

# About Your Robotic-Assisted or Laparoscopic Hysterectomy

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# About Your Surgery

This guide will help you prepare for your robotic-assisted or laparoscopic hysterectomy at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery. Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

A hysterectomy is a surgery that removes the uterus. You may be having a hysterectomy because you have uterine, cervical, or ovarian cancer, uterine fibroids, endometriosis, heavy vaginal bleeding, or pelvic pain. Your doctor will explain why you're having the surgery.

## About the Uterus

Your uterus is located in the lower abdomen (belly) between your bladder and rectum. The lower narrow end of your uterus is called your cervix (see Figure 1). Your ovaries and fallopian tubes are attached to your uterus.

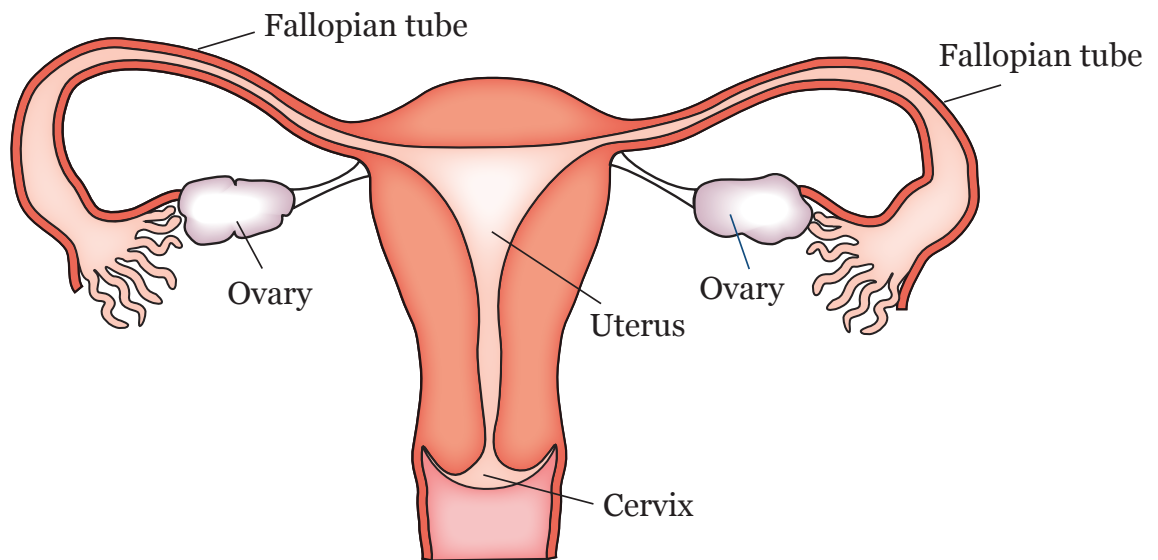


Figure 1. Your uterus

After your hysterectomy, you will not be able to have children naturally. Menstruation (getting your period) will also stop. A hysterectomy does not cause menopause unless your ovaries are removed. If you would like to have biological children in the future, ask your doctor for a referral to a fertility specialist.

## **Robotic-Assisted and Laparoscopic Hysterectomy**

You will have either a robotic-assisted or a laparoscopic hysterectomy. Both types will allow your surgeon to perform a precise and less invasive procedure than open surgery.

In both types of hysterectomies, your surgeon will make several small incisions (surgical cuts) on your abdomen (belly). A laparoscope, (a tube-like instrument with a camera) will be placed into your abdomen. The tool is connected to a video camera and television that allows your surgeon to see the inside of your abdomen. Gas (carbon dioxide) will be pumped into your abdomen to create space, which gives your surgeon more room to perform the surgery. Tiny tools will also be inserted into the incisions on your abdomen.

In a laparoscopic hysterectomy, your surgeon sees the image on a monitor and can remove tissue with the instruments. In a robotic-assisted hysterectomy, your surgeon uses a robot as a tool to do the surgery. Your surgeon sits at a console with a 3-dimensional view of the surgical site. They do the surgery from there, using a robot that they control.

In both approaches, your surgeon will remove your uterus and cervix through your vagina, if possible. If your uterus or cervix can't be removed through your vagina, your surgeon will make one of your incisions larger, and remove the organs from there. Your incisions will be closed with sutures (stitches).

Your surgeon may also perform 1 or both of the procedures listed below. If so, this is done at the same time as your hysterectomy.

## **Salpingo-Oophorectomy**

Depending on your surgery, 1 or both of your ovaries and fallopian tubes may be removed. This is called a salpingo-oophorectomy.

If both ovaries are removed, you will go into menopause, if you have not already. If you have already gone through menopause, you should not notice any changes. If you have not started menopause, you may experience common symptoms, including night sweats, hot flashes, and vaginal dryness. Speak with your doctor about ways to manage these symptoms.

## **Sentinel Lymph Node Mapping and Lymph Node Dissection**

Lymph nodes are small, bean-like structures that are found throughout your body. They make and store the cells that help fight infections. Sentinel lymph nodes are the lymph nodes that are most likely to be affected if you have cancer and it has spread.

Your surgeon may do sentinel lymph node mapping and remove some of your lymph nodes, which is called a lymph node dissection. You will get anesthesia (medication to make you sleep) before these procedures.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye in the area where the cancer may be. Your surgeon will discuss with you the type of dye that they will use. This dye travels to the sentinel nodes and turns them blue or green. Once the sentinel node(s) are located, your surgeon will make a small incision. They will remove the sentinel node(s) (the nodes that have turned blue or green) and the nodes will be examined to see if they contain cancer cells.

The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

## About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or can't sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your medical information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications, including patches and creams.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

## About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

## About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, the airway becomes completely blocked during sleep. It can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

## Within **30** Days of Your Surgery

### Presurgical Testing

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your NP may also recommend you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you are taking, including patches and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

### Complete a Health Care Proxy Form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you're unable to communicate for yourself. The person you identify is called your health care agent.

If you're interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring it with you to your next appointment

## Identify Your Caregiver

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your healthcare provider. Your caregiver will need to be present after your surgery for the discharge instructions so that they are able to help you care for yourself at home. Your caregiver will also need to take you home after your surgery.

## Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer*, located in the “After Your Surgery” section of this guide. If you have any questions, ask your nurse or respiratory therapist.

## Exercise

Try to do aerobic exercise every day, such as walking at least 1 mile (1.6 kilometers), swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

## Eat a Healthy Diet

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet talk with your doctor or nurse about meeting with a dietitian.

# 10 Days Before Your Surgery

## Stop Taking Vitamin E

If you take vitamin E, stop taking it 10 days before your surgery because it can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

## Purchase Hibiclens® Skin Cleanser, if Needed

If you need to wash with Hibiclens before your surgery, your nurse will tell you. Hibiclens is a skin cleanser that kills germs for 24 hours after using it. Showering with Hibiclens before your surgery will help lower your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.



## 7 Days Before Your Surgery

### Stop Taking Certain Medications

If you take aspirin, ask your surgeon if you should continue. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

### Stop Taking Herbal Remedies and Supplements

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about if you should continue. For more information, read *Herbal Remedies and Cancer Treatment*, located in this section.

## 2 Days Before Your Surgery

### Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®). These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

## 1 Day Before Your Surgery

### Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. The clerk will tell you what time you should arrive for your surgery. If you're scheduled for surgery on a Monday, you will be called on the Friday before. If you don't receive a call by 7:00 PM, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Begin Bowel Preparation, if Needed

You may also need to do a bowel preparation in order to empty your bowels before surgery. If you need to do this, your nurse will give you instructions.

## Shower With Hibiclens, if Needed

If your doctor or nurse told you to shower with the Hibiclens solution, do it the night before your surgery. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Move away from the shower stream to avoid rinsing off the Hibiclens too soon. Rub it gently over your body from your neck to your waist and rinse.

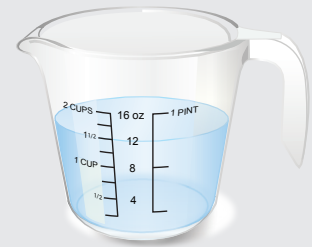
Don't let the solution get into your eyes, ears, mouth, or genital area. Don't use any other soap. Dry yourself off with a clean towel after your shower.

## Sleep

Go to bed early and get a full night's sleep.

### Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.



## The Morning of Your Surgery

### Shower With Hibiclens, if Needed

If your doctor or nurse told you to shower with Hibiclens, shower with it just before you leave. Use the Hibiclens the same way you did the night before.

Don't use any other soap. Don't put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

### Take Your Medications

If your doctor or NP instructed you to take certain medications the morning of your surgery, take only those medications with a small sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

## Things to Remember

- Don't put on any lotions, creams, deodorants, makeup, powders, or perfumes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead.
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- \_\_\_\_\_
- \_\_\_\_\_



## What to Bring

- Only the money you may need for a newspaper, bus, taxi, or parking.
- Your portable music player, if you choose. However, someone will need to hold this item for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
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## **Once You've Arrived for Your Surgery**

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

### **Get Dressed for Surgery**

When it's time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

### **Meet With Your Nurse**

You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

### **Meet With Your Anesthesiologist**

Your anesthesiologist will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

### **Prepare for Surgery**

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs. You may also have a blood pressure cuff and EKG pads to monitor you during surgery.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia during your surgery.

Once you are fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You may also have a urinary catheter (Foley®) placed to drain urine from your bladder.

Once your surgery is finished, your incisions will be closed Steri-Strips™ (thin pieces of tape) or Dermabond® (surgical glue) and covered with a dry dressing. Your breathing tube is usually taken out while you are still in the operating room.

# Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

## Before Your Surgery

If you're having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 days before your surgery, or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor

before you stop taking it.

- Stop taking NSAIDs 48 hours before your surgery, or as directed by your doctor.

## Before Your Radiology Procedure

If you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, and General Radiology), follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.
- If your doctor tells you to stop taking aspirin, stop taking it 5 days before your procedure, or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
  - If you take low dose aspirin (81 mg), you may not need to stop it before your procedure. Your doctor will tell you if you should stop taking low dose aspirin.
- Stop taking NSAIDs 24 hours before your procedure, or as directed by your doctor.

## Before and During Your Chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been getting it, talk with your doctor or nurse before taking aspirin or NSAIDs.

## Examples of Medications

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren't sure. **Always be sure your doctor**

**knows all of the medications you're taking, both prescription and over-the-counter (not prescription).**

<b>Common Medications that Contain Aspirin</b>				
Aggrenox®	Bufferin® (most formulations)	Fiorgen®	Momentum®	Soma® Compound Tablets
Alka Seltzer®	Buffets II®	Fiorinal® (most formulations)	Norgesic Forte® (most formulations)	Soma® Compound with Codeine Tablets
Anacin®	Buffex®	Fiortal®	Norwich® Aspirin	St. Joseph® Adult Chewable Aspirin
Arthritis Pain Formula	Cama® Arthritis Pain Reliever	Gelpirin®	PAC® Analgesic Tablets	Supac®
Arthritis Foundation Pain Reliever®	COPE®	Genprin®	Orphengesic®	Synalgos®-DC Capsules
ASA Enseals®	Dasin®	Gensan®	Painaid®	Tenol-Plus®
ASA Suppositories®	Easprin®	Heartline®	Panasal®	Trigesic®
Ascriptin® and Ascriptin A/D®	Ecotrin® (most formulations)	Headrin®	Percodan® Tablets	Talwin® Compound
Aspergum®	Empirin® Aspirin (most formulations)	Isollyl®	Persistin®	Vanquish® Analgesic Caplets
Asprimox®	Epromate®	Lanorinal®	Robaxisal® Tablets	Wesprin® Buffered
Axotal®	Equagesic Tablets	Lortab® ASA Tablets	Roxiprin®	Zee-Seltzer®
Azdone®	Equazine®	Magnaprin®	Saleta®	ZORprin®
Bayer® (most formulations)	Excedrin® Extra-Strength Analgesic Tablets and Caplets	Marnal®	Salocol®	

BC <sup>®</sup> Powder and Cold formulations	Excedrin <sup>®</sup> Migraine	Micrainin <sup>®</sup>	Sodol <sup>®</sup>	
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## Common Medications that are NSAIDs that Don't Contain Aspirin

Advil <sup>®</sup>	Clinoril <sup>®</sup>	Indocin <sup>®</sup>	Motrin <sup>®</sup>	Ponstel <sup>®</sup>
Advil Migraine <sup>®</sup>	Daypro <sup>®</sup>	Ketoprofen	Nabumetone	Relafen <sup>®</sup>
Aleve <sup>®</sup>	Diclofenac	Ketorolac	Nalfon <sup>®</sup>	Saleto 200 <sup>®</sup>
Anaprox DS <sup>®</sup>	Etodolac <sup>®</sup>	Lodine <sup>®</sup>	Naproxen	Sulindac
Ansaid <sup>®</sup>	Feldene <sup>®</sup>	Meclofenamate	Naprosyn <sup>®</sup>	Toradol <sup>®</sup>
Arthrotec <sup>®</sup>	Fenoprofen	Mefenamic Acid	Nuprin <sup>®</sup>	Voltaren <sup>®</sup>
Bayer <sup>®</sup> Select Pain Relief Formula Caplets	Flurbiprofen	Meloxicam	Orudis <sup>®</sup>	
Celebrex <sup>®</sup>	Genpril <sup>®</sup>	Menadol <sup>®</sup>	Oxaprozin	
Celecoxib	Ibuprofen	Midol <sup>®</sup>	PediaCare Fever <sup>®</sup>	
Children's Motrin <sup>®</sup>	Indomethacin	Mobic <sup>®</sup>	Piroxicam	

## Products that Contain Vitamin E

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Most multivitamins contain vitamin E. If you take a multivitamin, be sure to check the label.

## About Acetaminophen

Acetaminophen (Tylenol<sup>®</sup>) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it won't increase your chance of bleeding. However, talk with your doctor before taking acetaminophen if you're getting chemotherapy.



## Medications that Contain Acetaminophen

Acephen®	Di-Gesic®	Norco®	Tylenol®
Aceta® with Codeine	Esgic®	Panadol®	Tylenol® with Codeine No. 3
Acetaminophen with Codeine	Excedrin P.M.®	Percocet®	Vanquish®
Aspirin-Free Anacin®	Fiorcet®	Repan	Vicodin®
Arthritis Pain Formula® Aspirin-Free	Lorcet®	Roxicet®	Wygesic®
Darvocet-N 100®	Lortab®	Talacen®	Zydone®
Datril®	Naldegescic®	Tempra®	

### Read the labels on all your medications

Acetaminophen is safe when used as directed, but there's a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications.

Make sure to always read and follow the label on the product you're taking. Acetaminophen is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

### Common Abbreviations for Acetaminophen

APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

# Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

## Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

### Echinacea

- Can cause an allergic reaction, such as a rash or difficulty breathing.

- Can lower the effects of medications used to weaken the immune system.

## **Garlic**

- Can lower your blood pressure, fat, and cholesterol levels.
- Can increase your risk of bleeding.

## **Gingko (also known as *Gingko biloba*)**

- Can increase your risk of bleeding.

## **Ginseng**

- Can lower the effects of sedation or anesthesia.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

## **Turmeric**

- Can make chemotherapy less effective.

## **St. John's Wort**

- Can interact with medications given during surgery.
- Can make your skin more sensitive to radiation or laser treatment.

## **Valerian**

- Can increase the effects of anesthesia or sedation.

## **Herbal formulas**

- Herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it's safe.

This information does not cover all herbal remedies or possible side effects. Speak with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at [www.abouterbs.com](http://www.abouterbs.com).

The information in this section will tell you what to expect after your surgery, both during your stay and after you leave. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# What to Expect

When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU) or your recovery room.

A nurse will be monitoring your body temperature, blood pressure, pulse, and oxygen levels.

You may have a urinary catheter in your bladder to help monitor the amount of urine you are making. It should come out before you go home. You will also have compression boots on your lower legs to help your circulation.

Your pain medication will be given through an IV line or in tablet form. If you are having pain, tell your nurse.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You will be encouraged to walk with the help of your nurse or physical therapist. We will give you medication to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*, located in this section.

## Commonly Asked Questions

### **Will I have pain after surgery?**

Yes, you will have some pain after your surgery, especially in the first few days. Your doctor and nurse will ask you about your pain often. You will be given medication to manage your pain as needed. If your pain is not relieved, please tell your doctor or nurse. It's important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

### **Will I be able to eat?**

Yes, you will be able to eat a regular diet or eat as tolerated. You should start with foods that are soft and easy to digest such as apple sauce and chicken noodle soup. Eat small meals frequently, and then advance to regular foods.

If you experience bloating, gas, or cramps, limit high-fiber foods, including whole grain breads and cereal, nuts, seeds, salads, fresh fruit, broccoli, cabbage, and cauliflower.

## Will I have pain when I am at home?

The length of time each person has pain or discomfort varies. You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Don't take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

## How can I prevent constipation?

- Go to the bathroom at the same time every day. Your body will get used to going at that time.
- If you feel the urge to go, don't put it off. Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to move your bowels. The reflexes in your colon are strongest at this time.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that don't have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  - Docusate sodium (Colace®) 100 mg. Take \_\_\_\_ capsules \_\_\_\_ times a day. This is a stool softener that causes few side effects. Don't take it with mineral oil.
  - Polyethylene glycol (MiraLAX®) 17 grams daily.
  - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.
- If you haven't had a bowel movement in 2 days, call your doctor or nurse.

## **Can I shower?**

Yes, you can shower 24 hours after your surgery. Be sure to shower every day.

Taking a warm shower is relaxing and can help decrease muscle aches. Use soap when you shower and gently wash your incision. Pat the areas dry with a towel after showering, and leave your incision uncovered (unless there is drainage). Call your doctor if you see any redness or drainage from your incision.

Don't take tub baths until you discuss it with your doctor at the first appointment after your surgery.

## **How do I care for my incisions?**

You will have several small incisions on your abdomen. The incisions are closed with Steri-Strips or Dermabond. You may also have square white dressings on your incisions (Primapore®). You can remove these in the shower 24 hours after your surgery. You should clean your incisions with soap and water.

If you go home with Steri-Strips on your incision, they will loosen and may fall off by themselves. If they haven't fallen off within 10 days, you can remove them.

If you go home with Dermabond over your sutures, it will also loosen and peel off.

## **What are the most common symptoms after a hysterectomy?**

It's common for you to have some vaginal spotting or light bleeding. You should monitor this with a pad or a panty liner. If you have having heavy bleeding (bleeding through a pad or liner every 1 to 2 hours), call your doctor right away.

It's also common to have some discomfort after surgery from the air that was pumped into your abdomen during surgery. To help with this, walk, drink plenty of liquids and make sure to take the stool softeners you received.

## **When is it safe for me to drive?**

You may resume driving 2 weeks after surgery, as long as you aren't taking pain medication that may make you drowsy.

## **When can I resume sexual activity?**

Do not place anything in your vagina or have vaginal intercourse for 8 weeks after your surgery. Some people will need to wait longer than 8 weeks, so speak with your doctor before resuming sexual intercourse.

## **Will I be able to travel?**

Yes, you can travel. If you are traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.



### **Will I need any supplies?**

Most people do not need any supplies after the surgery. In the rare case that you do need supplies, such as tubes or drains, your nurse will order them for you.

### **When can I return to work?**

The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about 2 to 4 weeks after the surgery.

### **What exercises can I do?**

Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. Ask your doctor or nurse before starting more strenuous exercises.

### **When can I lift heavy objects?**

Don't lift anything heavier than 10 pounds (4.5 kilograms) for at least 4 weeks after surgery. Speak with your doctor about when you can do heavy lifting.

### **How can I cope with my feelings?**

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

### **When is my first appointment after surgery?**

Your first appointment after surgery will be 2 to 4 weeks after surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

### **What if I have other questions?**

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.



**Call your doctor or nurse if you:**

- Have a temperature of 101° F (38.3° C) or higher
- Have pain that does not get better with pain medication
- Have redness, drainage, or swelling from your incisions
- Have swelling or tenderness in your calves or thighs
- Cough up blood
- Have any shortness of breath or difficulty breathing
- Do not pass gas or have any bowel movement for 3 days or longer
- Have nausea, vomiting, or diarrhea
- Have any questions or concerns

# How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

## About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

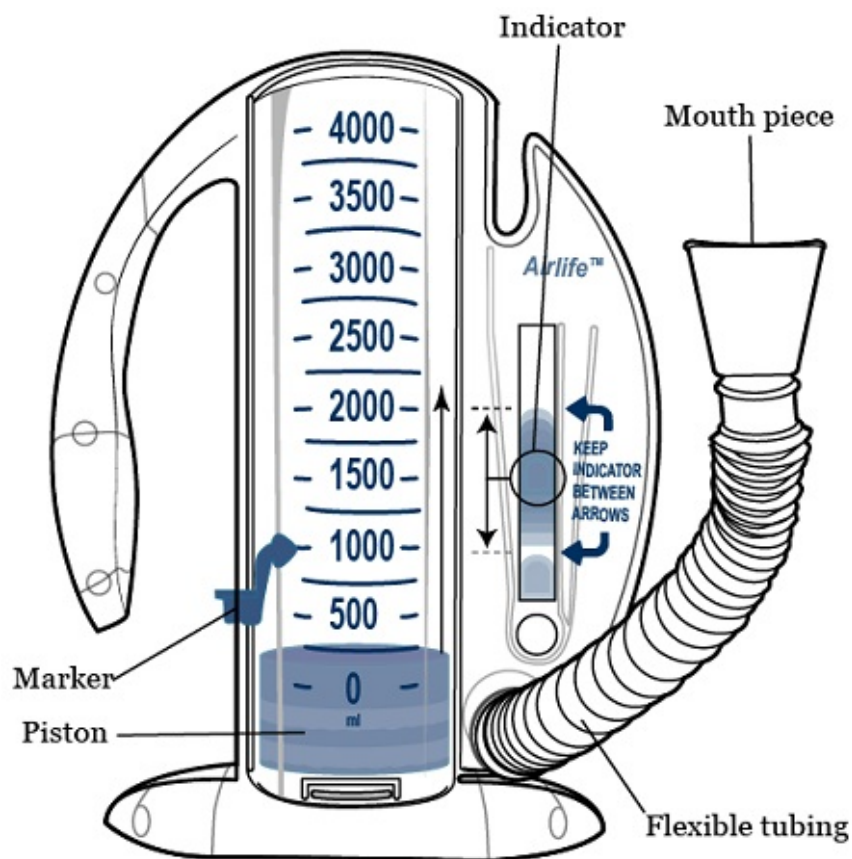


Figure 1. Incentive Spirometer

Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your

recovery and prevent complications such as pneumonia.

## How To Use Your Incentive Spirometer

Here is a video demonstrating how to use your incentive spirometer:



Please visit [mskcc.org/pe/incentive\\_spirometer](https://mskcc.org/pe/incentive_spirometer) to watch this video.

### Setting up your incentive spirometer

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

### Using your incentive spirometer

When you are using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
  - o If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you're using the incentive spirometer. This will help decrease pain at your incision.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly breathe out (exhale) completely.
3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).
4. Try to get the piston as high as you can, while keeping the indicator

between the arrows.

- If the indicator does not stay between the arrows, you are breathing either too fast or too slow.
5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you're holding your breath, the piston will slowly fall to the base of the spirometer.
  6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.
  7. Repeat 10 times. Try to get the piston to the same level with each breath.
  8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.
  9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you are awake.

Cover the mouthpiece of the incentive spirometer when you are not using it.

Notes \_\_\_\_\_

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This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

# MSK Resources

## **Anesthesia**

212-639-6840

Call with any questions about anesthesia.

## **Blood Donor Room**

212-639-7643

Call for more information if you are interested in donating blood or platelets.

## **Bobst International Center**

888-675-7722

MSK welcomes patients from around the world. If you are an international patient, call for help arranging your care.

## **Chaplaincy Service**

212-639-5982

At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital, and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

## **Counseling Center**

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

## **Integrative Medicine Service**

646-888-0800

Offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

## **Look Good Feel Better Program**

800-227-2345

Learn techniques to help you feel better about your appearance by taking a workshop or visiting the program online at [www.lookgoodfeelbetter.org](http://www.lookgoodfeelbetter.org).

## **Patient-to-Patient Support Program**

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers

## **Patient Billing**

646-227-3378

Call Patient Billing with any questions about preauthorization from your insurance company. This is also called preapproval.

## **Patient Representative Office**

212-639-7202

Call if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.



**Perioperative Nurse Liaison**

212-639-5935

Call if you have any questions about MSK releasing any information while you are having surgery.

**Private Duty Nursing Office**

212-639-6892

Patients may request private nurses or companions. Call for more information.

**Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Social Work**

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring you to community agencies and programs, as well as financial resources if you're eligible.

**Tobacco Treatment Program**

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for more information.

For additional online information, visit LIBGUIDES on MSK's library website at [library.mskcc.org](http://library.mskcc.org) or the ovarian cancer section of [mskcc.org](http://mskcc.org). You can also contact the library reference staff at 212-639-7439 for help.

# External Resources

## **Access-A-Ride**

[web.mta.info/nyct/paratran/guide.htm](http://web.mta.info/nyct/paratran/guide.htm)

877-337-2017

In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

## **Air Charity Network**

[www.aircharitynetwork.org](http://www.aircharitynetwork.org)

877-621-7177

Provides travel to treatment centers.

## **American Cancer Society (ACS)**

[www.cancer.org](http://www.cancer.org)

800-227-2345

Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

## **Cancer and Careers**

[www.cancerandcareers.org](http://www.cancerandcareers.org)

A comprehensive resource for education, tools, and events for employees with cancer.

## **CancerCare**

[www.cancercare.org](http://www.cancercare.org)

800-813-4673

275 Seventh Avenue (Between West 25<sup>th</sup> & West 26<sup>th</sup> Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

## **Cancer Support Community**

[www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)

Provides support and education to people affected by cancer.

## **Caregiver Action Network**

[www.caregiveraction.org](http://www.caregiveraction.org)

800-896-3650

Provides education and support for those who care for loved ones with a chronic illness or disability.

## **Corporate Angel Network**

[www.corpangelnetwork.org](http://www.corpangelnetwork.org)

866-328-1313

Free travel to treatment across the country using empty seats on corporate jets.

## **fertileHOPE**

[www.fertilehope.org](http://www.fertilehope.org)

855-220-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**Gilda's Club**

[www.gildasclubnyc.org](http://www.gildasclubnyc.org)

212-647-9700

A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

**Good Days**

[www.mygooddays.org](http://www.mygooddays.org)

877-968-7233

Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

**Healthwell Foundation**

[www.healthwellfoundation.org](http://www.healthwellfoundation.org)

800-675-8416

Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

**Joe's House**

[www.joeshouse.org](http://www.joeshouse.org)

877-563-7468

Provides a list of places to stay near treatment centers for people with cancer and their families.

**LGBT Cancer Project**

<http://lgbtcancer.com/>

Provides support and advocacy for the LGBT community, including a online support groups and a database of LGBT friendly clinical trials.

**LIVESTRONG Fertility**

[www.livestrong.org/we-can-help/fertility-services](http://www.livestrong.org/we-can-help/fertility-services)

855-744-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

800-4-CANCER (800-422-6237)

**National Cancer Legal Services Network**

[www.nclsn.org](http://www.nclsn.org)

Free cancer legal advocacy program.

**National LGBT Cancer Network**

[www.cancer-network.org](http://www.cancer-network.org)

Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

**Needy Meds**

[www.needymeds.org](http://www.needymeds.org)

Lists Patient Assistance Programs for brand and generic name medications.

**NYRx**

[www.nyrxplan.com](http://www.nyrxplan.com)

Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

**Partnership for Prescription Assistance**

[www.pparx.org](http://www.pparx.org)

888-477-2669

Help qualifying patients without prescription drug coverage get free or low-cost medications.

**Patient Access Network Foundation**

[www.panfoundation.org](http://www.panfoundation.org)

866-316-7263

Provides assistance with copayments for patients with insurance.

**Patient Advocate Foundation**

[www.patientadvocate.org](http://www.patientadvocate.org)

800-532-5274

Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

**RxHope**

[www.rxhope.com](http://www.rxhope.com)

877-267-0517

Provides assistance to help people obtain medications that they have trouble affording.

**SHARE**

[www.sharecancersupport.org](http://www.sharecancersupport.org)

866-891-2392

Offers support groups for survivors of breast, metastatic breast, and ovarian cancer in Manhattan, Queens, Brooklyn, and Staten Island.