

Pre and Post Surgery Advice

(Please see individual procedures for specific advice)

What can I do to help myself before the operation?

Before any major surgery, it is advisable to try and get as fit for surgery as possible.

Getting Fit: Try to do regular exercise including swimming, walking or going to the gym as this will go a long way in helping your recovery after your operation. This also means trying to lose weight if you are overweight (this helps post-operative recovery and reduces complications such as infection and anaesthetic problems that occur more frequently in overweight patients). Do take the advice of your doctor before you start any exercise programme so that you don't hurt yourself.

Healthy Diet: Do try to eat healthily, increasing your intake of water, vegetables and fruit. Eat iron rich foods such as nuts, broccoli and green leafy vegetables and beans.

Do stop smoking, seeking advice from your doctor, as this affects healing as well as increases your chance significantly of anaesthetic problems, especially lung infections and breathing problems post operatively.

Do let your surgeon and anaesthetist know about the medications you are taking including homeopathic or alternative medicines as these can affect your operation adversely. You may need to stop them before your operation.

Do let your surgeon and anaesthetist know about any medical/anaesthetic or surgical information regarding yourself, as this may be helpful in avoiding problems during surgery and afterwards.

Do I need to use Contraception? You must not be pregnant at the time of your procedure. You must use effective contraception or abstain from sex in the menstrual cycle of the procedure. Even though you will have a urine pregnancy test before your procedure, this does not always pick up very early pregnancies and if there is any doubt, your procedure will be cancelled on the day and rescheduled.

How long will I stay in hospital?

You will be discharged home in 24- 72 hours, depending on how you feel. If you have any surgical complications, you may stay in the hospital for longer. If you are having a day case procedure, such as a hysteroscopy, LLETZ procedure or endometrial ablation or other minor

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procedures, even if under a general anaesthetic, you should be able to go home a few hours after your surgical procedure.

Do I need to fast before the operation?

Yes, if you are having a general anaesthetic. No food, not even chewing gum should be consumed for at least 6 hours before your procedure. You can drink water up to 2 hours before your procedure. The hospital will advise you as to the timing of your procedure and guide you.

Do I need to stop my medications before my procedure?

You normally should not stop any of your essential medications. Please take your usual essential medications with a tiny sip of water at the regular time, unless advised not to by the nurse or doctor. Do remember to bring a list of all your medications to show the nurse at your pre-assessment (if you are having one) and let your admitting nurse and anaesthetist know all the medications you are on.

This is because your medications may influence your anaesthetic and surgery. You should also inform the nurse and anaesthetist of any allergies that you have to foods, metals, drugs etc. Some important notes on certain conditions are listed below.

DIABETES (insulin or tablet)

In general, you should not take your insulin injection or your tablet, when you are fasting. For example, if your operation is in the morning, DO NOT TAKE your morning dose or injection as you will be fasting overnight, but do take the previous dose as normal.

If your operation is in the evening, take your doses as normal in the morning, but stop injection/tablets if you are taking any at lunchtime (you will fast for 6 hours). You can resume your normal regime, once you are eating and drinking normally. If in any doubt, consult your surgeon or anaesthetist.

ASPIRIN, WARFARIN, CLOPIDOGREL, CLEXANE or any blood thinning agent

You will need to stop most blood thinning agents such as Aspirin or Clopidogrel at least 1-2 weeks before your procedure. This is to avoid excessive bleeding at your operation.

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If you are on Warfarin or Clexane or any of the above blood thinners, you will need to liaise with your surgeon and if needed, your cardiologist. If in any doubt, consult your surgeon or anaesthetist and certainly inform them when you see them, as it may influence your management.

Will I have stitches?

You will usually have glue to seal the skin wounds if it's a keyhole procedure or you may have a couple of dissolvable stitches, one in your umbilicus (belly button) and one or two just below, either to the right or left of your abdomen. These will dissolve in approximately 10-14 days. You will not usually need a dressing, once you take off the ones covering the wounds when you leave the hospital.

If you are having a cut in your tummy (laparotomy), you will usually have a dissolvable continuous stitch that dissolves and does not need removal. There will usually be some dissolving stitches at the top of the vagina. You will usually not need a dressing, once you take off the ones covering the scars when you leave the hospital.

If you have vulval or vaginal surgery, there may be dissolvable stitches in the vulval or vaginal skin and your surgeon will advise you appropriately.

What will happen before the operation?

You will see your surgeon to discuss any further questions. You should have had your consent appointment a week or two before any major procedure; otherwise this is the time a written consent will be obtained from you.

You will see an Anaesthetist who will assess and explain the type of anaesthetic that is best suited for you. Post-operative pain relief will also be discussed with you.

Pre assessment appointment: A Nurse will assess you and explain the preparation required for your operation a few days before your major operation and arrange blood tests, swabs and any other tests that you may require.

Why do some women need an injection before hysterectomy?

Some women need a long acting hormone injection (GnRh Prostag injection) that shrinks fibroids and the womb temporarily, with the effects lasting for 3-4 months. This allows the

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iron levels to rise by stopping the periods, reducing blood loss and reducing the need for blood transfusion. It also may help in allowing the surgeon to do the procedure through a smaller incision or as a keyhole hysterectomy.

The operation is usually performed 8-12 weeks after the injection. During this time, some women may experience symptoms like the menopause such as hot flushes and low mood. These symptoms disappear once the injection wears out of the system in 3-4 months. This will all be discussed and explained to you thoroughly before you decide.

After the operation

You will spend some time in the recovery bay before being moved back to the ward. A catheter will be left in place to enable urine to drain freely. It will be removed usually after a day. You may have a vaginal gauze pack to stop any vaginal bleeding, especially after a vaginal repair. This will be removed within the next 24 hours.

You will be discharged home, dependent on how you feel in 24-72 hours.

What else can I expect after my operation?

Nausea: You may feel slightly nauseated or groggy just as you are coming out of your anaesthetic. This will pass soon and if needed, medication will be given to you to make you feel better. You will be able to resume normal activities soon.

Vaginal bleeding: Some amount of vaginal bleeding and discharge is to be expected, usually for 4-6 weeks or so. If this is heavy, or has an offensive smell or causes you concern, seek medical advice. Avoid tampons to reduce risk of infection.

Abdominal distension, wind and shoulder-tip pain: Abdominal distension is not uncommon after a laparoscopy accompanied by shoulder-tip pain. This is due to gas that has been inserted into the abdomen (tummy) so that the abdomen will distend (rise), thereby allowing easier viewing of the pelvic organs.

This bloated feeling, wind and shoulder-tip pain is temporary and will resolve itself in approximately 24-48 hours, as the gas gets re-absorbed into your system. Early mobilisation will help to increase the re-absorption process. The pain is relieved by taking your usual painkillers or medication prescribed by the hospital. Some women may need stronger pain killers.

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Wound pain: For a couple of weeks after your operation, you will have a feeling of soreness on the abdomen. This is normal and should not cause concern. Pain killers such as Paracetamol or Ibuprofen are usually effective in controlling discomfort.

Other issues

Bathing: You can have a shower or a bath when you feel able. Dry the stitches carefully. Do not use talcum powder in this area. Take off the dressings and leave to air. There is no need to cover the scars.

Work: After major surgery, you should be able to return to work after approximately 4-8 weeks - taking into consideration the type of work you do. However, if you have had keyhole surgery, you will be advised by your doctor how long you need to be off work as it could be shorter. For minor procedures, you may be off just a day or two and sometimes longer, up to two weeks with complicated laparoscopic surgery to remove large ovarian cysts or treat endometriosis.

Lifting: Mobilise as normal, but do not do any heavy lifting for 3-4 weeks.

Sex: You will be able to resume sexual intercourse usually after your postoperative follow up appointment with your surgeon, usually 4-6 weeks. If you are bleeding, wait for this to stop. If you are not bleeding, go ahead when you feel comfortable after you have been given the all clear. For minor procedures, it is best to avoid sexual intercourse until you feel comfortable and bleeding has settled (usually 2-3 weeks).

Other physical activities: You will be able to resume other activities such as sport and swimming as soon as you feel able, usually in 4 - 6 weeks.

Driving: Usually 4 weeks post-surgery, once you can do the emergency stop safely. Do check with your car insurance for their regulations as well. For minor procedures, if you had a general anaesthetic, you should avoid driving for 24 hours to allow the anaesthetic to wear off.

Travelling abroad: Avoid until after your post-operative medical check.

What can I do when I get home?

Take regular steady exercise.

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Eat a well-balanced diet, including plenty of fruit, vegetables, and beans and grains i.e. a naturally occurring low fat high fibre diet. Avoid constipation. *See Nutrition leaflet.*

Bathe or shower daily. Do not worry about getting the wounds wet, you can wash but remember to leave the area dry afterwards to avoid infection. Leave any wounds exposed as much as possible, again to avoid the area from getting infected.

Wear loose clothing.

Light housework e.g. dusting after the first couple of weeks

Continue your abdominal and pelvic floor exercises as soon as you feel able to do your exercises.

You must wear your stockings properly (the nurses will advise you) while you are in hospital and for at least 4-6 weeks after, until you have recovered from your operation and are fully mobile.

If you have any further questions, please do not hesitate to discuss this either before or after your operation. However, nursing staff will contact you should you wish, the day following your discharge to see how you are. You will also be given a ward contact phone number to use, should you have any problems.

When will I know the results of my surgery?

Following your surgery, the findings and their implications will be discussed with you. Plans will be made for any further treatment and any necessary appointments will usually be made before you leave the hospital. The results of any biopsy or tissue being analysed takes a couple of weeks to come back.

You will be seen in clinic for a follow up. If you need further surgery or other treatment, this will be discussed in detail with you, usually in the clinic. Your GP will be sent a letter with the findings from your procedure, and any results. You will be copied into this.

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