



DISCHARGE INSTRUCTIONS

TOTAL ABDOMINAL HYSTERECTOMY AND REMOVAL OF OVARIES

Recovery from surgery can be a gradual process. We are available for assistance as you return to your normal activities. We have provided you with this set of discharge instructions that addresses some of the most common concerns after your surgery. **If you have any concerns at home that are not addressed here please call the office.**

When you call this number you will be asked to leave your name and a brief message with your concerns. During business hours, a nurse will call you back. If you need immediate attention please tell the phone staff that the matter is urgent. There is an on call physician in the evenings and nights as well. Please reserve urgent matters only for evening and night calls.

PAIN

It is common for women to experience mild to moderate pain after they are discharged from the hospital. We expect that this pain should lessen with each day after surgery. You will receive a prescription for pain medicine at the time of your discharge. It is important to use pain medicines as you need them in order for you to be comfortable and gradually increase your daily activities and promote healing.

- Most commonly prescribed medications include: Oxycodone. You may take this medication with Tylenol. You may take this pain medication every 2-3 hours as needed for pain.
- The other common pain medication prescribed is: Norco. This medication is already combined with Tylenol. Do not combine more Tylenol with this medication (Norco). You may take Norco every 4-6 hours as needed.
- Do not take Motrin if you are taking other blood thinning

medications (such as: lovenox/coumadin or Plavix).

- As you begin to feel better you can stop the Norco and take the Tylenol alone. You should not drive while taking narcotic pain medications.
- **If you are not taking blood thinning medications such as: lovenox/coumadin- you can take over the counter Motrin (400 – 600mg every 6 hours as needed) with food as well for pain.**

KEY POINTS ABOUT YOUR PAIN MEDICATION:

- DO NOT take Tylenol more often than every 4 hours. Your maximum Tylenol dose over 24 hours is 3 grams.
- Taking a warm shower or bath often helps pain as well. Just be sure to pat dry or air dry your incision before you put your clothes on.

Call for:

- Worsening pain or pain that is not relieved by medications.

BLOOD CLOTS

Many of our patients are discharged with an injection (Fragmin or Lovenox or Arixtra) to prevent blood clots from forming in your legs or pelvis after surgery. You or a family member will inject this medication into your thigh on a daily basis. Do not inject this medication anywhere near your abdominal incision. These clots can move to different places in your body, such as your heart or lungs and be very dangerous to you.



It is very important to understand that these injections are blood thinners. You should not take Aspirin/Motrin/Ibuprofen/Coumadin/Celebrex while you are on this injection. Please let us know if you are taking any of these medications at home.

Many patients who have open abdominal surgery for cancer will go home with 25 days of this injection if they are considered “high risk” for developing blood clots.

The most important thing to help prevent blood clots is to be active. Walk around during the daytime hours at least every 2 hours.

Call for:

- Pain and unequal swelling in your calves
- Shortness of breath or chest pain

NAUSEA

Patients often experience nausea after surgery. This is often related to anesthesia and slow return of bowel function. We have a prescription medication we can give you for nausea called Compazine. This medication can be taken every 6 hours as needed for nausea. Sometimes slow sips of fluids/saltine crackers/and small rather than large meals will help to relieve nausea. If you have nausea and vomiting that is uncontrolled with Compazine you will need to call the office.

BOWEL FUNCTION/ BLADDER FUNCTION

Abdominal surgery often causes changes in bowel patterns. Pain medicines, such as narcotics can be constipating, although it is NOT a reason to stop pain medicines. It is helpful to take medicines for constipation at the same time you are taking pain medicine. You can avoid constipation by adding fiber to your diet with bran cereals, fruit, etc. Patients often find prune juice and apricot nectar are also helpful.

You should always take a stool softener (Colace) while on narcotic pain medications. You may stop this medication if you are having loose stools. We will give you a prescription for this at the time of your discharge and it is also available over the counter at your pharmacy.

It is important to remember that Colace will NOT help you move your bowels. It will only help to keep your stool soft.

If after taking Colace, you are unable to move your bowels after getting home: oral Dulcolax or senna will help to stimulate your bowels. Miralax is also another good option and can be used daily until your bowel patterns return to normal.

Try to avoid laxatives if you have had any bowel surgery. If you have had bowel surgery, it is best to check with us before you take a laxative. It is important to drink plenty of fluids with any of these medications. (6 – 8 glasses of water/or other non-caffeinated fluids).

Some women experience an increase in bowel motility - diarrhea. Metamucil/Citrucel daily will help slow this down (1 – 2 tpsps daily). If this doesn't help, or persists beyond 2 days – please call the office.

The key to good bowel activity is staying active and drinking plenty of non caffeinated fluids. Try to get around the house and out for short walks.

Sometimes women will get a urinary tract infection after surgery. The best way to avoid this is to drink plenty of fluids. If you have pain with urination, a temperature, or blood in your urine then please call the office.

Call for:

- Diarrhea that is not relieved by Metamucil/Citrucel.
- Constipation that persists beyond 3 days after discharge from hospital
- Any rectal bleeding/blood in urine.

ACTIVITY

Gradually resume your daily activities. Take frequent rest periods throughout the day. Avoid sitting for long periods of time. Avoid strenuous activities or heavy lifting (>5 lbs/gallon of milk) for 4 – 6 weeks or unless we tell you otherwise at your postoperative appointment. Climbing stairs is OK- just take them one at a time until you get your strength back. You may not resume driving until you are walking with ease, off of pain medicine (narcotic), or until after your post op visit in the clinic.



It is very important to try to stay active as abdominal surgery increases the risk of blood clots forming in your legs and moving to your lungs. In order to help prevent blood clots we suggest that you get up for short walks (in the house or outside) at least every 1 – 2 hours during your waking hours.

You may also be discharged with a daily injection (LOVENOX) to help prevent blood clots. The nurses in the hospital will teach you/family member to give the injections. Not all patients will require this medication. We can discuss this with you.

Call for:

- Persistent fatigue prohibiting you from your daily activities
- Shortness of breath
- Chest pain
- Swelling in one leg/foot more than the other
- Calf pain

BLEEDING/VAGINAL DISCHARGE

DO NOT PLACE ANYTHING IN THE VAGINA FOR 6 WEEKS OR UNTIL AFTER YOUR POST OP APPOINTMENT. This includes intercourse, douching, tampons, etc.

Expect slight spotting or light vaginal bleeding for up to 2 – 4 weeks after surgery. This may be pink, red, or brownish. There should be no offensive odor.

Call for:

- Any heavy bleeding i.e. more than a mini pad 3 x a day
- Temperature above 100.4 F
- Any foul smelling discharge

WOUND CARE

YOU MAY SHOWER or TAKE A TUB BATH.

If you are discharged with small metal staples in your incision, you will need to come back to the clinic to see us 10 – 14 days after surgery to remove the staples. You may take showers with the staples in place. Just allow water to run down your belly and pat dry before you put

your clothes back on. You will need to call if you notice increasing redness along the incision, increasing drainage from the incision that can soak up a gauze pad, or any openings along the incision.

After the staples are removed there will be small pieces of paper tape (also called steri- strips) that will be placed along the incision. The small tapes should remain for approximately 7 – 10 days - then you can gradually peel them off as they begin to curl up at the ends.

Once the staples and steri-strips are off you may use Vitamin E oil or pure cocoa butter over the incision to promote less scarring. There are also over the counter scar treatments available in the pharmacy that you can discuss with our clinical staff.

If you have a horizontal incision and no staples then you have sutures that will dissolve on their own. You will need to call us if you notice drainage from the incision, increasing redness, or any openings along the incision line.

If you have any drains or bladder tubes you should keep the area clean and dry with showering and blow drying the area after bathing. Do not use any topical ointments. You may want to place a small dry dressing around the tube. If you have a visiting nurse, he or she will help you with this. If you do not have a visiting nurse, the nurses in the hospital will teach you how to do it yourself.

Call for:

- Temperature above 100.4 F
- Chills
- Redness, swelling or warmth around the incision that is increasing
- Any drainage from the incision that soaks up a gauze pad

FOLLOW UP

We will plan to see you in the clinic within 14 days of your surgery in order to remove the staples along your incision and to discuss the pathology results from your surgery. If you do not have staples we will still see you 14 days post op to discuss your pathology report. If you do not have an appointment set up at the time of discharge from the hospital- please call the clinic when you get home.