

Enhanced Recovery After Your Gynaecology Procedure

An information guide



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What is Enhanced Recovery?

Enhanced recovery is a nationally recognised programme that provides a modern approach to care around the time of surgery in order to help patients recover from surgery more quickly and with fewer complications.

Patient participation in the programme is essential and we encourage you to be in the best physical condition possible prior to your surgery.

The enhanced recovery programme means you will have to spend less time in hospital as we admit you to hospital on the day of your surgery and will offer you the least invasive surgical techniques to allow you to recover faster and have less pain afterwards.

Research has shown that getting out of bed, keeping hydrated and starting to eat as soon as is reasonably possible after surgery can reduce the chance of complications. Our staff will support you to do this.

Preparation for Surgery

The doctor in clinic who offers you surgery should give you an indication of how many days you are likely to spend in hospital and how long it usually takes to recover so you know what to expect.

We encourage you to take action to ensure you are in the best physical condition possible for your surgery. This can be achieved by doing regular exercise, eating healthy, stopping smoking, reducing your alcohol intake and aiming for a healthy bodyweight.

Your GP may be able to refer you for smoking cessation and weight loss support. If you have any health issues (for example high blood pressure or diabetes) then we recommend you see your GP for advice on how to optimise your health prior to your procedure.

You will be invited to attend a pre-operative clinic appointment prior to your surgery. This appointment is to determine your fitness for surgery. You may be advised to have medical tests prior to surgery such as a blood sample, chest x-ray, heart test or skin swab.

If you are taking any medicines then it is **important** that you bring your medications in their original boxes to your pre-operative clinic appointment.

Some medications such as blood thinners and hormone replacement therapy (HRT) will need to be stopped prior to surgery and the pre-operative clinic staff will advise you regarding this.

We encourage you to seek support from your **friends** and **family** to provide assistance for you when you go home after surgery. If you have any special requirements such as transport or social services input then please inform us so we can make the appropriate arrangements for you.

Before you have your surgery we advise you to stock up your home with healthy food that is easy to prepare and make sure you have a supply of simple painkillers such as **Paracetamol** and **Ibuprofen**.

On the day of Surgery

Unless you have been told otherwise, you can eat normally until **6 hours** before your operation and drink clear fluids until **2 hours** before your surgery.

Clear fluids include **water** and **cordial** that does not contain bits of fruits. Milky drinks **should not** be consumed within **6 hours** of surgery. Please **avoid** chewing gum or smoking on the day of your surgery.

We advise all patients to shower or bath prior to attending hospital. If you are having a keyhole operation (laparoscopy) then ensure your belly button is clean.

Please **avoid** using moisturising lotions and wearing make up on the day of surgery. False nails or nail polish **should not** be worn during your operation.

When you come to hospital for your surgery please bring your medications in their original packets so we can identify them. Please leave valuables at home. Mobile phones are permitted but we ask that you set your phone to 'silent' and avoid talking on your phone after 9.00pm to avoid disturbing other patients.

When you arrive for your surgery a nurse will need to ask you some questions and perform some routine checks such as blood pressure and pulse. If you are of child-bearing age then you will be asked to provide a urine sample to check you are not pregnant.

You will be visited by a member of the surgical team who will ensure you understand the operation that is being performed. They will check your surgical consent form with you and will answer any questions you have about your operation.

A member of the anaesthetic team will also see you to explain your anaesthetic options and discuss pain relief medications for you to take after your surgery.

Typical length of hospital stays for common operations

- Keyhole surgery (laparoscopy) – Home the same day or 1 day after surgery.
- Open surgery with a horizontal wound (transverse incision) – Home 2 days after surgery.
- Open surgery with a vertical wound (midline incision) – Home 3 days after surgery.
- Surgery for vaginal prolapse – Home 1 day after surgery

Day 0 – Immediately after surgery

You will receive regular checks of your blood pressure, pulse, oxygen levels, breathing rate and temperature. You may be asked to wear an oxygen mask on your face or an oxygen tube on your nose.

Start performing deep breathing exercises as soon as possible and sitting upright in bed is recommended to help you breathe better.

Unless you are advised not to it is recommended to start drinking fluids as soon as you feel able and to start eating as soon as you feel hungry. If you vomit or feel nauseous then you should **ask** for **anti-sickness** medication to help with this.

You may have a tube in your bladder (catheter) which is attached to a bag that collects your urine. This is used to monitor your urine output after surgery. Having a catheter can be uncomfortable and occasionally results in bladder infections so we aim to remove this within 6 hours unless there is a medical reason why it needs to stay in.

You will have a small plastic tube in your hand or arm (cannula) which may be used to give medications and fluids directly into your bloodstream. We aim to remove this as soon as it is no longer needed.

Sometimes a surgical drain is left in after surgery. This is a tube that comes out of the skin close to the wound and is attached to a bag which collects fluid from inside the tummy so we can monitor for signs of internal bleeding after the operation.

Sometimes a vaginal pack (small roll of fabric) is placed in the vagina after surgery to prevent bleeding. This can be uncomfortable and we aim to remove this within 6 hours.

Whilst you are in bed it is important to shift into different positions on a regular basis to prevent pressure sores. It is also important to do regular leg exercises.

We advise you to wear the support stockings provided during your hospital stay to prevent blood clots in the legs (deep vein thrombosis) that can be serious if they travel into the lungs (pulmonary embolism).

You will be encouraged to get out of bed as soon as is reasonably possible. If you have had major open surgery or received a spinal anaesthetic, then it may be a few hours before you can safely get back on your feet.

Some operations will result in vaginal bleeding afterwards. If required we will offer you pads to wear and will monitor your blood loss. Any bleeding that is heavier than a period should be reported to the medical staff. **Do not** wear tampons within 6 weeks of surgery as this can lead to infection.

Most patients will be given a small blood-thinning injection once a day until they go home to prevent blood clots in the legs (deep vein thrombosis). If you are considered to be at a higher than usual risk of blood clots then you may be advised to take a longer course of blood-thinning injections when you go home.

Simple painkillers such as **Paracetamol** and **Ibuprofen** should be given to you regularly. It is important that you are given enough pain relief to allow you breathe deeply and get back on your feet

soon after surgery. If your pain does not feel well controlled then you can **request** stronger painkillers.

Opiate medications such as morphine and codeine can be given if needed but they may slow your recovery and cause side effects like nausea and constipation.

Patients having minor procedures or keyhole surgery (laparoscopy) may be able to go home on the same day as their surgery if they are well enough.

Day 1 – Day after surgery

Regular checks of your blood pressure, pulse, oxygen levels, breathing rate and temperature will continue. Vaginal packs and catheters will usually be removed early in the morning if they were left in overnight whilst you were sleeping.

If you have had a catheter removed then you will need to give the nursing staff your urine in a bedpan so they can measure it to ensure you are emptying your bladder well. If you are having difficulty passing urine then **inform** the nursing staff.

It is important that you are able to pass urine normally **before** you go home. This is why we ask you to drink plenty of fluids and eat regular healthy meals.

Some patients will have slow bowels after surgery and this can be helped by drinking fluids, eating, moving around and avoiding opiate medications. You may not be able to open your bowels on the first day after surgery but you should be able to pass wind. If you have not passed any wind since your surgery then let the medical team know.

You will be reviewed by a doctor or nurse on a **daily** basis. They will answer any questions you have about your surgery and should give you an indication of when you will be well enough to go home.

Your discharge paperwork will be organized along with medications for you to take home. If you need a sick note for your employer then please ask for one before you leave.

You will be encouraged to spend at least **8 hours** out of bed every day. Aim to walk at least 4 times during the day as keeping mobile will reduce the chance of complications associated with prolonged bed rest such as blot clots (deep vein thrombosis), pressure sores and chest infections.

You may be seen by a physiotherapist who can teach you specific exercises that will help you recover. If you feel well enough then we recommend getting out of your pyjamas and getting dressed in your usual daytime clothes.

Day 2 – Second day after surgery

If you haven't gone home already then you will be reviewed by a doctor or nurse to determine if you are well enough to go home.

It is rare for patients to stay in hospital for more than 2 days after their surgery but this sometimes happens if a patient has had major surgery or if they develop a problem after the operation.

We can't predict which patients will develop serious problems but it does not happen often. If you are still unable to open your bowels then you may wish to consider taking a mild laxative.

When you go home

You will be given paperwork summarising the type of surgery, test results and medications relating to your hospital stay. A copy of this will be sent electronically to your GP.

You may be provided with medications to take when you get home. The Gynaecology Assessment Unit (GAU) can be called at any time of day or night for advice if you think you may have developed a problem following your surgery. You should be given the telephone number for GAU before you go home.

You **should not** drive for **48 hours** following a general anaesthetic.

You should only start driving again when you are comfortable, mobile and alert enough. It is recommended to check with your individual insurance company regarding their rules on insurance cover following surgery.

Advice on when you can return to work, start vigorous exercise and resume sexual intercourse will depend on the type of surgery you have had.

Please discuss these issues with your medical team who will be able offer advice specific to your individual circumstances.

Exercises Following Surgery

Deep breathing exercises:

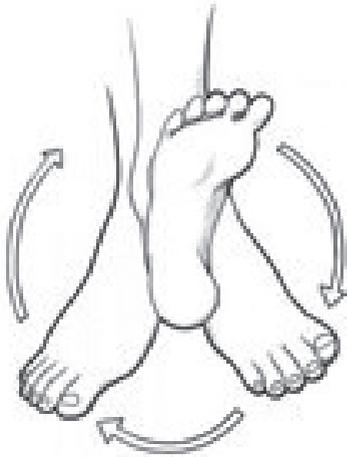
- Aim to do these **every** hour.
- Breathe in deeply. Pause for a second or two, then sigh out gently. Repeat 5 times.
- Perform a fast breath out making a “huff” sound as though you are ‘steaming up a window’.
- Rest for a few breaths then support your tummy by placing a pillow on your tummy and pressing it firmly to your tummy.
- Bend your knees and draw them up slightly so your feet are on the bed and lean forward slightly.



- Do a cough to clear any phlegm off of your chest.
- Rest for a few breaths then repeat the all the above exercises again.

Leg exercises:

- Aim to do these **5 times** a day.
- Ankle rotations - make a circular motion with your feet 15 times.



- Bend your knees up and down one at a time. Do this 10 times for each leg.



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

- Sit or lie with one leg straight. Tighten the thigh muscle, keep the leg straight and lift the leg off the bed by about six inches. Hold the leg in the air for a count of three then lower slowly. Rest and repeat 5 times for each leg.



Pelvic Floor Muscle Exercises:

- Aim to do these at least **3 times** per day.
- These can be done sitting, standing or lying down. Ensure your legs are not crossed.
- Try to tense the muscles around your vagina and back passage. Begin gently and stop if it starts to hurt. 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. Hold the tension for a count of 4 then relax for a count of 4. Repeat 10 times.
- Do this again but try to hold the tension for a count of ten before relaxing. Relax for a count of ten. Repeat 10 times and try to 'lift and squeeze' stronger each time.
- Now do the same exercise again but try to squeeze and relax as quickly as you can for a total of 10 times.

Wound Management

Many operations will involve making cuts on the skin. These will usually be closed with metal clips or stitches and a dressing will be placed over the top. It is important to keep the dressing on for 24 to 48 hours to prevent infections.

You can still shower with the dressing on. Once the dressing is removed you should wash your wounds clean with water and pat them dry at least once a day. **Do not** apply any soaps, creams or powders to your wound.

Absorbable stitches do not need to be removed. Non-absorbable stitches and metal clips will need removal and the staff on the ward will arrange either a district nurse visit or an appointment on the Gynaecology Assessment Unit for removal.

Monitor for signs of infection such as wound redness, increasing soreness, pus-like discharge or developing fever. If you have these symptoms then seek advice from your GP or the Gynaecology Assessment Unit.

Contact Numbers & Resources

Gynaecology Assessment Unit - Telephone 0161 627 8855

NHS Choices – Advice to help you get healthy can be found online at: <https://www.nhs.uk/live-well/>

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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