

# Information post-women's surgery:

## Laparoscopic hysterectomy +/- removal of ovaries and tubes

Please check that you have the following information or services before you go home (discharged) and that you understand their purpose if required. Ask your nurse or doctor if you are unsure or would like more information.

- |   |  |
|---|--|
| <input type="checkbox"/> When outpatient / local GP appointment is due    | <input type="checkbox"/> Discharge medications           |
| <input type="checkbox"/> Private X-rays, personal belongings, medications | <input type="checkbox"/> Copy of Discharge Summary       |
| <input type="checkbox"/> Travel bookings and forms (if applicable)        | <input type="checkbox"/> Medical certificate             |
| <input type="checkbox"/> Compliments and Concerns pamphlet                | <input type="checkbox"/> Family notified                 |
| <input type="checkbox"/> Outpatient procedures as required                | <input type="checkbox"/> Hormone therapy (if applicable) |

### Medications

It is normal to have some pain (including cramps) post-surgery. Taking regular analgesia such as paracetamol (Panadol®), every four to six hours will help to keep your pain under control (see manufacturers instructions for recommended dose). A maximum of only eight paracetamol tablets per day is advised. To help with cramps and pain, non-steroidal anti-inflammatory medications such as ibuprofen (Advil®, Nurofen®) may be useful.

If prescribed stronger analgesia, remember to take regular laxatives as constipation can cause more pain.

As your body heals, this discomfort should decrease and you can gradually reduce the amount of pain medication you are taking. Remember, some discomfort is normal, but pain is a signal to slow down and rest.

Hormone therapy (Oestrogen) may be recommended after surgery for women who had their ovaries (and uterus) removed. If you plan to use hormone therapy, you should talk with your doctor or nurse about the risks and benefits, and about how long you should use this treatment.

For more information, ask for a fact sheet or contact Women's Health Queensland Wide on (07) 3839 9988 (Brisbane Metro) or 1800 017 676 or [www.womhealth.org.au](http://www.womhealth.org.au).

### Activity

- Rest is important, take short naps but do not spend all day in bed.
- Continue to wear your compression stockings when resting, also if driving for over an hour or flying.
- Walking is the best exercise to start once you get home – progress at your own pace by starting with small distances and slowly build up.
- You should be able to resume your regular activities once you feel comfortable.
- Depending on your type of work, you can return to work about four to six weeks. Check with your doctor if you have any queries.
- Avoid heavy lifting, over ten kilos (20 pounds) of weight from the floor, for four to six weeks to minimise stress on your healing wounds, both internal and external. If you cannot easily lift an object with one hand, ask for help.

- Avoid driving until full mobility returns and strong analgesia is no longer required (approximately four weeks). The first time you drive, you should be accompanied. However, for medico-legal reasons, it is important to check with your insurance company prior to recommencing driving.
- Avoid heavy exercise/swimming for four to six weeks after the operation – refer to the physiotherapy discharge pamphlet for post-operative exercises and care.
- Pushing yourself too fast after surgery will only cause setbacks in your recovery. Discomfort should decrease a little each day. Increases in energy and activity are signs that recovery is going well.

## Sexual activity

- Penetrative sex (vaginal intercourse) is not recommended until internal healing has happened (approximately six weeks).
- Additionally, you may need to use a water-based lubricant (e.g. KY Jelly® or Sylk®) when recommencing sexual activity.
- If intercourse is painful after eight weeks, seek medical advice.

## Vaginal discharge

- You may experience slight pink or old brown discharge on your sanitary pad or liner for the next three weeks. Do not use tampons or douche as this may cause infection.
- You may notice some vaginal spotting about four to six weeks after surgery (thought to be due to suture re-absorption). If this is less than a period, continue with normal activities, otherwise seek advice.
- If your bleeding continues or changes in any way, you should seek your local doctor's advice or go to your local or RBWH emergency department.

## Diet

Avoid constipation by:

- Drinking extra fluids, especially water. This also helps to prevent urinary infections.
- Adding fibre to your diet, e.g. wholemeal bread, fruit and vegetables.
- Drinking a glass of pear or prune juice twice a day.
- Exercising gently and moving around more.
- If wind is a problem, you may find trying peppermint or chamomile tea useful.
- Using laxatives as necessary, e.g. Coloxyl®. Depending on what medications you are on, you may have been prescribed two to five days of laxatives to take home.

For more information, ask for a diet sheet or visit [www.health.qld.gov.au/eatwellbeactive](http://www.health.qld.gov.au/eatwellbeactive)

## Abdominal wounds / pain

- After showering, dry the line of the small wounds (some may have stitches) by patting dry with a soft towel. The key to complete healing of the keyhole wounds is to keep the areas clean and dry. Report if your wound becomes painful, swollen and red and/or has a discharge.
- Apply a soft pad or Band-Aid to keep the wound dry and protect your clothing. Once healed, you do not need to keep the wound covered.
- Do not use talcum powder or disinfectant.
- Avoid wearing tight fitting clothes for two weeks.
- Leave Steri-strips (tape) in place until peeling off. In most cases, your sutures will be removed prior to discharge or will dissolve in about two weeks. If this is not the case, then you will be advised on what to do.

- You may experience shoulder tip, neck and back pain for up to a week after the operation. This is due to the gas used during the procedure. This pain can be relieved with hot packs, warm showers and re-positioning your body for comfort.
- Pain should get better each day. If not, seek medical advice.

## When to seek advice

If you experience any of the following symptoms that are not relieved by your usual medications or practices you should seek your local doctor's advice, or go to either your local or the Royal Brisbane and Women's Hospital emergency department as soon as possible.

- Sudden shivers or chills, hot flushes or sweating, fever and feeling generally unwell.
- Unusual shortness of breath or chest pain or pain when breathing.
- Severe abdominal pain or cramping lasting longer than 48 hours, with worsening pain.
- Heavy or prolonged vaginal bleeding, or large clots (especially if bright red).
- Offensive smelling or unusual coloured vaginal discharge.
- Wound becomes painful, swollen and red and/or has discharge.
- Vomiting develops more than 24 hours after the operation.
- Burning, stinging, excessive frequency or difficulty in passing urine.
- Tenderness and/or swelling or a hot sore area in the calf muscles.

## Follow up appointments

It is important that you have an appointment four to six weeks after your operation with your local doctor to check how you are going and to give you the opportunity to discuss any queries or concerns that you may have. In addition, general reproductive health care may be done if required.

If necessary, your hospital doctor will request and organise a follow-up appointment for you, which will be posted to you four weeks prior to the appointment date, please ensure you phone and confirm this appointment as per instruction in the offer letter.

If you have any concerns, please contact your local doctor to go to either you local or the Royal Brisbane and Women's Hospital emergency department.

**If you would like further information, please contact: 13 HEALTH (13 432 584).**



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Consumers and/or carers provided feedback on this publication.

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