

**Vaginal Hysterectomy with or without Anterior and Posterior Repair/**

**Laparoscopic Assisted Vaginal Hysterectomy**

**Patient Information booklet**

**Please bring this book to your admission to the Hospital and to all of your appointments**

**Information is available in alternate formats upon request**

For information call

Before your surgery:

Contact your surgeon’s office or Pre-Operative Assessment Clinic 613-721-2000 ext. 2920 between 8:00 a.m. to 4:00 p.m. Monday to Friday

After your surgery:

Contact your surgeon’s office

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular healthcare needs.

Queensway Carleton Hospital (QCH) is a patient and family-centered hospital providing a broad range of services through the dedicated care of healthcare professionals. We look forward to helping you throughout your hospital stay. Please be sure to ask any questions you may have at any time.

Please refer to our Patient Handbook for more information about QCH and what you need to know as a patient while you are here. This handbook will focus specifically on your upcoming Vaginal Hysterectomy/

Laparoscopic Assisted Vaginal Hysterectomy surgery.

**IMPORTANT: If your surgeon or healthcare team gives you different recommendations than what has been provided in this booklet, please follow directions from the surgeon or healthcare team.**

# Welcome to Queensway Carleton Hospital

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions. Please use this booklet as a reference tool for all dates and times and **bring this booklet with you to all your appointments** **and on your day of surgery.**

The information in this booklet is for educational purposes. It is not intended to replace the advice or instructions of a healthcare professional. Contact your surgeon if you have questions about your care.

**Enhanced Recovery Program for Gynecological Surgeries**

**Patient Information**

At the Queensway Carleton Hospital, our goal is to improve pain management and nausea after your gynecological surgery. Enhanced recovery means that you are able to eat and move around sooner and may help to reduce the possibility of lung infections and blood clots. Many patients feel well enough to go home after one day in hospital and may be able to return to work sooner.

Your hospital stay will follow a plan of care called a “Care Plan”. In this booklet you will find information about your surgery and the patient version of the Vaginal Hysterectomy Care Plan. It has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require, as well as the education and planning necessary for discharge.

The patient version of the Vaginal Hysterectomy Care Plan gives you an idea of what to expect when you arrive at the hospital until your discharge (see pages 17 through 20).

**Vaginal Hysterectomy/Laparoscopic Assisted Vaginal Hysterectomy**

This booklet has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient booklet of the Vaginal Hysterectomy/Laparoscopic Assisted Vaginal Hysterectomy gives you an idea of what to expect from when you get to the hospital until discharge.

Once you and/or your family have read the information, please feel free to ask your nurse or other members of the healthcare team any questions.

## Pre-Operative Assessment Clinic

This important appointment will help prepare you for your surgery. This visit takes place two to three weeks before your surgery. The Operating Room Scheduling Department will call you to schedule an appointment with the Pre-Operative Assessment Clinic. Your visit may take approximately 4-6 hours to complete.

On the day of your appointment, come to the hospital with your health card. Ask at the Information Desk in the Main Lobby for directions to the Patient Registration Department where you will be registered and then directed to the Pre-Operative Assessment Clinic.

It is mandatory to attend this appointment, or your surgery will be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a health assessment and pre-operative tests will be performed.

Some tests that may be performed include:

* X-rays
* Blood and urine tests
* ECG (electrocardiogram)

You will be given information about your hospital stay. The nurse will take your health history and ask you to review your consent for surgery. Please pay special attention to:

* When to stop eating and drinking before surgery
* Medication management before and after surgery
* Date and place for your hospital admission
* How to prepare for your surgery
* Deep breathing exercises and ankle exercises

You may see other healthcare professionals during your visit, if requested by your surgeon. These may include:

* Anesthesiologist
* Medical Doctor

**Please bring the following to your Pre-operative Assessment Clinic appointment:**

* All of your current medications in their original package including vitamins and herbal products. Please include prescription and non-prescription medication like inhalers, sprays, ointments and eye drops.

■ If your pharmacy prepares a dossette or blister pack, bring one that contains a week’s supply of medication and ask your pharmacist to prepare a list with dosing instructions of the medications contained within the pack.

■ A list of medication allergies and all other allergies, including the type of reaction.

■ Provincial health insurance card and proof of any additional health insurance.

■ Your substitute decision maker if they have signed the consent for you.

■ Your reading glasses, if required.

■ A translator if you have difficulty understanding or speaking English.

■ We recommend that you bring one family member or friend with you to your appointment. This person can be your designated care partner. This person has to be able to accompany you to your various appointments in the hospital and there is quite a bit of walking involved.

* You will be asked if you smoke, consume alcohol, use recreational or street drugs on a regular basis.

**MRSA (Methicillin - Resistant Staph Aureus)**

Today, many hospitals in Canada and around the world are dealing with bacterium which no longer responds to many antibiotics. Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacterium. This bacterium does not cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a health care facility within the last year, you will be screened for this at the time of your POAC visit.

**Family contact**

Please discuss and decide with your family who will be the primary “contact” person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

**My family contact is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do I go for my pre-operative assessment visit?**

Report to the Queensway Carleton Hospital main lobby Information Desk. You will be directed to the Patient Registration Department to be registered and then to Pre-operative Assessment Clinic (POAC).

**When is my appointment?**

The Queensway Carleton Hospital Operating Room Scheduling Department will notify you at home of your appointment at Pre-operative Assessment Clinic (POAC).

If you have any questions about your appointment please call the Operating Room Scheduling Department, Monday to Friday, 8 a.m. to 4 p.m. at (613) 721-2000, ext. 2614.

**Your date of surgery is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call the Queensway Carleton Hospital Operating Room Scheduling Department on the day before your surgery is scheduled to get the time for your admission. The number to call is (613) 721-4840 between 11 a.m. and 3 p.m., Monday through Friday.

Call for your admission time on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (yy/mm/dd)

**On the day of your Pre-Op Assessment Clinic visit we will advise you to purchase Endure 420 -Chlorhexidine 2 % wash. This can be purchased at the QCH Gift Box on the main floor next to the front lobby.**

QCH Gift Box Hours

Monday to Friday 9 a.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

## Health tips before surgery

## NOTE: Notify your surgeon before your surgery if you develop a cold or any other illness.

## This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

**Jewelry and body piercing removal prior to surgery**

It is the recommendation of the Queensway Carleton Hospital that **all jewelry, including body piercing and wedding rings**, be removed prior to surgery.

The known risks of leaving jewelry or body piercing in place during surgery may include:

* Injury from a burn if the electro-surgical unit is used during surgery.
* An increased risk of infection if the jewelry is near the surgical area as jewelry harbours bacteria.
* Possible restrictions of blood flow from the jewelry/body piercing area due to tissue swelling after surgery near the surgical site.
* An increased risk of injury due to the jewelry/body piercing if the jewelry or body piercing area becomes tangled in the patient gown or bed linens during positioning for surgery or when being transferred to the stretcher in the operating room.
* An increased risk of injury during anesthetic if the body piercing is in the nose, tongue or mouth (**these MUST be removed**).

Body piercing can be removed by the “body piercing store”.

If you choose to accept these risks and arrive for your surgical procedure with the jewelry or body piercing in place, there is a possibility that your surgery will be cancelled by the anesthesiologist or the surgeon depending on the location of the jewellery/body piercing.

If you choose to accept these risks and decide to keep your jewelry/body piercing for the procedure and the surgery proceeds, it will be documented on your chart that you were aware of the risks and that you will assume the responsibility for any negative outcome.

## Will I need to see a social worker?

A social worker may call if you feel there are any issues that make it difficult for you to manage at home on discharge. If you are already on Home Care through the Local Health Integration Network Home and Community Care Support Services (LHIN HCCSS), please make sure that your Care Coordinator knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can guide you to do it when you come to Pre-operative Assessment Clinic (POAC).

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

# Care Partner & Visitor Policy

Please refer to the QCH Patient Handbook for detailed information about our care partner and Visitor Policy while you are at QCH.

**Please ensure that visitors are aware of the Queensway Carleton Hospital scent-free policy. Please do not bring scented flowers to the hospital.**

## What should I bring to the hospital?

* A knee length dressing gown which opens all the way down the front.
* Non-skid slippers.
* If you have sleep apnea and are using a CPAP/BiPAP machine at home, please bring in the machine, tubing and mask (all labeled with your name) the morning of your surgery.
* Comfortable clothing. For example: jogging pants or shorts and a shirt, to wear home.
* Your own reusable water bottle.
* Toothbrush, toothpaste, soap, shampoo, deodorant, tissue. These items are not supplied by the hospital.
* Please label any equipment brought from home with your name.
* All your current medications in the proper bottles, including non‑prescription medications.
* A list of allergies including the type of reaction.

How do I prepare for my surgery?

**Please follow the directions below or your surgery may be cancelled:**

* Do not eat any solid foods 8 hours before your **arrival time** to hospital. This includes gum or candies.
* You may drink clear fluid **to thirst** either apple juice, water, or ginger ale.
* Two to three hours before your surgery time drink 1 to 1 2/3 cups

 (250 to 400 MLs or 8-14 OZ) of apple juice or ginger ale. Then nothing more by mouth.

You should take your regular prescription medications (no vitamins or herbal products) with water the morning of surgery as advised by the nurse or doctor you spoke with in POAC. **Bring your medications including any inhalers with you to the Hospital.**

You **must** stoptaking all supplements **except** vitamin D, calcium, or iron/iron supplements one week before surgery.

If you are taking Aspirin or other blood thinners, please inform your surgeon or nurse. You will be given specific instructions.

**Skin preparation:**

Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders, or body lotions.**

1. The night before surgery bathe or shower and wash your entire body using the Chlorhexidine, 2% wash (ENDURE) 420. Pat yourself dry with a fresh clean, soft towel, put on clean pajamas or clothes and put freshly laundered bed linens on your bed.
2. The morning of surgery repeat your bath or shower using the Chlorhexidine 2% wash.

**(Endure 420 -Chlorhexidine 2 % wash is available at the QCH Gift Box)**

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* If you are a smoker, stop smoking at least 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
* If you use cannabis/marijuana, please let your nurse know. Regardless of how often you may use cannabis/marijuana, stop using  24 hours before your surgery. You should not smoke, inhale or consume edibles, as the physical effects of cannabis/marijuana can increase the risk of complications.
* Do not drink alcohol at least 24 hours before surgery.
* Remove any jewelry or body piercings. If you are unable to remove rings from operative site, you must have them removed by a jeweller. Remove body piercing and replace with plastic plugs.
* On the day of surgery **do not** wear make-up or nail polish. Do not apply deodorant, powders, and body lotions or insert contact lenses. **Please do not wear any scented products because some people are allergic to them.**
* **Do not** drive your car to the Hospital the day of surgery. You must arrange for a responsible adult to pick you up after surgery. It is also recommended that you have a responsible adult remain with you on the first night after surgery.
* You should be eating healthy foods up to bedtime on the day before surgery.
* Have a high protein snack before going to bed the night before surgery (i.e., crackers and cheese, toast and peanut butter, eggs and toast).

**What happens the day of my surgery?**

On arrival to the hospital please report to the Patient Registration Department on the main floor. Please bring your health card.

* From Patient Registration you will be taken to the Day Surgery Unit (DSU). A friend or family member can accompany you.
* After you arrive at the changing area in Day Surgery, you will change into a hospital gown. Your clothes will be placed in a bag for later transfer to your room.
* A nurse will complete the paperwork for your admission to the hospital.
* You may be given Tylenol ™and Celebrex™ at the hospital while waiting for your surgery.
* A nurse or patient care assistant will take you to the Operating Room.
* You will talk to your anesthesiologist and surgeon in the waiting area. The nurse, anesthesia assistant, or anesthesiologist will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this IV. You may receive a spinal anesthetic.
* Your operation can last 1 hour.
* After your surgery, you will go to the Post Anesthetic Care Unit (PACU) for monitoring.
* The nurse will check your blood pressure, pulse and operative site frequently.
* You may have oxygen provided.
* If you feel any pain or nausea, inform the nurse. You will be given medication to help this.
* You may be drowsy after the surgery, as you become more alert, we will encourage you to do deep breathing and ankle exercises. These exercises will help to prevent complications
* You will be transferred to your room when the nurse determines it is safe to move you.
* After your surgery, you will awaken in the Post Anesthetic Care Unit (PACU) where you will stay until your condition is stable. Visitors are not permitted in Post Anesthetic Care Unit (PACU)**.**
* Your family will be able to visit you after you are admitted to your room. They can also bring any extra personal toiletries and clothing at this time.
* Flowers should be kept to a minimum and exclude lilies or other strong scented flowers.

**Ankle exercises:**

Point your toes toward your head, then toward the foot of the bed. Make your feet go around in circles 5 times. This exercise should be done at least every hour while you are awake.



**Deep breathing exercises:**

Take a deep breath in through your nose, and slowly blow out through your mouth. Repeat these 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

**Protecting your skin from pressure Injuries**

A pressure injury is a sore (bed sore) that develops from sitting or lying in the same position for long periods of time or from sliding down in the bed. It is most often seen over the tailbone and heels. Some key things that can be done to help prevent these sores are avoid sitting in bed with the head of bed higher than 30 degrees for long periods of time, reposition yourself or ask for help to do so at least every 2 hours, and use pillows under your legs, to avoid having your heels directly on the bed.

**What happens after my surgery?**

You will come back to your room. You will have an IV (intravenous) in your arm to give you fluids for approximately 24 hours.

* You will be encouraged to eat small amounts, if you are hungry.
* You will be given pain medications (Tylenol™ and Celebrex™) that should be taken on a regular schedule whether you have pain or not.
* You will be given other pain or nausea medications if you need them.
* You will likely feel well enough to go home on the first day after surgery.

**Laparoscopic/ Minimally Invasive Surgery (MIS)**

During laparoscopic surgery, the surgeon makes 4-6 small cuts (incisions) in your abdomen.

Urinary catheter- is a thin tube that enters the bladder and is held in place by a tiny balloon filled with water. The urinary catheter continually drains urine from your bladder. The catheter will be inserted during the surgery and removed by the nurse on the unit.

**Getting out of bed?**

You will be getting out of bed the evening of your surgery. Walking and exercise are a vital part of your recovery.

The nurse call button will be within your reach so you can push the button if you need assistance.

## Pain Management

Please see the booklet “Pain Management after Surgery”.

Adequate pain management is very important for your quick and speedy recovery. Good pain management is needed in order for you to be able to participate in physiotherapy and early walking. It is very important to take your pain medication in order to be comfortable enough to move about as required. The exact amount of pain medication needed will vary between individuals.

Your anesthetist is responsible for pain management during the first 24 hours after surgery. Your pain regimen may consist of several parts. Your anesthetist will determine with you what type of pain management you will receive.

Some side effects of pain medicines are constipation, nausea, vomiting, drowsiness and being itchy. Tell your nurse if you have any of these symptoms. Ask your nurse for pain medication if you are uncomfortable. Your nurse will ask you to rate your pain according to a ruler as outlined below. You will be discharged home with a prescription for medication to manage your pain.

**Pain scale ruler**

Your nurse will ask you to rate your pain on either the number or FACES scale (see below). Pain is rated from 0 (no pain) to 10 (worst pain).



**What is deep vein thrombosis?**

Deep Vein Thrombosis (DVT) is a blood clot in a deep vein and is a major health concern that should be discussed with your doctor.

You may be at risk for developing a DVT for any of the following reasons:

* Recent surgery
* Immobility
* Previous DVT
* Problems with circulation
* Obesity
* Increasing age
* Acute medical illness

DVT’s most commonly occur in the legs, usually the calf. Signs and symptoms to watch for include: calf pain or swelling, redness or discolouration, a knot in the calf that you can feel and that is warm to touch, fever, shortness of breath, rapid heart rate or chest pain.

If you experience any of these symptoms, go to the Emergency Department or call 911 for immediate assistance.

**What should I eat?**

Good nutrition promotes healing, helps fight infection and ensures a smooth recovery.

1. Eat well with Canada’s Food Guide

2. Enjoy a variety of food from all four food groups:

* Vegetables and fruits
* Grain products
* Milk and alternatives
* Meat and alternatives

3. Emphasize whole grain cereals and breads

4. Choose **iron-rich foods and a Vitamin C source** at every meal:

* The Vitamin C in juice or citrus fruit helps iron be better absorbed. Iron comes from lean meat (liver, beef and poultry), green vegetables, dried fruit, whole grain breads and cereals.
* Choose iron boosters such as: Cream of Wheat™, All-Bran™, Shreddies™, Shredded Wheat™, prune juice, poultry and eggs.

5. For healing, include a proteinchoice & a milk product at each meal:

* Protein choices include meat, fish, poultry, eggs, dried beans (baked beans) and nuts (peanut butter).
* Dairy products contain protein and calcium for healing bones: choose from milk, yogurt, cheese & pudding.

6. For regular bowel movements, eat high fiber foods at every meal and plenty of fluids between meals:

* Constipation may be a side effect of the narcotic pain medication. Increase the fiber in your diet and drink plenty of fluids to help prevent constipation. Good sources of fiber are fruits, vegetables and whole grain breads and cereals (All Bran™, Bran Flakes, Shreddies™ and Shredded Wheat). You may also purchase a mild laxative if needed. Speak with your community pharmacist.

7. Drink 6-8 glasses per day of fluids (not counting tea and coffee) such as water, juice or milk.

**What if I’m on a special diet?**

Tell your nurse if you have special dietary restrictions and they will ensure your needs are noted on the chart. The nurse can also contact the dietitian if necessary.

**What happens when I go home?**

Discharge home, according to the Care Plan, is planned for Day 1, which is the day after your operation. You are responsible for your own transportation home. You may require help to do your shopping and house chores from a family member or friend for 4 to 6 weeks after surgery. The social worker is available through the Social Work office (613) 721-4723 to help with arrangements if necessary.

For laparoscopic surgery – you will have several small incisions with self-dissolving sutures covered with a clear plastic dressing and Steri-Strips™. It is normal to have a small amount of old blood on your dressing. You will be advised when to change your dressing. If the incision(s) is wet, clean incision with mild soap and water, gently towel dry and apply 4x4 gauze or Band-Aid™ to the incision. The clear plastic dressing and Steri-Strips™ could stay on for 5-7days. You may shower with the dressing on.

Be sure to continue to manage your pain with medication. For the first few months, you may need more rest than usual. Your body is recovering and the fatigue will lessen as you improve.

**DISCHARGE INSTRUCTIONS**

Follow-up Appointment with Surgeon - You will be required to call your surgeon’s office for a follow-up appointment.

**ON DISCHARGE YOU SHOULD RECEIVE:**

Your prescription for medication. Please take as instructed.

**After discharge from hospital**

* Continue to use Tylenol™ and Ibuprofen (Advil)™ on a regular basis for the first few weeks.
* If you have a prescription for a narcotic medication, use this as needed if the Tylenol™ and Ibuprofen (Advil)™ are not managing your pain.
* Refrain from driving for about 2 weeks. Ensure you are not taking prescription pain medication and you will not be distracted by any pain or discomfort.
* Avoid any heavy lifting. Light walking or stationary cycling is allowed if you can do so without significant pain. If you have had a uterine prolapse repair during surgery, follow any special activity restrictions your surgeon gives you.
* You will need about 4 to 6 weeks to feel like you did before your surgery.
* Drinking fluids helps prevent constipation, as well as eating fruits and vegetables.
* Refrain from sexual intercourse for 6 weeks, speak with your surgeon at your post-operative follow up appointment.
* If you take vaginal estrogen, this can be resumed 2 weeks after surgery.
* For laparoscopic surgery, you will need to purchase one box of 4 x 4 gauze or a small box of Band- Aid™ at a drug store, it is best to purchase these before your surgery to have available at home.
* If surgery has been done laparoscopically, it is normal to have abdominal bloating for several days. You may also notice pain in your shoulder, under your ribs or in your back.
* If you have nausea and vomiting, you may take Gravol™ to relieve the vomiting.

**Call your surgeon or go to your nearest Emergency Department if you have any of the following:**

* + Elevated temperature greater than (38°C or 100.4°F) and/or chills lasting more than 24 hours .
	+ Redness, swelling or drainage around your incision(s).
	+ Drainage/discharge yellow-green pus like, foul smelling.
	+ Increased redness or swelling of the incision sites.
	+ Continued or increased pain not relieved by pain medication.
	+ Excessive bleeding.
	+ Sudden onset of severe chest pain, difficulty breathing or shortness of breath (CALL 911).
	+ Any signs and symptoms of other areas of possible infection. For example: tooth abscess, urinary or vaginal infection. Seek medical treatment as antibiotics may need to be ordered to prevent the infection from spreading.
	+ If you see your family doctor, be sure they notify your surgeon if the family doctor recommends a treatment for you.

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| **Process** | **Pre- Admission** |
| **Assessment** | * You will be assessed by another physician if requested by your surgeon
 |
| **Tests** | * You will have laboratory tests (blood and urine)
* You may have a chest x-ray and electrocardiogram (ECG), if ordered by your physician
 |
| **Medications** | * Please bring your medications in and we will review them
 |
| **Nutrition** | * We will review food allergies or food sensitivities you may have
 |
| **Rest and activity** | * You will be asked to have a shower or a bath at home the morning of your surgery
 |
| **Education** | * Please review this patient booklet that you have been given
 |
| **Discharge planning** | * We will discuss your discharge plans
 |

**If you have been diagnosed with sleep apnea, bring your machine with you.**

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| **Process** | **Day of Surgery** |
| **Assessment** | * We will check your temperature, blood pressure, heart rate on a regular basis
* We will monitor your vaginal blood flow
* We will assess your vaginal packing, if present
* We will measure the quantity of fluids administered/taken as well as your urinary output
 |
| **Tests** | * We will do a blood test
 |
| **Medications** | * We will administer antibiotic medication and pain medication
 |
| **Treatments** | * You may have a vaginal pack inserted during the operation
* We will insert a urinary catheter in your bladder to monitor your urinary output
* We will continue to administer fluids through your intravenous
* You will be encouraged to perform deep breath & coughing exercises
 |
| **Nutrition** | * After your surgery, you will be able to have sips of fluids initially and increased to a regular diet
 |
| **Rest and activity** | * You will be able to be up and about after surgery
* You will be washed after your surgery
* You will be assisted to dangle and stand at the side of the bed after your surgery
 |
| **Education** | * We will review with you the importance of performing deep breathing & coughing exercises after your surgery
* We will review the need to have good pain control to improve your recovery. If you experience more pain or nausea, please inform your healthcare provider
 |
| **Discharge planning** | * You will have your urinary catheter removed in the early morning the next day
* Plan for discharge the following day after your surgery
* You will need to arrange for a ride to go home
* We will talk about your plans and instructions
 |