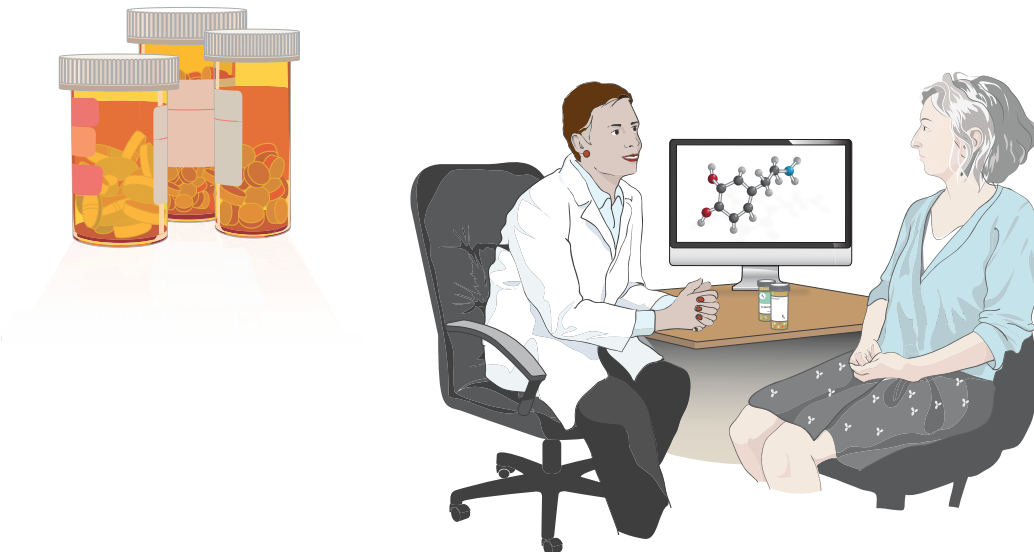


## Medication

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### Hormonal Replacement Therapy

If you have not gone through menopause and if your ovaries were removed, hormone replacement therapy may be required. **You may discuss this subject with your doctor at your follow up appointment.**



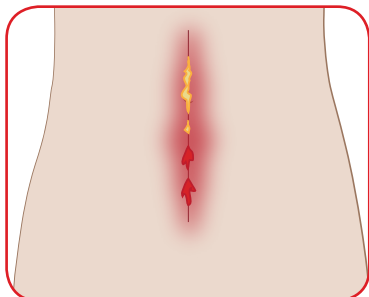
### Fragmin

Fragmin® (Dalteparin) is an anti-coagulant used to prevent blood clots. It is an injection that is given once a day.

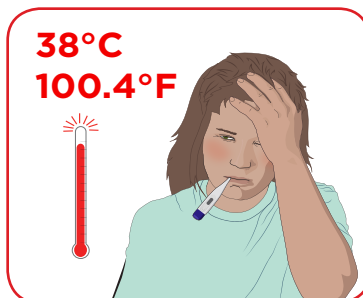
Most surgical patients will receive Fragmin in the hospital.

Patients who have undergone gynecology oncology surgery may go home with Fragmin injections for up to 28 days. While you are in the hospital a nurse will teach you about Fragmin. If you are unable to give yourself the injections, CLSC services will be arranged.

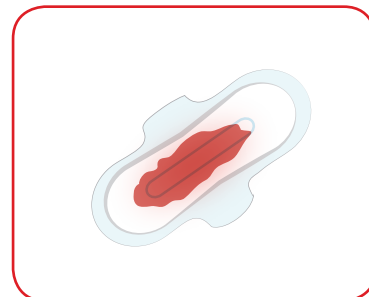
## When to call your surgeon...



Your incision(s) are warm, red or you see pus coming from it.



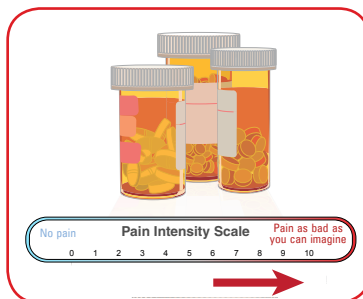
You have a temperature higher than 38°C/100.4°F.



You have heavy vaginal bleeding similar to your period, blood clots, or foul smelling vaginal discharge.



You cannot drink or keep liquids down (nausea or vomiting)



You have more pain and your pain medicine does not help.



You have urinary frequency, burning sensation, or pain when you urinate.



**If you cannot reach your surgeon, call the hospital at (514) 934-1934. Tell the receptionist that you had surgery and ask to speak to the resident on call for gynecology.**

**If you cannot reach the resident on call, go to the nearest Emergency Department.**

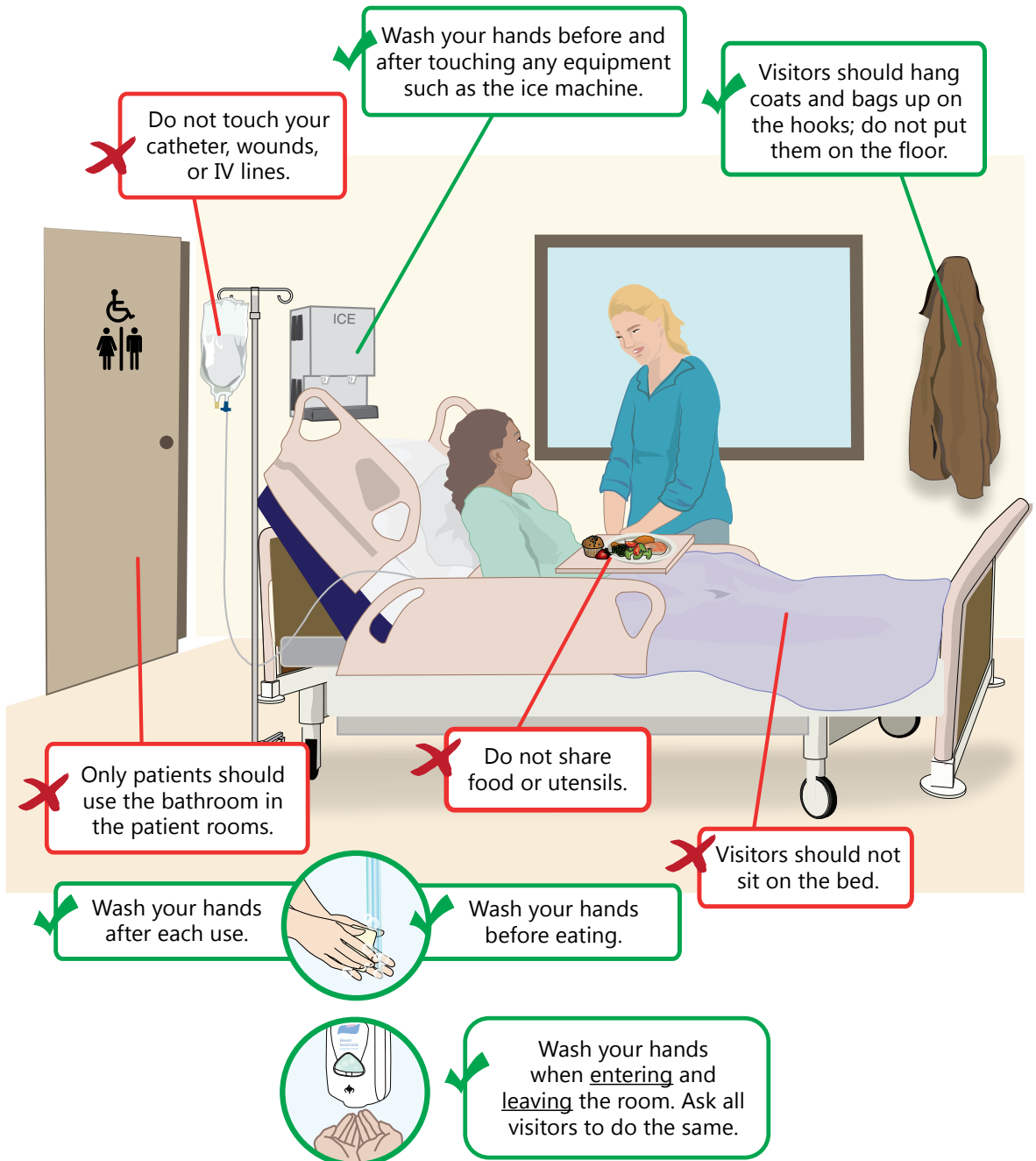
## Follow up appointment

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You will have a follow up appointment with your surgeon a few weeks after your surgery. You will be given information about when the appointment will be when you are discharged from the hospital.



# Tips for preventing infection in the hospital room



## Websites of interest

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For more information about menopause:

[www.menopauseandu.ca](http://www.menopauseandu.ca)

For more information about anesthesia:

[www.cas.ca/english/patient-information](http://www.cas.ca/english/patient-information)

## Resources to help you stop smoking

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- Quit line : 1-866-527-7383 (free) or [www.iqitnow.qc.ca](http://www.iqitnow.qc.ca)
- Quit Smoking Centers, ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or [www.pq.lung.ca](http://www.pq.lung.ca)
- Smoking cessation clinic at the MUHC:  
send the consultation by fax: 514-934-8488  
(requires referral from your doctor)



## Parking information

### Note:

- These rates were in effect in May 2018 and could have changed since the printing of this booklet. Please visit this link for the updated information: <https://muhc.ca/glen/handbook/parking-hospital>



### MINIMUM AND MAXIMUM 24H RATES

0-30 minutes	FREE
4-24 hours	FLAT RATE \$24
EXPRESS PARKING 4-24 hours	FLAT RATE \$30

### REDUCED PARKING RATE PASSES

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased	Available at payment machines
	14 DAYS	\$85		
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply	Available at the Customer Service Parking Office
FLEXI-PASS	7 VISITS	\$100	1 entry 1 exit per visit No expiry date	Available at the Customer Service Parking Office

#### WHERE TO PAY

	Cash or by credit card Visa or MasterCard	<b>Automated payment machines on each P level</b>
	By debit card or credit card	<b>Customer Service Parking Office on RC level</b>
	By credit card Visa or MasterCard	<b>Barrier gate at exit (hourly parking only)</b>

#### CONTACT US

	Monday to Friday 8 a.m. to 12 p.m. 1 p.m. to 4 p.m.	Customer Service Parking Office Royal Victoria Hospital Main Entrance <b>D RC.1000</b> 514-934-1934, 32330 Montreal Children's Hospital Main Entrance <b>A RC.1000</b> 514-412-4400, 23427
	If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.	



# Map of the Royal Victoria Hospital at the Glen site

