

Preparing for gynaecology surgery and enhanced recovery

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please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترسی‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

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إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

What is enhanced recovery?

When you are admitted to hospital for your surgery, you will be taking part in an Enhanced Recovery Program (ERP). Enhanced recovery is a modern approach to surgery that helps patients to recover faster. The program has been developed by a team of healthcare professionals including doctors, nurses, dieticians, physiotherapists and surgeons. The aim of the program is to improve the quality of your care and get you back to full health as quickly as possible after your surgery. For the program to be successful, you need to take an active part in your preparation for surgery and recovery afterwards. This leaflet will provide guidance on how to do this.

What does the ERP involve?

The key parts of the program are:

- Pre-operative preparation: preparing for surgery with good nutrition and preload carbohydrate drinks
- Optimised pain management: keeping pain under control by using effective pain relief
- Early mobilisation after surgery: moving about soon after your surgery.

What are the benefits of enhanced recovery?

The ERP offers many benefits including:

- Early discharge from hospital: going home early allows you to recover more comfortably in your own surroundings
- You will have a quicker return to eating and drinking normally
- Better mobility and a faster return to your normal activities
- Better pain control
- Reduced risk of complications such as hospital acquired infections and blood clots on the legs and lungs
- Faster recovery from your surgery.

How can I prepare for my surgery?

Having surgery can be a worrying time. The aim of the ERP is to provide you with advice and information to try and address some of your concerns and help you recover quicker. You may find it useful to make a note of any questions or concerns you wish to discuss and bring these with you to your appointments.

Please also read any information leaflets provided at your clinic appointment and pre-operative assessment appointments. They will provide you with useful information so that you will know what to expect during your admission to hospital.

It is important that you take steps to ensure you are as healthy as possible before undergoing surgery. Before your operation you should:

- Take your regular medications, unless advised otherwise.
- If you are a smoker, try to give up or cut down
- Maintain a healthy weight
- Eat a well balanced nutritious diet
- Try to stop or cut down on drinking alcohol
- If you develop an infection or serious illness before your operation, please contact us.

We recommend that you purchase some over the counter pain killers such as paracetamol and ibuprofen as well as a supply of laxatives, to be used at home, after your surgery. The hospital will supply stronger pain killers and any other medications you require on discharge.

Please also discuss the plan for your surgery with your family or friends and arrange for them, if possible, to transport you to and from the hospital and provide help at home following your surgery.

What will happen before my surgery?

Pre-operative assessment clinic

You will be invited to the pre-operative assessment clinic. During this appointment you will see a nurse who will check your fitness for general anaesthetic and surgery. You may also be referred to see an anaesthetic doctor. Your height and weight will be checked and your BMI will be calculated. A blood test and swabs will be taken and any other investigations that are necessary for your operation to go ahead will be arranged e.g. x-rays, ECG etc. You will be asked about your medical and surgical history, whether you have had any problems with previous anaesthetic and if you have any allergies. All of this information is very important. Please bring a list of your medications and medical illnesses with you.

Gynaecology school

Following your pre-operative assessment you will be invited to attend a “gynaecology school” appointment which is aimed at providing you with the information you will need to help you before and after your surgery, and to address any of your concerns. This appointment will take approximately 1-2 hours. This is a group session and will involve talks from a member of the gynaecology team that will be involved in your care. They will discuss important issues about preparing for your surgery and your recovery.

During this appointment you will also:

- Have an opportunity to talk to the nursing staff
- Have a brief tour of the ward
- Receive a free supply of a carbohydrate drink to be taken before surgery—you should not take this if you are diabetic, please discuss this with the Nurse at Gynaecology School.

- Discuss how to prevent thrombosis including the use of compression stockings and blood thinning injections
- Have the opportunity to discuss pain control

The day before your surgery

As part of the ERP you will be required to take 3 carbohydrate loading drinks called 'Preload' which you will be given at the gynaecology school. The information below tells you when to take the drinks and when to stop eating and drinking before your surgery.

If your surgery is in the:

Morning

- Take the first preload drink in the evening before your surgery
- Take the second preload drink before bed
- Take the third preload drink at 6am on the day of your surgery
- No food from midnight the evening before your surgery, but you may still have clear fluids until 2 hours before your operation. This means you can have a drink of clear fluid (including water, black tea or black coffee) before 7am on the day of your surgery, then no further fluids.

Afternoon

- Take the first preload drink in the evening before your surgery
- Take the second preload drink before bed
- Take the third preload drink at 10am on the day of your surgery
- Eat and drink as normal the evening before your surgery
- Have a light breakfast before 7am then you are not to have any food, but you may have clear fluids until 2 hours before your operation. This means you can drink clear fluid (including water, black tea or black coffee) up until 10am on the day of your surgery, then no further fluids.

What will happen on the day of my surgery?

You will be admitted to the gynaecology ward. You will be seen by the gynaecologist performing your surgery who will check your consent form and answer any questions you may have about your operation. The anaesthetist will come to see you to discuss the anaesthetic and pain relief following the surgery. The nursing staff will prepare you for theatre and provide you with a surgical gown and compression stockings to reduce the risk of blood clots on the legs. You may be asked to provide a urine sample.

We cannot give you an exact time of when your operation will be performed but we will keep you updated with an approximate time scale. A member of the theatre team will attend the ward to escort you to the operating theatre department when ready. You will enter the anaesthetic room and have a drip placed in your hand which will be used to administer the medications required for your general anaesthetic. When you are asleep, a catheter will be inserted to drain the urine from your bladder. The catheter may be removed before you wake up or may be left in place and will be removed later.

What happens after my surgery?

You will be taken to the recovery room and monitored for up to 30-60 minutes, until you are ready to go back to the gynaecology ward. You may have an oxygen mask to support your breathing and you will have a drip to keep you hydrated. You will be given pain killers to ensure that your pain is controlled and anti-sickness medication, as required.

When ready, you will be transferred to the gynaecology ward where the nursing staff will monitor your observations including blood pressure, pulse and temperature. You will be encouraged to eat and drink as soon as you feel able. The drip in your arm will be removed when you are drinking fluids freely. You will be encouraged to sit out and mobilise within a few hours after your surgery.

We will make sure you have passed urine and are feeling well in yourself. If you have a catheter, your urine output will be monitored. The catheter is usually removed on the evening of surgery or the next morning. You may have some vaginal bleeding and will need a pad. In some cases, a thin tube called a drain may be left in place to monitor for signs of internal bleeding after the surgery. Also, a vaginal pack may be inserted at the time of your surgery, particularly if you have had a vaginal operation such as pelvic floor repair or vaginal hysterectomy. We will aim to remove any drains or vaginal packs as soon as possible after your surgery, usually the next day so that your recovery can continue without any significant delays.

When will I be able to go home?

This will depend on the type of surgery you have had as well as other factors relating to your recovery and whether you have any underlying health problems.

Laparoscopic or robotic surgery: you may be discharged the same day or the day after your surgery. If you go home the same day, you will need to have a responsible person to take you home and be with you for 24 hours.

Vaginal surgery: you are usually discharged the day after your surgery but in some cases may be able to go home the same day.

Open abdominal surgery: you will need to stay in hospital overnight and will be discharged usually within 1-2 days.

Discharge

A member of the gynaecology team will review you to explain your operation findings and to confirm that you can go home.

Before you are discharged we will ensure your pain is under control, you are able to eat and drink and are passing urine normally. If you are unable to pass urine you may be discharged with a catheter (tube in your bladder) and we will arrange for you to come back to the hospital for removal, 2-3 days after your surgery.

Upon discharge, you will be given medication to take home with you which may include: stronger pain relief; anti-sickness medication; blood thinning injections to help prevent blood clots; iron tablets and laxatives, as required.

We will provide you with a doctors certificate for time off work, if needed.

You will be given more information about what to expect after surgery and wound care advice before you go home. The wounds are usually closed with stitches which will dissolve. If you have a larger open cut, you may have surgical clips which need to be removed 5-7 days after surgery, the nursing staff will inform you if this is required. You will be shown how to administer the blood thinning injections and will be provided with a sharps box.

We will give you information on when to seek medical advice and who to contact if there are concerns after your operation. You should not drive for the first 24 hours after anaesthetic so please make arrangements for someone to collect you and transport you home.

Follow up

One of our gynaecology nurses will contact you by telephone to check on the progress of your recovery within the first week after discharge.

On discharge the nursing staff will also advise whether you need a follow up appointment in the gynaecology clinic and when this will be arranged for.

After you go home

Relax as much as you can for the first few days after you get home. It is important to rest but keep yourself mobile and start doing light activities around the house within the first few days. Gradually build up your levels of activity as you feel able over the first few weeks.

Please wear your compression stockings for as long as possible after the surgery and until you are fully mobile. Administer your blood thinning injections as directed and ensure that you complete the full course.

We recommend you take regular simple pain killers such as paracetamol/ibuprofen. Stronger opiate pain killers (e.g. codeine, tramadol or morphine) can be used when required but we recommend to keep them to a minimum as they may slow your recovery and cause side effects like nausea and constipation.

Drink plenty of fluids and eat a healthy balanced diet. Keep your bowels moving and use a gentle laxative if required.

Your dressings can be removed after 24-48 hours. Keep your wounds clean and dry. It is okay to have a shower but avoid using creams or soaps directly on the wounds.

We encourage you to do several types of simple exercises to aid your recovery, including:

- Deep breathing exercises: aim to do these every hour by breathing in deeply and holding your breath for a second or two before slowly exhaling. Repeat this 5 times.
- Leg exercises: aim to do these several times a day such as rotating your foot in a circular motion at least 10 times then swap to the other foot and repeat. When lying down bend your knees up and down one at a time. Do this 10 times for each leg.
- Pelvic floor exercises: aim to do these at least 3 times per day. These can be done sitting, standing or lying down. Begin gently to tense the muscles around your vagina and back passage. This should feel like a 'squeeze and lift' sensation and is similar to what you feel when you try to stop the flow of urine. You should stop if it starts to hurt. Hold the tension for a count of 3 seconds then then relax. Repeat 10 times. As your pelvic floor muscles strengthen, try holding the squeeze for 5 seconds, then 10 seconds.

Recovery tracker

Everyone recovers at a different rate. The table below provides some guidance as to how you may feel and what is safe to do at each stage of your recovery following major gynaecological surgery. It shows the expected or ideal recovery schedule but may vary between individuals.

Time after operation	How might I feel?	What is safe to do?	Fit to work?
1 – 2 days	<ul style="list-style-type: none"> - You may still be in hospital - You will have some pain and discomfort in the abdomen - You may feel sore moving in and out of bed - You may have some bleeding like a light period 	<ul style="list-style-type: none"> - Get up and move about - Go to the toilet - Get yourself dressed - Start eating and drinking as usual - You may feel tired and perhaps feel like a sleep in the afternoon 	<input type="checkbox"/> No
3 – 7 days	<ul style="list-style-type: none"> - You should be at home - Your pains will be reducing in intensity and you will be able to move more comfortably - You will still get tired easily 	<ul style="list-style-type: none"> - Continue as for days 1–2 - Go for short walks - Continue with exercises that have been recommended to you - Wash and shower as normal - Have a sleep or rest in the afternoon if you need to 	<input type="checkbox"/> No
1 – 2 weeks	<ul style="list-style-type: none"> - There will be less pain as you move about and you will find your energy levels slowly returning - Bleeding should have settled or be very little 	<ul style="list-style-type: none"> - Build up your activity slowly and steadily - You are encouraged to go for longer and more frequent walks, as able - Restrict lifting to light loads 	<input type="checkbox"/> Not just yet
2 – 4 weeks	<ul style="list-style-type: none"> - There will be even less pain as you move more and more - You will find your energy levels returning to normal - You should feel stronger every day 	<ul style="list-style-type: none"> - Continue to build up the amount of activity you are doing towards your normal levels - You can start to do low impact sport - Make a plan for going back to work 	<input type="checkbox"/> After 4 weeks, some women will be fit to return to work, particularly following keyhole surgery. Initially, reduced hours or lighter duties may be needed.
4 – 6 weeks	<ul style="list-style-type: none"> - Almost back to normal - You may still feel tired and need to rest more than usual 	<ul style="list-style-type: none"> - All daily activities including lifting - Usual exercise - Driving 	<input type="checkbox"/> Yes, but if you do not feel ready to go to work, talk to your GP or employer about the reasons for this
6 weeks onwards	<ul style="list-style-type: none"> - Back to normal 	<ul style="list-style-type: none"> - You can do all of your usual activities - Have sex if you feel ready 	<input type="checkbox"/> Yes, but if you do not feel ready to go to work, talk to your GP or employer about the reasons for this

Where can I find more information?

You may find the following websites useful:

Royal College of Obstetricians and Gynaecologists (RCOG): Patient leaflets and resources:
<https://www.rcog.org.uk/for-the-public/>

NHS website: Enhanced Recovery: <https://www.nhs.uk/conditions/enhanced-recovery/>

Contact information

Whiston and St Helens Hospital sites

Gynaecology secretaries
Womens Offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@merseywestlancs.nhs.uk

Gynaecology Ward (3E)
Level 3, Whiston Hospital
Tel no: 0151 430 1522

Southport and Ormskirk Hospital sites

Gynaecology secretaries
Tel no. 01695 656658

Gynae assessment bay (E ward)
Tel no. 01695 656901

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance

Please ask a member of staff if you would like a chaperone present during your procedure.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshalls Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471