

Returning to work

You are the best judge of when you feel ready to go back to work. Many women return to work and resume normal activities within 3 months of their operation but a lot depends on the type of job you do and the type of operation you have had. Recovery rates vary but your GP or hospital doctor will be able to advise you further.

Sex

It is advisable to refrain from full sexual intercourse for about 4 weeks. During this time remember there are alternative forms of intimacy such as massage, mutual stimulation, etc.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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Enhanced Recovery Programme for Gynaecology Surgery

A patient's guide



The information in this leaflet has been provided to help you prepare for your stay following gynaecological surgery. You should be offered an appointment prior to your surgery to attend the Gynaecology Patient Education Group.

The group is held every fortnight on a Thursday at 1.30pm to 3pm at Betty Mansell Ward Level 3. If you would like to attend this group and you do not have an appointment, please contact 02072883083.

Before you come into Hospital

It is helpful to be as healthy as possible before the surgery, as this will aid recovery. Try to eat healthy and exercise more if you are able. Try to begin gentle exercises like walking, swimming or cycling for about 40 minutes, three times a week. Don't start vigorous exercise if it increases painful symptoms, or if your doctor has advised you otherwise.

If you smoke it is good to cut back or quit beforehand. If you want some advice on how to help quit smoking you can self-refer to our smoking cessation service by calling 020 7288 5236.

We suggest that you start the exercises that support the pelvic organs before your surgery, as the stronger they are, the easier it will be after your surgery! It is also helps to practice getting in and out of bed.

You must try to walk around, including up and down stairs, for at least 10 minutes a day but avoid standing for long periods. If you enjoy swimming you can go about four weeks when any bleeding has stopped and wounds healed. Leave any more strenuous activity until after your follow up appointment.

Hygiene

Try to have a shower or bath every day and keep your wound clean and dry. If the wound shows any signs of infection, such as redness, oozing, smell or soreness, please get in touch with your GP or the ward. It is important to keep your scar from sunlight, by either using a high factor sun cream or covering it up to ensure it doesn't become keloid (thickened). Your scar will fade gradually and be visible only as a fine line within 6 to 12 months of the operation. Many women experience numbness around the scar and sensation may also take 6 to 12 months to return as nerve endings grow back.

It is quite normal to have some discharge or bleeding from the vagina for up to 2 to 4 weeks for which you will have to wear a sanitary pad. Tampons should not be used during this time. If the bleeding becomes heavier than a normal period, or you experience pain, clots or feel feverish please contact your GP or the ward for advice.

Diet

Try to eat a variety of foods with lots of fresh fruit and vegetables. High fibre foods, such as wholemeal bread, and drinking a least eight glasses of water a day will prevent constipation.

Resting

For the first couple of weeks after surgery you will feel tired and may need some help at home with shopping, cooking and housework. Over the following weeks you can gradually resume light housework but it is important not to overdo things. All heavy housework and any activities that involve standing for long periods should be avoided.

You should also avoid lifting anything heavy such as full bin bags or heavy shopping. If you have young children let them clamber up onto your lap rather than picking them up.

If you do have to lift anything remember to bend your knees, keep your back straight and hold the object close to you to avoid strain. If you have nobody to help you at home please let the ward staff know and they may be able to help in certain circumstances.

Driving

Driving should not be attempted for four to six weeks after leaving hospital. Surgery can affect your insurance. Check with your insurance company when you will be covered to drive.

Exercise

It might seem contradictory but exercise is as important as rest. You should continue the exercises the physiotherapist taught you in hospital.

You will not be able to lift, push or pull heavy things after your surgery for up to six weeks. So it is a good idea to do all your heavy house work before you come into hospital. You will not be able to lift heavy bags of shopping or push shopping trolleys, so it is helpful to do a big shop and stock up before your operation. You might want to ask someone to help with the housework and shopping after your surgery or consider online grocery shopping.

Preparing for your stay

We recommend you bring the following items with you:

- Your own nightclothes (front opening if possible), and a dressing gown
- Firm non slip slippers or comfortable walking shoes
- Loose, comfortable clothing to travel home in but do not bring too many clothes as storage space is limited
- Toiletries including sanitary towels and lip balm
- All of your current medication in their original containers
- Contact numbers for close relatives and friends
- A small amount of money for purchases such as newspapers and snacks

You may like to bring:

- Ear plugs and an eye mask
- Books or magazines
- Knitting, writing paper and pens
- Charger for phones
- Personal stereo / iPod with headphones

Please do **not** bring:

- Valuables such as jewellery or large amounts of money
- Cigarettes – the trust operates a strict no smoking policy in its buildings and grounds
- Portable televisions or radios
- Cooked foods requiring refrigeration or reheating

Mobile phones

The use of mobile phones by patients on the ward is at the discretion of the nurse in charge. Please ensure that their use is not intrusive to others recovering from major surgery. It is essential that mobile phones remain on silent/vibrate at all times.

Exercise 1: While breathing easily, pull on the pelvic floor muscle. Continue to tighten and lift the muscles as long as you can for up to 10 seconds. Relax for several seconds. Repeat 10 times.

Exercise 2: While breathing easily, pull in the pelvic floor muscle as quickly as you can until you are tightening and lifting as much as you can. Relax until your muscle is fully released. This may take a few seconds. There is no rush. Repeat 10 times.

Repeat these exercises at least three times a day for three months post-surgery. It is also good to get into the habit of pulling these muscles in quickly every time you cough, sneeze, bend over, lift anything heavy or even if you are standing for a long time.

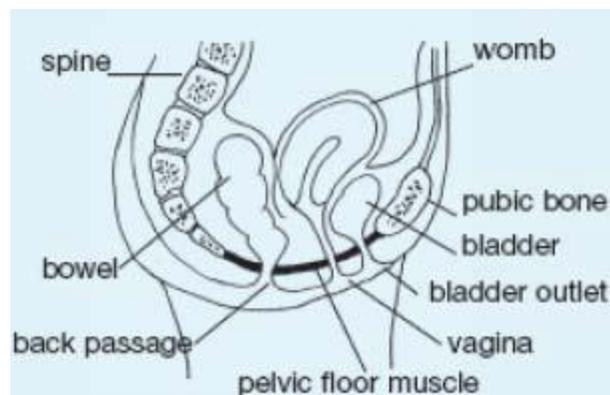
Going home after major gynaecological

You will normally go home one to three days after your surgery however this will vary on the type of surgery that you have and how you recover. Everyone is different.

Getting Home

If you have a general anaesthetic you will need to arrange for someone to collect you from hospital and we recommend that you are taken home by car or taxi.

Pelvic Floor Muscles



These muscles sit between your legs, from your pubic bone to your tailbone. They look like a hammock and they support the bladder, uterus and bowel. If used properly they help prevent backaches, and prevent leakage of urine and faeces.

Strong muscles also improve sensation during sexual intercourse. To find them, imagine you are trying to stop wind escaping from the back passage and to stop the flow of urine. It is a feeling of tightening and inward lift around the vagina, and front and back passage. Another way of finding the muscle is to imagine that you are zipping closed the back passage, then vagina, then front passage and keep zipping closed to the belly button.

The muscle is inside the pelvis so no one should be able to tell that you are doing the exercise. Your buttocks and thighs should be relaxed. Your breathing should be normal. You may find that your lower abdominal muscles pull in gently, but only a small amount.

Recognising the nursing staff

Matron visits the ward daily and wears a royal blue uniform and sisters wear navy blue uniform. Staff nurses wear either a light blue dress, or a light blue tunic with navy trousers. The ward is a learning environment and you may come across student nurses, who will be wearing white and medical students. We also have nursing assistants who are dressed in grey uniforms.

All our staff are committed to providing a high standard of nursing care and they will ensure your visit here is as comfortable as possible.

Advice for visitors

We welcome visitors but only two visitors are usually allowed at the patient's bedside at one time. The ward's visiting hours are 2pm to 8pm. However during protected meal times there is no visiting allowed. If you would like to see a patient outside these hours please speak to the nurse in charge.

On the day of surgery

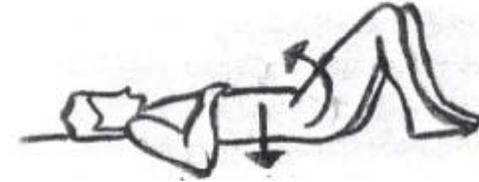
Make sure you read your operation letter carefully. It will tell you when you should stop eating and drinking. If you have your surgery in the morning you will need to stop eating and drinking by 02:00 (2 am) the morning of your operation. It can be helpful to recovery to have a light snack of tea and toast or similar before you go to bed in the late evening.

Make sure you are clean before coming into hospital. Have a shower and take off any makeup, fragrances, nail polish, fake nails and body jewellery. It is not necessary to shave but you might want to remove the hair from the top two inches of your pubic area to make it easier to remove the dressing if you are having abdominal surgery. Don't use any talcum powder as it can increase the risk of internal scar tissue forming.

The admission process

Your letter will tell you to go to the Patient Assessment Unit the day of your surgery. A nurse, anaesthetist and doctor will ensure you are prepared for your surgery. There may be some waiting involved at this point, so it is good to bring a magazine/book to entertain you. You will be given a hospital gown and anti-embolic stockings to wear. You will wear these stockings throughout your hospital stay to minimise the risk of developing deep vein thrombosis during your stay. Your bags will be transported to the ward while you are in theatre.

Level 2: Lie on your back with your knees bent and your feet resting on the bed. Pull in your stomach as Level 1, and then gently flatten your lower back into the bed. Hold for three- four seconds. Relax. Don't overdo this exercise – it should be pain free. Repeat 10 times and try to build up to holding the lower back flat into the bed for 10 seconds at a time. At least one week after your operation, when you feel ready.



Level 3: Pull in your stomach and flatten your back as per level 2. Slowly lift one knee (keeping it bent) towards your chest. Don't let your stomach bulge or back arch while doing this exercise. Hold for 5 seconds, slowly bring the leg back to the starting position and then relax your muscles and back. Repeat 10 times on each leg. Make sure you keep the other foot on the bed/floor. Never try to lift both legs at once.



Repeat these exercises at least twice a day until 6 weeks after surgery.

Exercises to help with recovery

There are two groups of muscles that support your pelvic organs (bowel, bladder and womb) and your back. These muscles are important for preventing problems like prolapse, incontinence and back pain and it is vital that you maximise your strength after your operation. Sometimes the muscles are a little sore while they are healing so you may wish to do them gently in the first week after the operation. You can start the exercises the first day after your surgery. If you have a vaginal pack, wait until it is removed before starting pelvic floor exercises.

Abdominal Muscles

Level 1: In any comfortable position, gently draw your lower stomach towards your backbone as if you are doing up a belt. You won't see much happen if you do it correctly. It is a feeling of tightening around the area below your belly button.

Make sure you can breathe easily, and hold this feeling for a few seconds then relax. Don't hold your breath. Repeat 10 times and try to build up to holding the stomach in for 10 seconds each time. Progress when you can do this well.



Theatre

You will first be taken to a small anaesthetic room. Here you are given medication usually in the back of your hand. This will be the last thing you remember until after the surgery is over. You will wake up in the recovery room where you will be closely monitored. You will come to the ward once you are more awake, comfortable and stable. You may be in the recovery room for up to two hours depending on the type of operation, anaesthetic and how you react to anaesthetic. For any relative waiting, you may take up to four hours before you are taken to the ward. This is nothing to be concerned about.

Attachments you may return from theatre with

Catheter- This is a tube that is put into the urinary passage and bladder to drain your urine into a bag while you are not mobile. It is held in place with a balloon which sits inside our bladder to prevent it falling out. Once you are walking, on instructions from your surgeon, the catheter will be removed painlessly by deflating the balloon so that the tube slides out easily.

Drain – not everyone will have a drain, but it is more common following operations such as an open myomectomy. A drain is a tube that sits just under the skin, allowing any fluid that would otherwise collect, to drain into a bottle. This is inserted to reduce bruising and the risk of wound breakdown and will be removed when it stops draining, usually the next day.

Intravenous fluid drip – you will have a plastic tube usually in the back of your hands to provide you with fluids. It will be removed once you are drinking normally.

Pain control

There are different methods of pain control, depending on the type of surgery you are having. Your anaesthetist will discuss these options with you. Your pain will be regularly monitored in recovery and the ward.

Most patients undergoing laparoscopic (key hole) surgery have their pain controlled by oral medication and are usually comfortable. Pain is subjective and if your pain is not controlled, especially before activities, you can request more analgesia.

Patient's undergoing open surgery may be offered additional types of analgesia e.g. spinal anaesthesia, local anaesthetic injections alongside oral pain-killers and some patients may have a Patient Controlled Analgesia (PCA) device. The PCA device has a button that you can press to provide yourself with a small amount of pain relief. You can press the button as many times as you need to help keep yourself comfortable in bed, moving, coughing and walking. However the machine will only deliver pain relief every five minutes and only you should press it: this is an important safety feature of the device.

Until you are walking normally, you should complete breathing exercises, supported coughing and circulation exercises. Breathing exercises help to prevent chest infections following surgery. You should start breathing exercises as soon as you wake up from surgery.

Sit up as straight as possible in bed or in the chair and slowly breathe in all the way to the bottom of your lungs. You might feel some tightness around your stitches if you have had an abdominal operation – this is normal. Hold your breath in for three seconds, and then breathe out slowly. Repeat 10 times every hour that you are awake.

Breathing deeply may give you the urge to cough. Coughing is important as it clears the airways of phlegm and prevents chest infections. You may like to have some pain relief five minutes before coughing. Sit up as much as possible and bend your knees. Support your stitches with two hands or press a pillow firmly across them. Breathe in deeply, tighten your stomach and cough strongly one- two times. If you really can't manage this, try "huffing" with your mouth open like you are fogging up a mirror with your breath. Finish with some breathing exercises.

Surgery and resting in bed puts you at risk of developing blood clots or deep vein thrombosis (DVT). This can potentially very serious and it is very important to wear your surgical stockings and to do exercises to prevent them. Flex and point your feet 10 times vigorously. Bend and straighten on knee carefully, five times each leg. Squeeze your buttock together gently five times. Repeat these exercises once every hour you are awake.

- 3- Once you're completely on your side, push yourself into a sitting position by using your bottom elbow and the top hand on the bed in front of you, allowing your legs to swing down to the floor. Keep facing the bed while you sit up.



- 4- Once upright, sit as straight as possible and then stand up when you feel ready. When you stand up, slowly straighten yourself up as much as possible. It is a good thing to practice before your operation.

Whilst resting

The best resting position after any operation is sitting up straight in a supportive chair. This prevents chest infections and is the most comfortable position for your back. Always make sure your feet can touch the floor (if not ask the nurse for a foot stool or a pillow). Place a pillow long ways (vertically) behind your back and keep your bottom at the base of the back rest. Try not to allow your bottom to slide forward in the chair, to avoid slumping your back.

If you have a PCA the acute pain service will visit you daily to monitor your pain levels and decide when to step down analgesia, this is usually after one to two days. The pain relief medication might make you feel itchy, drowsy, nauseous or constipated. It is important to tell the nursing staff if you are suffering with these side effects as they can give you anti-sickness medication or laxatives to help.

Wound dressing

If you have an abdominal wound it is usually along the bikini line and very neat. Your wound will be covered with a dressing that will be taken off on the third day after your operation. Your wound may be glued together or be sutured together. Some patients will have dissolvable stitches; others will need their stitches removed on the 5th day either on the ward or at their GP surgery.

If you have vaginal surgery you will not have any visible wound and your stitches will be dissolvable. You will have a vaginal pack (like a large tampon) in the vagina when you wake up which will normally be removed the following day.

If you have laparoscopic surgery there may be three or four small sites on your stomach. These sutures following laparoscopic surgery are usually dissolvable.

The enhanced recovery programme

All patients admitted for any type of hysterectomy at the Whittington Hospital will automatically be included in the enhanced recovery programme. This programme aims to improve patient outcomes and speed up a patient's recovery after surgery. Women having other types of gynaecological surgery will also have aspects of this programme included in their care.

After your surgery

- You will start by sipping water, progressing to a light meal and then a full diet as tolerated
- Your nurse will normally help you wash by your bedside on the first morning. You can shower when you are up to it
- Your nurse will help you get out of bed for the first time. Everyone is different, but most people will sit out of bed on the first day. If you feel you might be able to, walk around the ward, particularly if you had vaginal surgery. At first ask a nurse to assist you to get out of bed to help with the drips and drains. Most people are walking freely on the ward once these are removed

Positioning and getting out of bed

Getting out of bed can be uncomfortable on stitches, particularly if you had abdominal surgery. You might want to press your PCA or ask for additional pain relief five minutes before moving to make it more comfortable:

- 1- Bend your knees up with your feet on the bed, keeping your knees pressed together



- 2- Roll over with your shoulder and knees in line so that you don't twist. Try to roll as if your body was a log of wood. Keep your head relaxed on the pillow.

