

**Enhanced Recovery Programme
Patient Information Leaflet

Gynaecological Surgery**

Name.....

Consultant.....

Operation Date.....

Target Discharge Date.....

Please bring this leaflet into hospital with you.

This information is available in other formats on request. Please ask your nursing staff to arrange this.

 You matter most

Aim

This leaflet aims to explain the enhanced recovery programme after gynaecological surgery and what will happen when you come to hospital for your operation. Aspects of this care may differ from what you expect, as enhanced recovery starts before surgery, continues during your hospital stay and extends into your recovery at home.

What is the enhanced recovery programme?

The aim of the programme is to restore you to full health as quickly as possible after your operation.

Research indicates that, after surgery, the earlier you get out of bed and start eating and drinking the better. This will speed up your recovery, making it less likely that complications will develop.

For example, the benefits of getting up early are:

- Reduced risk of chest infections or breathing problems
- Stronger muscles
- Decreased tiredness
- Reduced risk of developing blood clots

To achieve this we need you to work with us to get you better.

What will happen before I come into hospital?

Pre-operative Assessment

You will attend the pre-operative assessment unit (PAAU) before your operation, this is sometimes arranged whilst you are in outpatients clinic.

The nurse will assess your general health and ensure that all preparations have been completed.

Information will be given to you about the operation, the enhanced recovery programme and your expected admission and discharge dates.

You will be given advice about any medication you need to stop prior to surgery, fasting times, pre-operative exercises and your anaesthetic, but please ask if unsure about anything.

Please tell the nurse if you are concerned about your home circumstances so that together we can plan help you may need when you leave hospital.

What can I do prior to surgery?

In order to recover from surgery quickly -

Eat a healthy well balanced diet

Your body will need energy and nutrients to help repair itself after surgery. For further information and advice see- <http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx>



Sleep, rest and play - staying physically active will help in your recovery. Continue to socialise as normal with friends and family, which will help reduce anxiety and stress.

Smoking and Alcohol -if you do drink or smoke use this as an opportunity to stop or cut down. This will help recovery and reduce complications.



You matter most

Pre Admission checklist

Please can you-

- Arrange support from family and friends, including transport arrangements
- Stock up with essentials such as bread and cooked meals
- Ensure you have an adequate supply of over the counter medications such as paracetamol, ibuprofen and laxatives, i.e. movicol or lactulose (or alternatively high fibre foods such as bran, pears and liquorice), as the hospital may not supply these on discharge
- **STOP** taking the contraceptive pill and HRT as discussed at Pre-assessment. Ensure alternative contraception is used
- **DO NOT** shave pubic hair as this may increase the risk of post-operative infection

Items to bring with you include-

- Night clothes and a dressing gown
- Toiletries and a towel
- Comfortable clothes for the day time
- Slippers or shoes with a good grip, so you can walk on the ward
- Any walking aids you may use
- 3 days' supply of your medicines in their original containers with the labels on (If you take strong pain killers please leave these at home – but tell a member of the nursing staff that you take them)
- Drinks- fruit juice or squash, avoid fizzy and low sugar drinks (unless diabetic)

On the night before surgery please eat a large, carbohydrate meal.



What will happen on the day of my operation (Day 0)

If you are having surgery in the **MORNING**-

Do NOT eat any solid food after 02:00 hours

You may drink clear oral fluids until 06:30 hours. You may be able to have more to drink on the ward but staff will guide you on this. Clear fluids include black tea/coffee with sugar, pure apple juice or diluted squash. Avoid low sugar varieties (unless diabetic).

If you are having surgery in the **AFTERNOON** –

Eat a light breakfast BEFORE 07.30 hours, e.g. 2 slices of toast or cereal.

You may drink clear fluids until 11:30 hours. You may be able to have more to drink on the ward but staff will guide you on this. This includes black tea/coffee with sugar, pure apple juice or cordial.

On the day of surgery you may be admitted to the Elective Admissions and Discharge Unit (EADU) or the ward.

You may wish to bring a book or magazine to read whilst waiting.

Anaesthetics and Pain Control

Your anaesthetist will come and discuss the anaesthetic options with you prior to surgery. Your anaesthetist is responsible for:

- Agreeing a plan for your anaesthetic
- Giving you the anaesthetic
- Your wellbeing and safety throughout your surgery
- Planning your pain control with you

Before your operation you may be offered an injection into your back (spinal) whilst in the anaesthetic room. This will help control your pain during surgery and for a few hours afterwards.

For further information please see additional leaflet on spinal anaesthesia.

Good pain control is important after surgery as it improves your recovery and enables you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You will be given regular tablets or liquid pain killers after surgery, as appropriate, but please tell the nurses straight away if you have any pain.

You will have a drip placed in your arm during surgery which will be removed as soon as you are eating and drinking normally.

You may have a catheter to drain urine after your operation.

You will be given a pair of surgical stockings to wear during your operations which are designed to prevent blood clots in your legs. The nurses will show you how to put them on properly.

Some people experience nausea after an operation – please tell the nursing staff if you feel sick. Medication will be available to help.

What will happen following my operation?

Once you are back on the ward you will be helped out of bed by the nurses or physiotherapist.

You should sit out for about two hours and move around as much as you are able. If you are having a morning operation this will be in the afternoon or evening.

You will need to do deep breathing exercises: three deep breaths and a strong cough every hour after your operation. See exercise section for further details.

You will be encouraged to eat and drink as soon as you feel ready.

Goals for Day 0:

- Sit out of bed
- Eat and drink
- Pass urine if catheter remove
 - Morning surgery – 6 hours after operation
 - Afternoon surgery – next morning

What will happen on the first day after my operation? (Day1)

You will continue to have regular tablets for pain if necessary

You may eat and drink as normal. If you still have a drip, this will be removed

If you have any drains – these will be removed.

Some women have a vaginal pack in place, if so this will also be removed.

You will need to tell the nurses if you are having difficulty passing urine.

You should be up and out of bed today for about eight hours. We suggest that this is linked to meal times as you will not be allowed to eat in bed. You should also rest on your bed for at least an hour a day. Pacing throughout your daily activities is advisable.

You will need to take a few short walks today, aiming for around 150 metres in total. If you are not sure how this is then please ask the nurses for advice.



Goals for Day 1:

- Eat and drink as normal
- Pass urine
- Shower and dress in day clothes
- Walk X 4 (tick appropriately)
- Home if well
- Pelvic floor exercises

What will happen on the second day after my operation? (Day 2)

If you are still in hospital you will continue to have painkilling tablets to ensure your pain is well controlled.

If you experience an increase in pain levels please inform your nurse.

You need to be up and out of bed for eight hours and take regular walks, as on day one.

You may be discharged home this afternoon, providing:

- You feel confident about going home
- Your pain is well controlled
- You are eating and drinking well
- There are no signs of infection in your wound
- You are passing wind or have had your bowels open
- You are passing urine normally
- You are up and about and carrying out normal activities like washing, dressing, making drinks, etc.

What will happen before I leave the ward?

You will need to arrange for someone to take you home.

Please speak to the staff or physiotherapist if you have any questions about returning to your normal hobbies or sports.

You will be given information and contact numbers to ring if you have any problems after going home.

Goals for Day 2:

- Eat and Drink as normal
- Shower and dress in day clothes
- Walk
- Home if well
- Pelvic floor exercises

What will happen after I go home?

Unless otherwise stated you will not need to see your consultant again.

Complications do not happen very often, but it is important that you know what to look out for.

During the first 48 hours after discharge please telephone the ward if you are worried about any of the following.

You will be given the number before you leave the ward.

If you cannot contact the ward, please contact your GP.

Abdominal pain

You may experience gripping pains caused by trapped wind. If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the ward. We may advise you to see your GP.

Your Wound

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks.

You may shower as normal but avoid using perfumed bath products or talc.

Please see your GP and let the ward know if the wound becomes inflamed, painful or swollen or start to discharge fluid.

Your bowels

Your bowel habits may change after surgery – you may become loose or constipated.

Make sure you eat regular meals three or more times a day, drink adequate amounts (2000ml or around four pints of fluid per day) and take regular walks during the first two weeks after your operation.

If constipation last for more than three days then taking a laxative is advised.

Passing urine

Sometimes after surgery you may experience a feeling that your bladder is not emptying fully, this usually improves with time. It is worth keeping an eye on the colour of your urine – if you are well hydrated you should be passing straw coloured urine, if you find that your urine is darker it may be a sign that you are dry and usually you should drink some more

If you feel you are not emptying your bladder fully or you have excessive stinging please see your GP.

What sort of food should I eat?

A balanced, varied diet is recommended. Continue to eat normally. Try to have protein-enriched food such as meat, fish, cheese and eggs in your diet as these are good for healing.

If you are finding it difficult to eat it is still important to obtain an adequate amount of protein and calories to help your body to heal.

Do I need to continue to take painkillers at home?

Continue to take your painkillers regularly for the first 3 – 4 days then reduce gradually.

When can I start my normal daily activities and exercise?

Daily activities and light exercise may be resumed as soon as possible. Regular pain relief will enable you to do this .

When can I start physically light work again?

Light physical work may be started after two to four weeks. Avoid heavy physical work or lifting more than 10 kilograms until 12 weeks after your operation.

When can I have sex?

Sexual activity may be resumed when you feel able, although it is wise to avoid intercourse for six weeks if you have had vaginal surgery.

When can I drive?

You can start driving after six weeks or when your consultant advises it is safe to do so. (Check your insurance for exceptions)

You should NOT drive until you are confident that you can drive safely.

A good measure for this is when you are back to normal activities. It is important that any pain has reduced sufficiently to enable you to perform an emergency stop and turn the steering wheel quickly.

You can go back to work after four to six weeks, depending on the procedure.



Exercise Information

Breathing exercises

These exercises are to help relieve nausea, to reduce the effects of the anaesthetic, to aid relaxation and to relieve wind.

Take a deep breath in through your nose, hold for 3 seconds, breathe out, and then repeat 3 times. As you breathe in, make sure you feel your waist expand. Try to do these exercises every hour.

Supported cough

It is important to be able to cough well to clear mucus on your chest. You are very unlikely to harm your stitches or scar when you cough. You will be much more comfortable and able to cough if you support the site of your operation.

Vaginal incisions

Put a hand over the pad between your legs to give support.

Abdominal incisions

Lie in bed with knees bent or in sitting.

Support the wound with your hands or a pillow as you cough.

Circulation and Lower limb exercises

You should do the following exercises to maintain blood flow in your veins and prevent blood clots. When resting in bed or sitting in your chair, bend your feet and ankles up and down briskly **for 30 seconds every hour**.



Getting in and out of bed



1. Bend your knees and roll onto your side.
2. Ease legs over the edge of the bed and push yourself up into a sitting position with your hands.
3. When ready push to stand, using your hands and legs, standing tall keeping your back straight will help to prevent backache.

Exercise rules: Listen to your body

Stop if it hurts and you feel tired

Exercises after surgery

It is important to exercise your abdominal muscles before and after your surgery. They form a natural corset and help to support your back and internal organs. You can start the exercises before your operation and re-commence one or two days after surgery.

Abdominal hollowing exercise

This exercise can be done lying on your back or side, sitting or standing. Gently place your hand below your belly button. Breathe in through your nose. As you breathe out, draw in your lower tummy away from your hand towards your back and then relax.

You should be able to breathe and talk while you are doing these exercises. Aim to hold the tummy muscle in for 10 seconds. Repeat at least 3–4 times per day or as often as you can.

Knee rolling

Lie with your knees bent and your feet on the bed. Draw in your abdominal muscles as described previously. Gently lower your

knees to one side as far as is comfortable. Bring them back to the middle and repeat on the other side. Do this 5 times, 3-4 times a day. This exercise can relieve discomfort and help get rid of wind.



Pelvic tilting

Lie on your back, knees bent. Tuck your bottom under and flatten your back into the bed. Breathe normally. Hold this position for 5 seconds

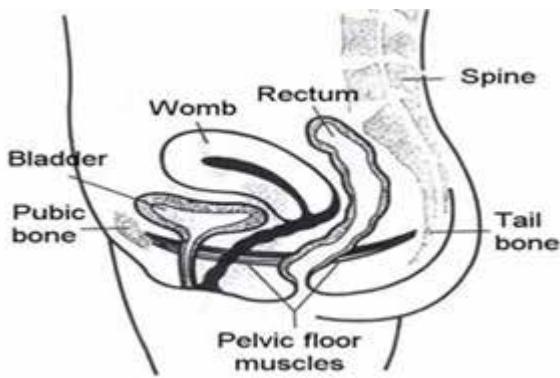
The Pelvic floor

The pelvic floor forms a sling of muscles, which are attached to the pubic bone at the front of the pelvis and the tailbone (coccyx) at the back. These muscles can become weak due to childbirth, prolapse and post gynaecological surgery. It is important that these muscles regain their strength to carry out their normal functions of preventing incontinence and supporting the pelvic organs (even after having a pelvic floor repair.)

You need to exercise them to:

- Reduce discomfort and swelling after your operation.
- Prevent leakage from your bladder or bowel.
- Help prevent prolapse of pelvic organs.

If you have a *catheter* in place only start your pelvic floor exercises once your catheter is removed and you have passed urine normally x3 times with no problems.



Pelvic Floor Exercises:

In a lying or sitting position it is recommended that pelvic floor exercises are a lifetime routine and must be performed before and after surgery.

Tighten the ring of muscle around your back passage, as though you are preventing a bowel motion or wind escaping, and then tighten the muscles around the front passage, imagining you have to stop yourself passing urine. Aim to draw the muscles up inside.

The pelvic floor muscles work with your lower abdominal muscles, therefore you should feel your lower abdomen draw in slightly. Your buttocks and upper abdominal should be relaxed and you should ensure that you breathe normally. Like any other muscle in the body, the more you use and exercise them, the stronger your pelvic floor muscles will be. **It is important to exercise these muscles in 2 ways.**

Hold for as many seconds as you can (up to a maximum of 10 seconds), relax and rest for 4 seconds. Repeat the Tighten, hold and relax up to a maximum of 10 times.

Tighten your pelvic floor muscles for 10 quick strong contractions. These will help your muscles react quickly when you laugh, cough, sneeze, exercise or lift. Practice these exercises 3-6 times a day.

To progress your pelvic floor exercises further try them in a standing position. The goal is for these exercises to become a **lifetime routine**.

Going to the toilet

After surgery you may have a catheter to drain your bladder for a few days. Once it is removed and you first attempt to pass urine, sit on the toilet, lean forwards and relax. If you have any difficulty, inform your nurse.

When having a bowel movement you may find it more comfortable by holding a wad of toilet paper or a sanitary pad firmly in front of the back passage. It is important that you sit with your knees above your hips and you do not strain. Breathing out will help you to relax.



Do not be afraid of opening your bowels. Go when you get the urge to avoid constipation.

As well as keeping up with your exercises remember to listen to your body and rest if you feel you need to:

- Week 1–2 you should take it easy but remain active
- Week 3–4 you should build up your activities gently.
- Week 6+ you should be returning to your normal activities.
- This may vary depending on age, health and your normal activity level.

Going home

In the car you may feel more comfortable if you place a towel between the seatbelt and your tummy. If you are on a long journey, it is advisable to have a break and walk around every hour.

REST from household chores is essential after an operation.

Lie down on your bed for at least an hour every day for the first few weeks. Do accept offers of help with the chores.

For the first 6 weeks after major surgery minimal lifting is advised.

After 6 weeks you can gradually start to lift but avoid heavy lifting. Anything that causes you to strain or requires you to hold your breath is too much. Avoid heavy shopping bags or lifting children.

Do not do heavy housework, for example vacuuming, for the first 4-6 weeks. If you are going to iron clothes or prepare vegetables it is recommended to sit down. When you are lifting, remember to protect your back by bending your knees holding things close to your body, drawing up and holding your pelvic floor muscles as you lift.

Sport

You may be able to start swimming 6 weeks after your operation. You must make sure that your wound is dry and healed and your vaginal discharge/bleeding has stopped. Competitive sport and high impact aerobics should be avoided for at least 12 weeks.

Always start slowly and if you experience any urinary leakage, you should stop and strengthen further your pelvic floor muscles.



Work

Returning to work will depend on the actual surgery you have had and the job you do. Please discuss with your doctor when it is suitable to return to work.

Please contact

01423 553647 or 01423 553648 (Nidderdale Ward)

Women's Health Physiotherapy Department. Tel: 01423 553089

Further information may be obtained from: www.nhs.uk

Notes:

Nidderdale Ward

Harrogate District Hospital

Lancaster Park Road

Harrogate HG2 7SX

01423 885959

Version: 2.0

HDFT approval date: August 2017



@HarrogateNHSFT



/HarrogateDistrictNHS