general physician pc
women's health
obstetrics and gynecology

Information About **Your** Surgery

General Physician, PC Gynecological Care

The Women's Health team at General Physician, PC bring decades of collective experience into the operating room, offering you peace of mind knowing you are in great hands.

At General Physician, PC, we are here **before**, **during**, and **after** your procedure.
We are committed to providing you with:

- **Confidence** and **comfort** throughout the process
- **Comprehensive** pre-operative education
- The **best** in hospital care during your stay
- **Coordinated home care** as you recover
- A team of **nurses** and **therapists** to help you every step of the way

Pelvic Support Defects

The pelvic organs including the bladder, uterus, and rectum are held in place by several layers of muscle and strong tissue. Weaknesses in this tissue can lead to pelvic support defects or prolapse. Multiple vaginal deliveries can weaken the tissues of the pelvic floor. Weakness of the pelvic floor is also more likely in women who have had a hysterectomy or other pelvic surgery, or in women who have conditions that involve repetitive bearing down, such as chronic constipation, chronic coughing or repetitive heavy lifting.

Types of Vaginal Prolapse

- **Uterine prolapse** – refers to the cervix and uterus falling down
- **Cystocele** – refers to the bladder falling down
- **Rectocele** – refers to the rectum falling down
- **Enterocele** – refers to the small intestines falling down
- **Vaginal cuff prolapse** – refers to the top of the vagina falling down (history of hysterectomy)

Surgery

There are a number of different surgical procedures that can be done depending on the exact problem found. The choice of the operation depends on whether you have had previous intra-abdominal surgeries, a history of endometriosis or pelvic infections, your overall medical history, the size of your uterus, desire for future sexual intercourse, type and degree of the prolapse, and presence of urinary incontinence. A hysterectomy could be part of vaginal reconstructive surgery, but a hysterectomy alone will not fix the problem of prolapse. It is often done with any of the procedures described below.

- **Anterior repair** – Used to repair a dropping bladder.
- **Posterior repair** – Used to repair a dropping rectum.
- **Sacrospinous fixation** – Suturing the top of the vagina to a ligament in the pelvis. This is done vaginally, without cutting the abdomen.
- **Uterosacral ligament suspension** – Plication of weakened ligaments. This can be done vaginally or laparoscopically.
- **Surgeries using vaginal grafts** – Either synthetic or human graft material is used to repair a Cystocele or Rectocele or support the vagina to keep it from falling out.
- **Sacrocolpopexy** – Attaching mesh from the top of the vagina to the surface of tailbone in the pelvis (done through an abdominal incision, laparoscopy or using robotic technology).
- **LeFort colpocleisis** – Approximating the upper and lower walls of the vagina to obliterate the vaginal canal (only for patients who do not desire sexual intercourse ever in the future).

Understanding a Hysterectomy

What is a Hysterectomy?

A hysterectomy is a surgical procedure to remove a woman's uterus. In some cases, if there are other underlying problems, additional organs may be removed.

Possible reasons to undergo a hysterectomy include:

- Cancer
- Abnormal menstrual bleeding
- Pelvic pain
- Pelvic organ prolapse
- Fibroid tumors of the uterus
- Pelvic adhesions (scar tissue)
- Non-cancerous tumors
- Endometriosis

Types of Hysterectomies

Depending on the reason for the hysterectomy, a surgeon may choose to remove all or only part of the uterus. Patients and health care providers sometimes use these terms inexactly, so it is important to clarify if the cervix and/or ovaries are removed:

- In a **supracervical** or **subtotal hysterectomy**, a surgeon removes only the upper part of the uterus, keeping the cervix in place.
- A **total hysterectomy** removes the whole uterus and cervix.
- In a **radical hysterectomy**, a surgeon removes the whole uterus, tissue on the sides of the uterus, the cervix, and the top part of the vagina. Radical hysterectomy is generally only done when cancer is present.

The ovaries may also be removed, a procedure called **oophorectomy**, or may be left in place. When the tubes are removed that procedure is called **salpingectomy**. So, when the entire uterus, both tubes, and both ovaries are removed, the entire procedure is called a **hysterectomy and bilateral salpingectomy-oophorectomy**.

Surgical Techniques for Hysterectomy

Surgeons use different approaches for a hysterectomy, depending on the surgeon's experience, the reason for the hysterectomy, and a woman's overall health. The hysterectomy technique will partly determine healing time and the kind of scar, if any, that remains after the operation.
There are two approaches to surgery – a traditional or open surgery and surgery using a Minimally Invasive Gynecology (MIG). Your doctor will discuss your options regarding the surgical techniques to perform your procedure.

Risks Associated with Gynecological Surgery

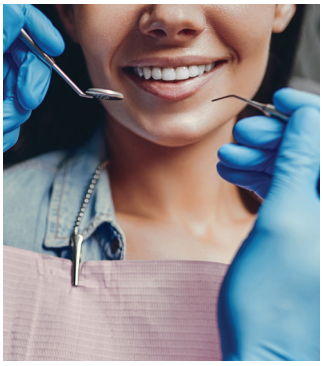
As with all medical or surgical procedures, there can be risks. Your surgeon will evaluate your overall heath and other factors and apprise you of the potential risks you may face. They can include:

- **Side effects** from anesthesia including aspiration, high temperature, rash, anaphylaxis, and difficulty breathing.
- **Infections** (treated with wound draining, wound cleaning and antibiotics).
- **Bruising and bleeding** (hemorrhage) from vessel damage or clotting problems that can lead to the possible need for a transfusion of blood products.
- **Blood clots** in the pelvis, lungs or brain that may require blood thinners or surgery.
- **Hematoma** formation that may require removal and the use of drains.
- **Damage** to internal organs with the possible need for repair.
- **Hernia** formation from surgical sites or recurrence of lesions.
- **Nerve damage** (loss of sensation, hypersensitivity, irritation, pain, or loss of muscle control).
- **Suture breakdown** that may lead to the need for new sutures.
- **Prolonged catheterization** or difficulty in emptying your bladder, an indwelling catheter, and the chance of urinary retention.
- **Incontinence** that may occur from pelvic prolapse repairs.
- **Further procedures** or surgeries that may be required for revision, repair or removal related to your initial surgery.
- Possibility of **infection**, **erosion** or **pain** due to the use of mesh or graft.

Pre-Admission Testing (PAT)

Prior to your surgery, an appointment will be scheduled at the hospital where your personalized medical history will be taken, and necessary labs and tests (EKG, Chest X-ray), ordered by your surgeon will be completed. You will need to provide the following items:

- Copies of your Durable Power of Attorney and Advanced Directives
- A current and complete list of all allergies
- A current and complete list of all medications you regularly take. This must include dosage and frequency they are taken. This includes all prescription drugs, herbal medications, supplements, and any over the counter medications.
- A copy of your insurance card



Medical Clearance

Your General Physician, PC surgeon will often send you for a medical clearance with your primary doctor prior to surgery. Your primary care doctor may order additional blood work and testing to ensure you are prepared for your surgery.

Dental Exam

Any issues with your teeth or gums should be addressed with your dentist to lower the risk of post-operative infections.

Diet

At General Physician, PC we encourage all of our patients to eat a well-balanced diet. Your doctor will provide you with specific instructions regarding fasting prior to your procedure. You may need to be on clear liquids and to follow the bowel preparation program the day before surgery (see bowel preparation).

Smoking

Please refrain from smoking for a minimum of two weeks prior and six weeks after the surgery.

7-10 Days Before Your Surgery

- Stop taking all anti-inflammatories (Aspirin, Advil, Motrin, etc.) or blood-thinning medications (Coumadin, Plavix, etc.).
- Stopped taking all herbal medications, supplements, and any over the counter medications.
- Tylenol is okay to take all the way up to surgery.

The Day Before Your Surgery

- Shower using antibacterial soap to reduce the risk of infection.
- Clipping of the pubic hair is preferred. **DO NOT shave.**
  If you normally shave or wax, please don't do it within one week prior to scheduled surgery.
- **DO NOT** wear any lipstick, make-up or nail polish.
- Please remove all metal piercings from your body.
- If you are having an open, laparoscopic or robotic surgery please stay on clear liquids and do a Bowel Preparation (see bowel preparation).
- **DO NOT eat or drink ANYTHING after Midnight the evening before your surgery.**
  Follow the directions provided during your pre-admission interview related to taking your medications.

Bowel Preperation the Day Before Surgery

You are scheduled for surgery that potentially may include surgery near your intestines (bowels). It is important to clean out the intestines as completely as possible prior to the operation. This will decrease the chance of any complications.

Be sure to follow these instructions:

Start your day before surgery with a **light breakfast**. Stay on clear liquids after that.

YOU MAY HAVE: coffee, tea, Jell-O, clear juices (apple, grape, cranberry), Gatorade or other sport drinks and popsicles.

DO NOT HAVE: milk, dairy products, juices with pulp, carbonated beverages, or broth.

If you take heart or blood pressure medications, take them at your regular time with a sip of water.

Option 1: Magnesium Citrate Bowel Preparation

Purchase three 10 oz. bottles of Magcitrate at your local pharmacy (any flavor you prefer).
Take it in the following order the day before your surgery:

- One full bottle at **noon**
- One full bottle at **4:00 pm**
- One full bottle at **8:00 pm**

Be sure to drink a full glass of water following each bottle.
Eventually, your bowel movements will become clear.
Continue to drink plenty of clear fluids throughout the day so you don't become dehydrated.
DO NOT eat or drink ANYTHING after Midnight the evening before your surgery.

Option 2: MiraLAX Bowel Preparation

Purchase Dulcolax laxative tablets and MiraLAX 8.3 oz bottle (or generic version) at your local pharmacy.

3:00 pm: Take two Dulcolax laxative tablets with a glass of water.

6:00 pm: Mix one 8.3 oz bottle of MiraLAX (or generic version) into 64 oz. of Gatorade. Drink an eight oz. glass every 15-20 minutes until gone (approximately 1½-2 hours).

9:00 pm: Take two Dulcolax laxatives tablets with the last glass of Gatorade mix or with a glass of water.

Eventually, your bowel movements will become clear. Continue to drink plenty of clear fluids throughout the day so you don't become dehydrated.
DO NOT eat or drink ANYTHING after Midnight the evening before your surgery.

The Morning of Surgery

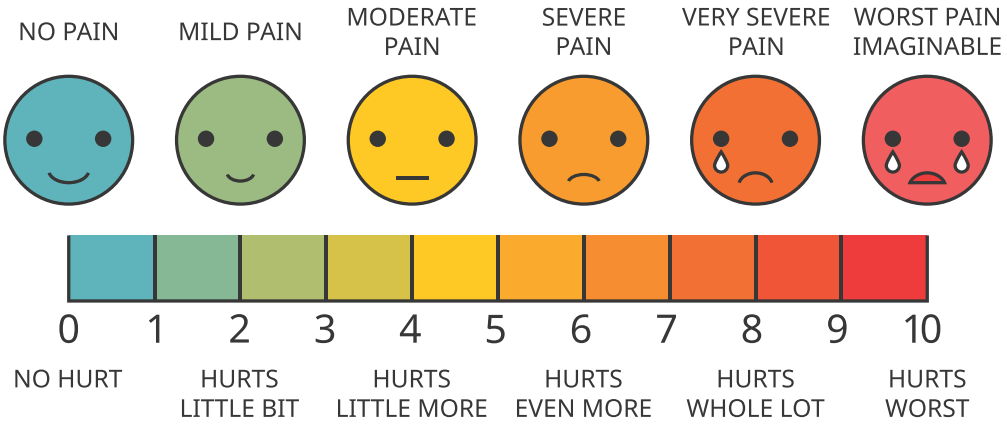
- Please arrive at the hospital **2 hours prior** to your scheduled surgery start time.
- If you take heart or blood pressure medications, take them at your regular time with a sip of water.
- Your family may wait for you in the waiting area.
- You will be asked to remove all jewelry and give it to a family member.
- You will put on a hospital gown.
- You will be asked to mark your surgical site, and this will be verified by multiple staff members.
- One of our providers will start an IV line to deliver fluids and medications needed during surgery.
- An anesthesiologist will address any questions you have about the process. You will be asked to sign a consent.
- Any final tests that are needed will be completed.
- When your preoperative care is finished, you will be moved to a surgical suite in preparation for your procedure.

Bring personal items including:

- Shoes
- Robe or loose-fitting sweat suit
- Personal care items such as eyeglasses, hairbrush, toothbrush/toothpaste, etc.
- If you use an inhaler or a CPAP machine, please bring it with you on the day of your surgery.

Important: Leave cash, credit cards and all valuables at home.

Every patient has a time scheduled for their procedure and we work hard to keep those times. However, sometimes there are situations beyond our control that may require us to adjust the time of your procedure.



Post-op Recovery

- Following your surgery, you will be taken to a recovery room where you will remain for **2-3 hours for observation**.
- It is common to be in pain following surgery, and you will be asked to rate your pain on a pain scale.
- In recovery, you will continue to have an IV to deliver pain medication and antibiotics, as needed.
- Immediately after your surgery, you may have a catheter (a tube) that drains urine from your bladder into a bag, and a packing in your vagina to prevent bleeding. Your doctor will specify how long these will need to stay in place, usually between 8 to 24 hours.

Surgical Dressing

You may leave the hospital with a dressing applied to your surgical areas. Your doctor will instruct you how and when the dressing can be removed. If you have a drain, the same rules apply. Ice may be applied to the surgical area for 24-48 hours. Is not uncommon that incisions are covered with surgical glue. In this case, nothing specific needs to be done and you may start taking showers the day after surgery.

Breathing Exercises

During waking hours, you will be instructed to take a deep breath and cough. This should be done **ten times** every **1-2 hours** that you are awake.

Preventing Blood Clots

To increase the circulation in your legs and reduce the risk of blood clots you will be asked to:

- Wiggle your toes and flex your ankles every hour.
- Slowly push your foot up and down several times each day.
- Utilize compression stockings or pneumatic devices while you are in bed.
- Get daily blood thinning injections.
- Walk as soon as you are able.

Monitor Your Recovery

Please call your doctor immediately if you have any of the following symptoms:

- Fever greater than 100.5 degrees
- Significant increase in pain
- Redness, swelling or drainage from your incision
- Numbness or tingling in your leg(s)
- Pain or swelling in your calf
- Sudden shortness of breath
- Increased vaginal bleeding

Foley Catheter

If you leave the hospital with a Foley Catheter in place, you may experience some discomfort. This is normal. You may also see some blood in your urine. Make sure your catheter tube is not kinked and that the urine is flowing into the bag and empty your bag accordingly. You will be taking a daily antibiotic while you have the catheter in place.

Self-Catheterization

Your doctor may have you utilize a catheter for a short period of time during your recovery. In the case of short-term use, you may be able to perform a self-catheterization. The goal of a short-term catheterization is to prevent urinary tract infections and/or completely empty the bladder during recovery.

For some women, the most comfortable position to perform a self-catheterization is standing, with one foot on the toilet. This position is also best when you are using a public bathroom and may have a question about the cleanliness of the toilet.

To perform a Clean Intermittent Self-Catheterization (CISC) please follow these instructions:

1. Assemble all equipment as directed: the catheter, lubricant, and drainage receptacle.
2. Wash your hands with soap and water.
3. Clean the vulva and urethral opening.
4. Lubricate the catheter prior to insertion.
5. Locate the urethral opening. It is located just below the clitoris and above the vagina.
6. Spread the labia with your second and fourth fingers, while using your middle finger to feel for the opening.
7. Gently insert the catheter into the opening, guiding it up toward the belly button.
8. Once the catheter has been inserted two to three inches, urine will begin to flow.
9. Once urine begins to flow, continue to insert the catheter an additional inch. Hold it in place until the flow of urine has stopped.
10. Slowly withdraw the catheter to make sure all urine has emptied.
11. If the catheter is disposable, throw it away immediately. If it is a reusable catheter, wash it with soap and water and dry the outside. Store the catheter in a clean, dry place.
12. Record the amount of urine in the receptacle, as directed by your doctor.

It can be helpful to soak the catheter in white vinegar once a week to control odors and reduce mucus deposits.

Frequestly Asked Questions Regarding Post Surgical Recovery

After my surgery, are there restrictions on what I can eat or drink?

Your doctor will advise you when you may resume your normal diet. Usually, you can eat and drink as normal, as soon as your appetite returns. Aim for a balanced diet to receive all the nutrients your body needs. It will be helpful to include foods with plenty of fiber and plenty of fluids to keep your bowels regular.

What can I do to manage the pain after I leave the hospital?

You will have a prescription for a pain medication when you leave the hospital. **DO NOT** drive or operate any machinery while taking prescription pain medication.

Can I resume taking my other medications?

Your doctor will advise you which of your regular medications can be continued and when, following your discharge.

Can I shower/bathe once I get home?

Showering is preferable to bathing in the first 6 weeks after surgery when vaginal stitches are still present.

How long do I have to wait before I can drive again?

You should not drive if you are taking prescription pain medications or are not confident that you could perform an emergency stop if needed. **As a general guide, avoid driving for 1 to 2 weeks.** If you are unsure, check with your doctor. Some insurance companies place restrictions on driving after surgery, so check your policy details.

Will it be difficult or painful to use the bathroom following surgery?

Your urine flow may be slowed, and it make take longer than normal to empty your bladder. About 5% to 10% of women have difficulty emptying their bladder fully after surgery; a catheter may be needed until the swelling settles and the bladder returns to its normal function (usually after 1-2 weeks).

Constipation is a common problem following surgery. Before and after your surgical procedure, eat plenty of fruit and fiber and drink plenty of fluids to keep your stool soft. Following surgery stool softeners (laxatives) are often prescribed to help prevent constipation. Take these on a regular basis when you first go home. It is important to avoid excessive straining to pass a bowel movement as this can put pressure on the stitches in the vagina. Some women experience burning or shooting pains in their rectum after surgery. This usually settles within a few days following surgery.

Can I expect any vaginal discharge following surgery?

It is normal to have some bleeding followed by a creamy white discharge that may last for up to 6 weeks as stitches in the vagina dissolve. At first the blood loss may be bright red; later this usually changes to a darker reddish brown. The amount of bleeding can vary from day to day. If you experience heavy fresh red bleeding or clots requiring frequent pad changes, contact your doctor. Use pads, not tampons, for the first 6 weeks after surgery.

Will I have any restrictions on physical activities?

Following surgery, you will feel more tired than usual. Therefore, make sure you get plenty of rest and listen to your body. Start by walking around the house and as you feel ready, increase your activity to include short daily walks. Walking is a good form of activity as it puts little strain on your surgical repair. Do not try to exercise to gain fitness, e.g. by jogging, power walking, aerobics classes, etc. for at least six weeks following surgery. It is safe to (re-)start pelvic floor exercises when you feel ready, usually one to two weeks after surgery.

I've heard you can't carry your children right after surgery, is that true?

You should not be carrying anything more than 10-15 lbs. Heavy lifting puts pressure on the surgical repair and this can increase the risk of possible complications. Carrying small children, heavy shopping, gardening and heavy housework such as vacuuming, lifting laundry baskets, moving furniture, etc. can increase the risk of complications.

How long do I have to wait to resume sexual activity?

It is advisable to refrain from sexual intercourse for six weeks after you have been discharged from the hospital. Also, do not place anything in your vagina (no douches, tampons, or any other objects) until your doctor has examined you to be sure your stiches have completely healed. Do not assume if you are not feeling any pain in your vagina, that it is safe to resume sexual activity. Your doctor will advise you when it is safe.

When can I go back to work?

This will depend on the type of work you do, the number of hours you work, and how you get to and from work. Your doctor can help you decide how much time you will need to take. Most patients will need between two and six weeks off of work. It may be advisable to try to organize a shortened work week or light duties when you first return to work, especially if you are in a job that involves standing or heavy lifting.

When will I have a follow-up with my doctor to make sure everything is ok?

You will have a follow-up appointment with your surgeon within 7-14 days after being discharged. Your gynecologist will also monitor your progress. Any questions should be directed to your doctor. Keep a list of questions during your recovery to bring with you to your follow-up appointment.

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