

Enhanced Recovery Programme



Gynaecology- Abdominal/Vaginal Hysterectomy

Patient information Leaflet

October 2017

VERSION CONTROL SCHEDULE

Enhanced Recovery Programme – Gynaecology Abdominal/Vaginal Hysterectomy

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The Enhanced Recovery Programme

The Enhanced Recovery Programme aims to improve the experience and wellbeing of people who require surgery. It aims to promote your health and wellbeing helping you to return to normal as soon as possible.

There is a great deal of research available on Enhanced Recovery After Surgery, which states that the sooner you get out of bed, begin to walk and start eating and drinking, the quicker the recovery.

With this new approach to care, recovery after surgery is more comfortable, easier and happens more quickly.

This approach involves:

- Pre-operative advice and information
- Carbohydrate rich drinks before surgery
- Tailored postoperative pain relief
- Early feeding after surgery
- Early mobilisation after surgery

These elements speed up recovery and reduce the possibility of complications such as chest infections and muscle wastage.

The Enhanced Recovery Programme aims to ensure patients are involved in their own care.

We ask that you play an active role in your recovery and work in partnership with all of the gynaecology team to achieve this.

Staff involved

The Enhanced Recovery programme focuses on providing the highest quality care using a multidisciplinary approach, which means you **may** receive input and care from several different members of staff throughout your stay, for example:

Your Consultant and his/her team of Doctors

- Anaesthetist
- Pre-operative clinic nurse
- Theatre/Recovery Nurse
- Physiotherapist
- Ward Staff (Manager/Sister/Staff Nurses/Auxiliaries)
- Discharge Co-ordinator
- Dietician
- Pain Team
- Enhanced Recovery Team

BEFORE YOUR SURGERY

It is important that you are as fit as possible before your operation. You should try not to be overweight as this increases the risks associated with surgery. It may be advisable to see your GP or a dietician for advice.

It is important to be in the best state of health possible prior to your surgery, this can be achieved by increasing the amount of exercise you do and maintaining a healthy diet.

Any medical conditions such as, blood pressure problems should be known to your G.P and be under treatment.

Smoking and Alcohol

Smoking prior to surgery delays wound healing and increases your risk of developing chest complications both in the long and short term. Prior to hospital admission we advise that you stop smoking at least 2 weeks before and for at least 6 weeks after. If you require assistance with stopping smoking prior to surgery please visit your GP for advice. Tameside Hospital is a non smoking site.

Alcohol intake should also be reduced prior to admission and for around 6-8 weeks after. If your intake is excessive please inform clinic staff or visit your GP.

Begin to think about how you will cope on return from hospital. You will need to make arrangements for family and/or friends to support you on discharge from hospital

DIETARY INFORMATION

Research shows that if you are well nourished and hydrated before and after your surgery you are likely to recover better and more quickly.

You should try to eat as normally as possible up until your surgery.

- Eat regular meals containing protein foods such as meat, fish, eggs, cheese, lentils and milk.
- Include carbohydrate foods at each meal such as cereals, bread, rice, pasta and potatoes.
- **If you are underweight or experiencing unintentional weight loss**
 - * Avoid using low fat foods / drinks – use full fat milk, margarine / butter, cheese, and yogurts, within your tolerance
 - * Include extra snacks e.g. yogurts, cheese and crackers, rice pudding etc. and nourishing fluids e.g. full fat milk

It is advisable to see your GP to investigate causes for un-intentional weight loss

What is Pre Load?

Pre Load is a carbohydrate powder. It is used to prevent dehydration, lethargy and insulin resistance which can help you recover quicker. It has a pleasant lemon flavour when diluted in water.

Pre load is not given to diabetic patients as this will increase your blood sugar level, which may impact on your operation and recovery.

You will have:-

- * **800mls of Preload to sip between 7pm – 11pm on the night before surgery.** You can drink water, tea, coffee etc at this time also. (This is 2 sachets of preload dissolved in 800mls of water). We suggest you have a late snack then no solids 6 hours prior to admission.
- * **On the morning of your surgery you will have 400mls of Pre Load to sip.** This should be consumed in full 2 hours before surgery. You should stop drinking water 2 hours before surgery. (This is 1 sachet of pre load dissolved in 400 mls of water).

After your surgery you should eat and drink as soon as you feel able, and try to continue to eat as normally as possible. This will help you in your recovery. If you are having difficulty eating, the nurses will monitor your intake, and refer you to the dietician.

Pre-operative Assessment Clinic

The purpose of your pre-operative assessment visit is to provide information and prepare you for your surgery.

We will also ask you questions about your medical history, general health and wellbeing. This allows us to ensure you are at optimum health before your surgery. It also gives us the opportunity to make sure arrangements have been made for your admission and discharge. Routine bloods tests and a heart tracing (ECG) may be ordered.

Whilst in pre-operative assessment clinic your nurse will outline the Enhanced Recovery Programme and the importance of your role.

As part of the Enhanced Recovery Programme planning your discharge begins at pre-operative assessment clinic. You will need to make arrangements for family and/or friends to support you on discharge from hospital. If this is not possible please inform the nurse at clinic as it may be necessary to arrange some support for you at home.

You will need to bring contact details of the person who will take you home after discharge, if there is nobody available to do this please inform the clinic.

Medications

Please ensure you bring all your current medications, inhalers, creams, eye drops, ointments and any non-prescribed/herbal medications with you to clinic and on admission to the ward. Where possible please bring your medications in their original packaging. Alternately you can bring a copy of GP prescription if convenient.

In the pre-op clinic the nurse will go through your medication and identify any which need to be stopped prior to admission for your operation, ideally herbal medication should be stopped at least two weeks prior to your operation, as these can sometimes cause complications during your surgery.

Admission

On the day of your surgery you will be admitted to the Same Day Admissions Unit which is located within the Day Surgery Endoscopy Unit. After your procedure you will be transferred to the Integrated Surgical & Gynaecological Unit.(ISGU)

The visiting times are 3pm to 4.30 pm and 6.30pm to 8 pm every day.

The ward has a quiet period every day after lunch to allow patients to rest. The ward is closed to visitors during this time.

Please nominate one person to ring the ward with any enquiries as answering multiple phone calls greatly impacts on time nurses could spend with patients. Please advise your family members that specific details of your condition cannot be discussed over the telephone.

Flowers are not permitted on the unit.

Day of Admission

Please bring in the following items:

- All medications in their original packaging if possible.
- Day clothes- practical shoes which must have backs. Comfortable, loose clothing is recommended whilst in hospital
- Nightclothes, dressing gown and slippers (practical and well fitting, mule type slippers are **not** safe for walking around the ward after your operation)
- Toiletries and towels (please note there are no facilities for washing patient's belongings in the hospital)

We advise that expensive jewellery, personal belongings and large amounts of money are NOT brought into hospital. We suggest that patients keep no more than £10 with them at any one time.

Most patients will be admitted on the morning of their surgery. Research has shown that this reduces anxiety. If the healthcare team feel you need to be admitted sooner you will be contacted.

You will be able to eat normally up to 6 hours before your operation and be allowed clear fluids up to 2 hours before surgery, unless otherwise directed. Clear fluids means water/black tea or coffee or cordial **no milky drinks are allowed**.

Day of Surgery

On the day of surgery a shower should be taken (this should be at home prior to arrival at the hospital). This ensures your skin is as clean as possible prior to your surgery and can help to reduce the risk of wound infections.

On the day of surgery you will be seen by your surgeon or a member of their team. You will be asked to sign a consent form prior to the operation, during this time the doctor will explain the procedure and any potential risks/complications which may occur. This is your opportunity to ask any questions in relation to your surgery and your recovery.

During your stay you will be reviewed by your team of doctors on a daily basis.

On the day of your surgery you will be seen by an Anaesthetist who will discuss the types of anaesthesia and pain relief and anti sickness you may be given, which will supplement the information you receive in the pre-operative assessment clinic. It is common for this operation to be performed either under General Anaesthesia or Spinal or a combination of two.

You will also be required to change into a hospital gown.

The staff on the Admissions Unit and theatre escort staff will ask you some questions from a form called a "pre-operative check list".

You will be asked to confirm your signature on your consent form and whether you understand what the surgeon is planning to do and that you are aware of potential risks/complications.

You will be escorted to the adjacent theatre for your operation

After Surgery

When you wake up from surgery you will be in the recovery room. You will have oxygen in place through a facemask and an intravenous drip (which gives you fluid directly into a vein). Once the Recovery Nurse feels you are ready to be transferred to the ward, your transfer will be arranged.

On the ward your nurse will closely monitor your vital signs, including:

- Blood Pressure
- Pulse
- Respirations and oxygen levels
- Temperature
- Urine output
- Conscious level
- Nausea and Pain scores

Your nurse will also need to regularly check your wound. You will be assisted in adjusting your position on a regular basis. Please be aware that these observations are important and staff will have to wake you in the night to continue to monitor you safely.

After your surgery it is essential you perform deep breathing and circulatory exercises as explained to you in pre-op clinic. These should be done at least 5 times an hour. See Physio information

It is important that after surgery you follow the daily routine that is outlined for you in the Enhanced Recovery Programme.

On return from surgery you may have *Flowtron boots* (intermittent compression boots) in place which are designed to reduce the incidence of clots in your legs also known as DVT's (Deep Vein Thrombosis). You may also receive a small injection

each day to reduce to risk of DVT'S.

Mobilisation

Early mobilisation is a major aspect of the Enhanced Recovery Programme and promotes a faster recovery from your surgery.

Following your surgery you will be encouraged to mobilise as soon as possible. The staff on the Unit will assist you sit out of bed a few hours following your surgery. If you are unable to do so, you will be encouraged to sit upright in bed and regularly change your position.

The morning after your surgery you will be expected to get out of bed and sit out for most of the morning.

Every day you will be encouraged to mobilise four to six times a day. This is an essential part of your recovery and will help you return to normal. Early mobilisation also helps to prevent complications which are associated with prolonged bed rest and reduced mobility.

Also see physio information.

Tubes and Drips

Your intravenous drip will remain in place until you are taking adequate amounts of oral fluids.

You may have a catheter (a tube into your bladder), to allow us to monitor your urine output and maintain your comfort immediately after surgery. This is usually removed at 6am the morning after your surgery.

Diet and Fluids

You can eat and drink as normal and to your tolerance, we may monitor your food intake to ensure you are eating and drinking enough to help you in your recovery. See the dietary advice section within this booklet (page 6).

Sickness

Sometimes people experience feeling or being sick after an operation. If you do develop such symptoms please inform staff and they can give you some medication (sometimes in injection form) to help relieve this.

Pain

You will be provided with regular medication to control the pain, which will be prescribed according to your requirements. It is important that you inform staff if your pain is not relieved by the medication provided, as adjustments can be made. Severe pain on very rare occasions could indicate a problem with the surgery and therefore should be reported to staff. See the pain section of this booklet.

Vaginal Pack

Depending on your surgery you may have a vaginal pack, this may cause a slight discomfort. The pack is usually removed at 6am the day after surgery.

Wound

Depending on your surgery you may have a wound to your abdomen. This will have a dressing in place, which will be checked regularly on return to the ward and will be changed 24-48 hours after your surgery. You may have clips or sutures which may need removing, your nurse will advise you when this will take place and may require a return to the unit or a referral to the district nurses, if this is the case a referral will be faxed to the district nursing team.

PAIN CONTROL

Many patients undergoing gynaecological surgery, will receive both a general anaesthetic, and a spinal to help ensure pain is controlled following surgery. Your anaesthetist will discuss pain control options with you prior to surgery.

What Is A Spinal?

A local anaesthetic drug is injected through a needle into the small of your back to numb the nerves that supply the lower half of your body for a few hours.

How Is A Spinal Performed?

1. Your anaesthetist will ideally discuss the procedure with you, before your surgery.
2. You will meet an anaesthetic nurse who will stay with you throughout your time in theatre. They will assist you when getting into the correct position for the spinal.
You will be asked to either sit upright on a trolley with your feet on a stool or lie on your side, curled up with your knees tucked up towards your chest. In both cases the nurse will support you and reassure you during the procedure.
3. The anaesthetist will explain what is happening throughout the procedure so that you are aware.
4. As the spinal begins to take effect, your anaesthetist will measure your progress and test how well the spinal is working.

What Will I Feel?

Usually a spinal should cause no unpleasant feelings and should take only a few minutes to perform. However as the medicine is given into your back you may feel pins and needles or a sharp tingle in one of your legs – **if you do, try to remain still, and tell your anaesthetist about it.**

When the injection has been completed you will lie flat as the spinal works quickly and usually works within 5 – 10 minutes. To begin with the skin usually feels numb to the touch and the leg muscles feel weak. When the spinal is working fully you will be unable to move your legs or feel any pain below your waist. Oxygen is usually given during this procedure to improve the level of oxygen in your blood stream.

What Are The Benefits Of Having A Spinal?

- Reduced blood loss during surgery and less need for a blood transfusion.
- Less risk of blood clots forming in the leg veins
- Less risk of chest infections after surgery
- Less effect on the heart and lungs
- Good pain relief immediately after surgery

- Less need for strong pain relieving drugs
- Less sickness and vomiting
- Earlier return to drinking and eating after surgery
- Less confusion after the operation in older people

Nursing Observations

Following your spinal the nurses will regularly assess how effective the spinal is in controlling your pain. They will also monitor your other observations such as blood pressure, pulse and pain score. This enables them to monitor the effectiveness of your spinal and identify when it is beginning to wear off.

After Your Spinal

It takes approximately 1½ – 4 hours or maybe longer for the feeling to return to the area of your body that has been numbed. If you have any worries about this please speak to the staff. As the sensation/feeling returns you may experience tingling in the skin as the spinal wears off. At this point you may start to feel discomfort at the site of your operation, and it is important that you let the nurses know so that they can give you some more pain relief to prevent the pain from becoming too severe.

As the spinal wears off you will also need to ask the staff for help when first getting out of bed, to ensure that you do not fall.

What Are The Side Effects Of Spinals?

Very common and common side effects – Affects 1 in 10 people

Headache

When the spinal wears off and you begin to move around there is a risk of a headache occurring, but it is easily treated with fluids and pain relieving tablets.

Low blood pressure

As the spinal starts to work, it can lower your blood pressure and make you feel faint or sick. This can be controlled with fluids given by a drip and by occasionally giving you medicines to increase your blood pressure.

Itching

This may occur as a side effect of the Morphine like drugs used in the spinal. If you experience itching, please let staff know so that they can give you something to ease it.

Difficulty passing water (urinary retention)

You may find it difficult to empty your bladder normally for as long as the spinal lasts. Once the spinal has worn off, you should be able to pass water normally. Occasionally a tube (catheter) may be placed into your bladder temporarily, either until the spinal wears off or as part of your operation.

Pain during the injection

As previously mentioned, you should tell your anaesthetist immediately if you feel any pain or pins and needles in your legs or bottom as this may indicate irritation or damage to a nerve and the needle will need to be repositioned

Nerve Damage

This is an uncommon complication of spinal anaesthetics. Temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all patients who have these symptoms make a full recovery in time.

In rare cases, an epidural or spinal can lead to permanent loss of feeling or movement in, for example, one or both legs.

These are rare events, 1 in 10,000 and anaesthetists undergo extensive training to reduce the chances of these complications.

If There Is a Problem

In the unlikely event that you experience persistent tingling, heaviness or weakness in your legs after the spinal has worn off or you have an increasing pain in your back, whilst in hospital inform the ward nurse immediately so they can contact a doctor or the acute pain team to review you as soon as possible.

If you experience any of these symptoms after you have been discharged home, it is important that you **contact the on call anaesthetist** at the hospital **immediately via switchboard on 0161 922 6000**.

After speaking to the on call Anaesthetist they may arrange to see you in the Accident and Emergency Department in order to examine you.

PHYSIOTHERAPY INFORMATION

Once you have had your surgery you may notice that you are more chesty than normal and there are a few reasons for this:

- The anaesthetic/ operation **may** make you less able to breathe deeply
- Your surgical wound **may** make it more difficult for you to breathe deeply and cough
- After your surgery you may be less active than normal

It is an essential part of your recovery to perform breathing exercises

The following techniques will help to reduce the above problems:

- ❖ **Positioning** Whilst in bed, it is important not to slump down as it restricts your chest expansion and air cannot get to the bottom of your lungs. Try to sit up as much as possible
- ❖ **Deep breathing exercises** These exercises increase the amount of oxygen in your blood, promote healing of tissue and help to prevent chest infections. It is important to clear any phlegm or mucus you might have with deep breathing and coughing.
- ❖ **Bed/Chair exercises** It is important after your operation to keep as active as possible. This is needed to help promote good circulation and prevent joint

stiffness/muscle weakness. This can be achieved by bed exercises and walking on the ward.

- ❖ **Getting out of bed and walking** The nursing staff on the ward will assist you out of bed the first day after your surgery and then help you to increase your mobility. Once you are home aim for a 10-15 minute walk every day gradually increasing this over the following weeks.
- ❖ **Posture** Make a conscious effort to sit and walk up tall, try to avoid stooping and rounding of the shoulders. This prevents backache and poor posture.
- ❖ **Rest** Rest is as important as exercise. You may tire more easily at first, this will gradually improve.

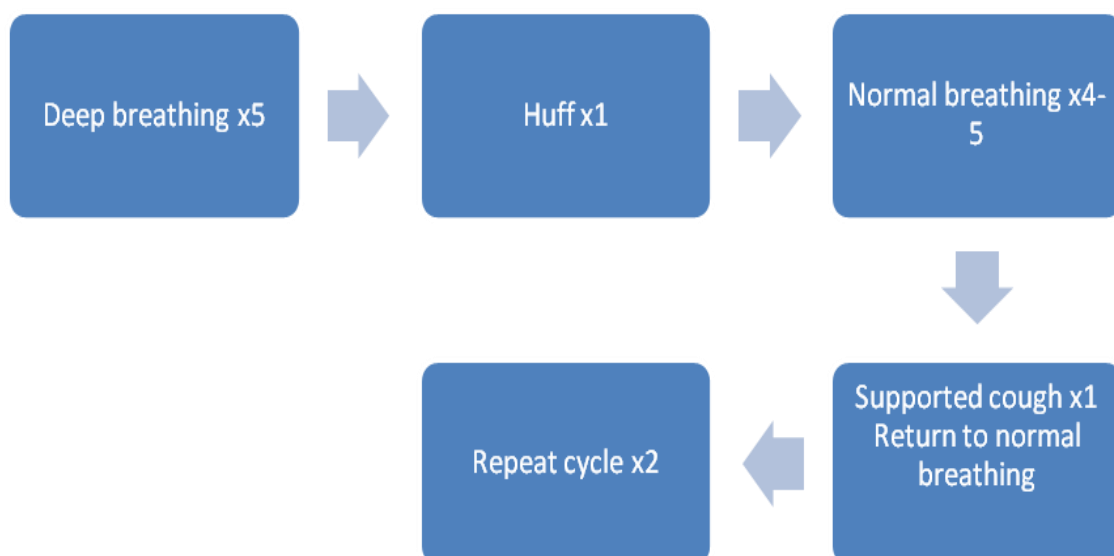
Deep breathing exercises- repeat **EVERY HOUR**

Follow this sequence when doing your deep breathing exercises:

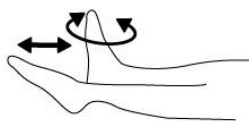
- ❖ Breathe in deeply
- ❖ Pause for a second or two, then sigh out gently
- ❖ Repeat 5 times, then
- ❖ Perform a fast breath out 'HUFF' as though you are 'steaming up a window'
- ❖ Rest for a few breaths, then
- ❖ Fully support your abdomen by placing both hands and a clean pillow there, apply firm pressure, draw up your knees and lean forward while performing a **cough**. This will ease the strain and discomfort you may experience



- ❖ Rest for a few breaths and then repeat the cycle once more



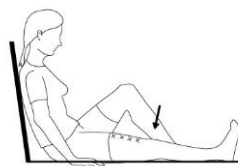
Bed/Chair Exercises- Repeat 5 times per day



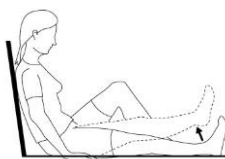
Circle your feet and ankles and move your feet up and down **15 times**



Gently bend your knees up and down one at a time **10 times each**



Straighten your knees and tense the muscles on the front of your thigh. Hold for a count of 5. Rest and **repeat 5 times**



Sit or lie with the leg out straight. Tighten the thigh muscles, straighten the knee and lift the whole leg six inches up off the bed. Hold for three seconds then lower slowly. Rest and **repeat 5 times**

❖ **Walking 10 minutes and progressing to 30 minutes walking in total per day, have somebody with you until you feel confident to walk by yourself**

If you have any problems with these exercises or any severe pain in your legs or another area, then **STOP** and let the nurse looking after you know immediately.

❖ **These exercises should be continued after discharge until you are doing your normal daily activities, unless advised otherwise by a healthcare professional.**

Pelvic Floor Muscle Exercises

The pelvic floor muscles run between your legs from your pubic bone (at the front) to the base of your spine (at the back). They are in the shape of a sling which supports and holds up the bladder, womb and bowel.

As you get older these muscles can become weak or even as a result of childbirth, straining when constipated, chronic coughing, being overweight, persistent heavy lifting and menopausal changes.

Improving the strength in your pelvic floor muscles can help prevent leakage of urine

from the bladder, improve bowel control and reduce the risk of prolapse.

Exercising the pelvic floor muscles after vaginal surgery can help to reduce discomfort and swelling and also aids healing.

Exercises

Once in a comfortable position (this can be sitting, standing or lying down).

- Breath out, then draw up the front and back passages as strongly and intensively as possible, rather like when you are trying to stop the flow of urine, then let go and relax.
- The feeling is like a 'squeeze and lift' sensation. This is a pelvic floor contraction

Try to remember not to hold your breath, or squeeze you legs or tighten your buttocks. **Begin gently and stop if it starts to hurt.**

Once you are able to do the above exercise, you may want to try these 2 exercises below.

- Briskly contract your muscles as strongly as you can, and try to **hold** the contraction for a maximum of 10 seconds, try to lift higher with each second counted. Then release/rest for the same number of seconds.
- Contract your pelvic floor briskly then immediately release/relax. Try to repeat these for a maximum of 10 repetitions

Try to perform these exercises at least 3-5 time a day. You should rest for at least 4 seconds between each contraction to prevent tiring of the muscles, and remember **begin gently and stop if it starts to hurt**

Discharge Home

It is our aim for you to be in your own home recovering as soon as possible. It is important that adequate support from your family and friends is organised prior to your surgery, as adequate rest is also an important part of your recovery. We aim to discharge you from hospital in line with your expected date of discharge so please take note of the number of days assigned to your procedure.

Preparing to leave the hospital

You must arrange for a family member or friend to collect you from the ward on your day of discharge.

You will need to bring into hospital a set of outdoor clothes to go home in.

When you leave hospital

A discharge letter will be sent to your GP detailing the events of your hospital stay.

A 7 day supply of your medications/pain relief will be provided from the hospital pharmacy it is important that you contact your GP before your supply runs out.

If required, an appointment will be arranged for you to attend the Women's Health Unit outpatient department for removal of the sutures or clips.

A District Nurses referral may be made, you will be given a copy of the referral form. This referral may be requested to check your wound, change the dressing and/or suture/clip removal.

Occasionally a referral is made to ask the district nurse to administer and/or teach self administration of the injections to thin your blood if these are to be continued after you are discharged home.

On discharge from hospital you should expect to receive a follow up phone call from a member of the nursing team around day 5 following surgery. This is to check on your progress and to provide support and answer any concerns or questions you may have after surgery.

If you experience any problems within the first few weeks of discharge please contact the ward or the Emergency Gynaecology Clinic for advice. Staff are available on the ward 24 hours a day. After this please contact your GP and/or District Nurse who will decide whether you need to be referred back to the hospital. (See useful contact numbers for details)

At home

Following your operation we advise that you avoid housework such as Hoovering, ironing, mopping etc for around 6-8 weeks, and that all tasks that involve heavy lifting are avoided (this includes lifting a kettle that is more than a quarter full) .

Allow children to climb onto your lap whilst sitting rather than lifting them.

It is important that you rest regularly when you return home, however gradually increase the amount of exercise you do.

Exercise

Walking is an excellent example of gentle exercise. We recommend you avoid high impact exercise such as the gym, jogging and aerobics for around 12 weeks.

You may begin swimming around 6-8 weeks following your surgery as long as your vaginal bleeding has stopped, your wounds are healed and your consultant agrees.

Diet

Try to maintain a healthy well balanced diet following your return home. Introducing high fibre foods such as wholemeal bread, branflakes, beans/pulses along with plenty of water, fruit and vegetables which will help prevent constipation.

Protein rich foods such as fish, eggs, cheese, and milk will help with the healing process.

Avoid fatty foods, excessive alcohol, cakes and sweets if you want to avoid weight gain, whilst you are less active than normal.

Constipation

Having an operation, the pain killers you are taking and reduced activity can change your appetite and affect your bowel function. Try to increase your fluid intake and eat

a well balanced diet, rich in fibre. If you have not opened your bowels for three days, contact your GP for advice.

Vaginal Discharge

Vaginal bleeding is normal for the first 6 weeks after a hysterectomy. The discharge may appear dark red or brown in colour and contain threads from dissolving vaginal sutures.

If your discharge has an offensive odour either contact your GP, the ward or the Emergency Gynaecology Clinic as you may have an infection.

Do not use tampons due to the possibility of introducing infection into the the vagina. Ensure that you change your sanitary towel regularly.

It is important if you experience a watery vaginal loss that you contact the ward or the Emergency Gynaecology Clinic.

Feelings

It is normal to feel tired, this will slowly get better over the next few weeks.

Many women feel relieved after surgery; others may feel depressed, anxious and have a sense of loss. This is normal. Your operation has been stressful both physically and emotionally.

Some women who have not gone through the menopause may feel a sense of loss as they can no longer have children. Other women may feel 'less womanly' than before. You may find talking about your feelings may help, this could be with a family member, a friend or someone who has also had similar surgery. Your GP or hospital staff may be able to put you in contact with an appropriate support group.

It is also difficult for your family to understand how you are feeling. They too, may have their own worries and concerns. It is important to talk about how you are feeling with each other, discuss any concerns you may have, and seek help and support if needed.

Menopausal symptoms

If you have your ovaries removed, you are likely to experience menopausal symptoms immediately after your operation. These symptoms include hot flushes, anxiety, confusion, weepiness and sweating. You may be given Hormone Replacement Therapy (HRT) which can be given in the form of tablets, an implant or injections. It usually takes around a week to begin to work.

Sexuality and Relationships

Your operation can have an effect on your sexual relationships.

It is usually recommended that you do not have sex until your vaginal discharge has stopped and you feel comfortable and relaxed, or after a minimum of 6 six weeks following your operation.

Some women experience vaginal dryness especially if you have had your ovaries removed and you are not taking HRT.

It is not uncommon to experience a lack of sexual desire (libido) following your operation. This generally returns once you have fully recovered.

Driving

It is acceptable for you to travel as a passenger as long as you take regular stops. If you have an abdominal wound, you may find it more comfortable to have a pillow under your seat belt to protect your wound.

From a surgical point of view we recommend that you do not drive for around 6-8 weeks following your operation, however, this is at the discretion of your consultant.

It is important that you consider your safety and the safety of others.

We advise that prior to recommencing driving you:

- Are fully able to concentrate
- Have stopped any medication that may affect your ability to drive
- Are able to comfortably perform an emergency stop
- Have checked with your insurance company that you have insurance cover

Work

If you work we advise that you discuss with your manager the need for time off work after your operation, and support on your return to work before coming into hospital. Be prepared to take around 8-12 weeks off work. Please ask your nurse or doctor for a sick note/fitness for work form prior to your discharge to hospital. If available, talk with your Occupational Health Department. The length of time off will depend on what job you do.

Complications are a very rare occurrence however it is important to know what to do if one occurs.

Below are several useful contact numbers where you can seek advice:

USEFUL CONTACT NUMBERS

| | |
|---|-------------------------------------|
| Integrated Surgical & Gynaecological Unit | 0161 922 6240/6082 (24hrs) |
| Emergency Gynaecology Clinic | 0161 922 6544 (Mon-Fri 7:30am– 6pm) |
| Physiotherapy Dept | 0161 922 6313 (Mon-Fri 8.30am-4pm) |
| Pain Team | 0161 922 6759 (Mon-Fri 8am-4pm) |
| Go to Doc (GP service) | 0161 785 0805 (out of hours) |
| NHS Direct | 0845 46 47 (24hr helpline) |
| Emergency Services | 999 |

You can also contact your own GP or District Nurses for advice.

Document control information

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