



DR CHLOE AYRES

Gynaecologist &
Specialist Gynaecological Oncologist
MBBS FRANZCOG CGO

PATIENT POST-OPERATIVE INFORMATION

INTRODUCTION

This pamphlet is intended to provide you with some general information about what to expect when you go home following common gynaecological procedures:

- Laparotomy - open surgery
- Laparoscopy - key hole surgery
- Hysterectomy - removal of the uterus & cervix
- Hysteroscopy/D&C (+/- mirena) - telescope to look into the uterus and sample the lining
- LLETZ/cone biopsy of cervix - excisional procedures of the cervix
- Vulval surgery
- Lymph node removal - for cancers of the ovary, uterus, cervix, vulva

If there are any specific concerns about your surgery, operation risks, or what to expect post op, please discuss these with Dr Ayres.

FOLLOWING THE OPERATION

Your length of stay in hospital will vary according to the type of operation you have had. For major abdominal surgery this may be 5-7 days, and for laparoscopic surgery this may be 2-3 days. If you have major vulval cancer surgery in addition to lymph nodes removed from the groin you may be in hospital up to 10 days.

If the operation is a “day case”, you will be able to go home once you have recovered from the anaesthetic, have had something to eat and drink and been able to pass urine. Because a general anaesthetic can temporarily affect co-ordination and reasoning skills, it is important that you **do not drive, drink alcohol or sign any legal documents** for the first 24 hours post surgery. It's essential that you arrange for somebody to pick you up to drive you home and also be with you to listen to your post operative instructions as you may still be a bit light headed from your anaesthetic.

REST

You should rest when you get home, for the more major operations this should continue for 2-3 weeks, including a rest in bed during the day as well as staying later in bed in the morning and retiring earlier to bed at night. Resumption of normal daily activities will vary according to the type of surgery, in some cases this may take several weeks.

PAIN

Cramping or abdominal discomfort (similar to period pain) is quite usual following any gynaecological surgery and may vary according to the type of operation, and can occur for a few hours or continue for days. Pain can be treated with paracetamol, panadeine, anti-inflammatories or other medication prescribed by your doctor. A hot pack may ease abdominal discomfort.

VAGINAL BLEEDING

In most cases light vaginal bleeding is to be expected and may continue for up to 3-4 weeks. In order to avoid any risk of infection you should:

- use sanitary pads
- shower as usual

During this time, avoid submerging your pelvic area into a hot spa or bath because this can slow the healing process.

EXERCISE

Exercise should be balanced with adequate rest. You should not lift and pull heavy objects (over 2kg) for 6-8 weeks following abdominal or major laparoscopic surgery.

After a LLETZ/cone biopsy of cervix you should avoid doing anything physically strenuous for about 2 weeks, since this could restart your bleeding or make you bleed more heavily. Activities such as loading or carrying washing, shopping, children and vacuuming should be delegated to someone else. Walking, yoga, swimming are easy forms of exercise but should be introduced gradually. Public pool swimming is not recommended due to infection risk but ocean swimming is acceptable. High impact exercise, such as running & lifting weights, should be avoided as it puts undue strain on healing tissues. If any form of exercise causes you pain please STOP immediately.

INTERCOURSE

Avoid intercourse, tampons and public pool swimming for 1 week after hysteroscopy, 4-6 weeks after a LLETZ/cone biopsy of cervix and 6-8 weeks after hysterectomy (both abdominal and laparoscopic). You may need to use lubricant particularly if surgery causes premature menopause.

STOCKINGS

The hospital will provide you with T.E.D.TM stockings: If you are asked, wear these at home and leave them on for 4 weeks. (If you want to take them off occasionally and wash them this is fine). If you are resting or sitting you should have them on. You may be prescribed Clexane[®] injections for 4-6 weeks after your surgery to reduce your risk of blood clots in the leg (DVT) or lung (PE).

LYMPHOEDEMA

Women who have lymph nodes removed as part of their cancer surgery may experience long term lower limb swelling (oedema) months to years after surgery. It is important to engage with a physiotherapist specialised in lymphoedema management. Compression stockings, leg elevation, massage, avoiding infection/trauma to the skin, maintaining normal weight and regular exercise will help.

WOUND CARE/DRESSINGS

Most wounds will be closed with sutures that dissolve within several weeks. Leave abdominal dressings intact for 5 days unless they are soiled or wet. When you remove them, either leave the wounds open, or cover with a Band-Aid. Do NOT apply antiseptic creams (eg Dettol, Betadine) to the wounds as these can be harmful to healing tissue. After that you may massage the wounds with a moisturizer containing Vitamin E. If you notice any redness or discharge from the wound, seek medical advice. Occasionally staples are used which need to be removed day 10 post-op.

Following any vulva surgery, ice the area every hour when awake to reducing bruising and swelling. The area should be washed 3 times a day with warm water in addition to anytime you pass urine or open your bowels. Gently pat the area dry with a towel or use a hairdryer on the lowest possible heat setting. Try avoid underwear when possible especially at night and wear loose fitting clothing.

BLADDER CARE

Following the operation you may have had an indwelling urinary catheter into your bladder. In most cases this will be removed prior to discharge from hospital.

If you are going home with a catheter in your bladder +/- leg bag, you will need specialist advice - please speak to your nurse prior to discharge regarding management.

Drink 6-8 cups of fluid every day but avoid excessive caffeine or alcohol. Perform pelvic floor exercises every day once you have recovered from your surgery.

BOWEL CARE

Bowel function usually returns to normal 2-5 days following major surgery. It is important to avoid straining. Some patients need help with laxatives such as Coloxy® (stool softener) and/or Movicol® (triggers a bowel movement) until their bowel function returns to normal. If you have any bowel adhesions, bowel obstruction or major surgery on your bowel, a low residue diet (avoiding high fibre foods) may be recommended.

ROUTINE FOLLOW-UP APPOINTMENT

Please make your Post-Op Review appointment 6 weeks from your surgery date. Dr Ayres or her nurse will call you with your pathology results once they are finalised.

DRIVING

Laparoscopic Surgery - You cannot drive for 4 weeks.
Major Abdominal Surgery - You cannot drive for 6 weeks.
Please check with your Insurance company.

FLYING

Major Abdominal Surgery - No flying for 6 weeks.

WHEN TO SEEK HELP OR FURTHER ADVICE

You should seek advice from your G.P. or Gynaecologist if you experience any of the following:

- Persistent vaginal bleeding
- Passing large clots (larger than a 50 cent piece) or tissue
- Offensive vaginal discharge
- A fever - high temperature (over 38°C) or chills
- Increasing abdominal or lower back pain or any pain that is not relieved after taking pain relieving tablets
- Nausea or vomiting that is worsening
- Pain or burning on passing urine, or the need to pass urine frequently or increasing difficulty in emptying the bladder
- If you have a wound
 - persistent redness, pain, pus, or swelling around the incisions or
 - an enlarging bruise around the incision site
- Any other concerns you may have, especially if you feel worse

IF YOU HAVE ANY CONCERNS PLEASE CONTACT

Dr Chloe Ayres on **(08) 9414 6568** Monday to Thursday: 9am-5pm with the phone answered until 4pm daily Friday 9am-1pm (Answering machine facilities when the Practice is closed).
Call 6458 2222 or present to King Edward Memorial Hospital (374 Bagot Road, Subiaco) if urgent.