

Camellia Women's Health

Post Hysterectomy Instructions

The following directions and suggestions are guidelines for your recuperation following your hysterectomy. After reading these instructions, should you have any questions at all or are not totally clear as to what you should do following your discharge from the hospital, please feel free to contact us at our offices. Emergency calls at night and on the weekends can be made by calling 486-0411.

1. Discharge from the hospital

Although immediately prior to discharge most patients feel that a good deal of their strength is returning, frequently patients complain of feeling more tired or sore the first day or two following discharge. In all likelihood, this is due to all the physical activity involved with packing and leaving the hospital and the general tendency to be up and around more at home than you were in the hospital. Friends and relatives, although well meaning in wanting to visit you at home, may place physical burdens upon you. Try to limit their visits. Take it easy at home for the first week. Try to keep your activity to a minimum. Bed rest is not necessary; however, we discourage at this point any regular house cleaning or major meal preparation. If your bedroom is upstairs, try to limit your trips up and down the stairs to once or twice a day for that initial five to seven days.

2. Daily activities:

Following that initial week at home, you may gradually get into your normal routine in terms of physical activity; however no heavy lifting, no strenuous physical activity, and no major exercise programs until you are seen by your physician at your six week check. Although 99% of healing is completed within the first six weeks following surgery, be aware that the remaining 1% to 2% of healing occurs over a total of three to four months post surgery and therefore you must always let your body be your guide in terms of return to activity. A mild exercise program is permissible to start approximately two weeks postoperative but no running, jogging, aerobics programs, Jazzercise, or other strenuous physical activity until six weeks postoperative.

3. Diet

Surgery represents a strain on the body and the inactivity associated with the recuperation period is known to cause loss of body protein. Therefore, a well-balanced diet is extremely important, particularly one that is relatively high in protein (dairy products, lean meat, fish, etc.) During the first five to seven days at home, bowel activity is still not completely normal and therefore it is quite important to keep your diet bland and to avoid very

gassy, spicy, or fatty foods. Fast foods and junk foods are particularly to be avoided.

4. Bowel Activity

It is typical that the first bowel movement may not occur until three or four days postoperative. Because dietary intake is reduced during the pre- and postoperative periods, bowel activity may not return to a normal level until approximately ten days following the procedure. If, however, you have not had a bowel movement by the fourth postoperative day, it is recommended that you increase your fluid intake (plain water is fine), increase your bulk to a moderate degree (fruit, vegetables, and bran cereals) and if necessary take two tablespoons of Milk of Magnesia per night until regular daily bowel habits are established. If you find that your bowel movements are quite hard, please follow the above instructions and call our office so that we may supply you with stool softeners. If you have not had a bowel movement by the fifth or sixth postoperative day, and have tried the above measures, please call our office as soon as possible.

5. The Incision

For most abdominally performed hysterectomies, staples are used to hold the skin edges together. Most of these incisions are what are known as low transverse skin incisions which heal quite rapidly. With a low transverse incision, clips or staples are removed in most cases by the third postoperative day. Occasionally, they are removed earlier or later. In removing these devices, sterile strips of tape are placed over the incision to provide some reinforcement. These pieces of tape may be slowly removed from the incision in the shower one week from the date of your surgery. Prior to this, you may shower but keep the incision relatively dry by placing Saran Wrap or other plastic material over the incision. If the incision or tape get somewhat wet during this period, merely pat dry and do not be concerned. No baths, Jacuzzi, or swimming pool until two weeks from the date of surgery. No aggressive washing of the incision until two weeks following the date of surgery. It is generally recommended that for the first several days to a week after leaving the hospital you may want to

consider keeping the incision protected with a perineal pad to prevent binding from clothing. Some numbness around the incision is not unusual and may persist for as long as several months following the surgery.

6. Vaginal discharge

Although the appearance of vaginal discharge following hysterectomy varies from patient to patient, generally there is light bleeding, usually less than a menstrual period and this may continue for several days to as much as two weeks. If anything other than a light spotting continues beyond two weeks, please let our office know (although in most cases this is still not significant). In approximately half of our patients, bleeding will increase lightly, approximately ten days following the procedure and you may notice small pieces of suture material being passed at this time. Be assured that this is quite normal and just represents the dissolving of the suture material from the top of the vagina. As previously mentioned, a light brownish discharge may continue for as much as four to six weeks postoperative although usually the discharge discontinues after four weeks. If there is a significant odor to your discharge or if it appears very yellowish in nature, please call our office for further advice. No douching, intercourse, or tampon use until after your postoperative visit.

7. Your Postoperative Visit

Most postoperative hysterectomy patients are seen six weeks following the surgery. Please call our office within the first week of surgery to make an appointment for your postoperative visit should you not have one already.

8. Work disability

Generally, six weeks is considered the usual time for disability from work; however there is a range between four to eight weeks that is usual. If there is no significant problem, generally six weeks is considered the standard. At times, patients are very anxious to return to work sooner. This will need to be discussed with your physician. However, light desk work can be resumed two weeks following the date of surgery, and more aggressive work (as long as it does not involve strenuous work or heavy lifting) can theoretically be resumed as early as three to four weeks depending upon your specific recuperation. We urge you, however, if at all possible, to take the full six weeks to allow your body to totally recover.

9. Hormones

Most women who have their ovaries removed at the time of hysterectomy, particularly those who are 50 years old or less, will usually be placed on

hormones. Exceptions, however, certainly exist, particularly if there is a medical contraindication to estrogen (such as previous blood clots or cancer of the uterus). If you are placed on estrogen, you should take one pill a day every single day. The other female hormone, progesterone, is not necessary now that the uterus has been removed. Using an estrogen skin patch is an alternative to using oral estrogen. When you have your six week postoperative appointment, at that time any symptoms involving your hormone therapy will be discussed, and it is possible that your hormone dosage may be altered. Generally, the hormones that we place you on are low dose and should be tolerated quite well. If, however, you are having any unusual headaches or vision problems, stomach pains or leg pains, please contact our office immediately. Some patients, after removal of their ovaries and starting on hormones, have a break-in period where they may feel some menopausal symptoms such as hot flashes, sweating at night, irritability, and mild depression. In most cases, these symptoms are transient and will disappear and may in part be related to the stress of the surgery. Patients who have a hysterectomy and do not have a removal of their ovaries may also feel some of these latter symptoms, again related to the stress of surgery. In this situation, be patient as the symptoms will disappear within a few short weeks.

10. Warning signs

Please call our office if you have any of the following symptoms:

- a. Severe chills or fever over 100°F or 37.8°C
- b. Frequency or burning with urination
- c. Heavy or prolonged vaginal bleeding
- d. Fainting
- e. Redness, swelling, or discharge from your incision
- f. Redness, swelling, or pain in one or both legs.
- g. Other symptoms which you may feel are unusual or that are concerning to you.

11. Driving

It is recommended that you not drive a car until two weeks following surgery and only then if you are absolutely pain free and experiencing no dizziness.