

Patient Education Booklet

Laparoscopic Surgery

An information booklet
about your gynecological
cancer surgery

In this booklet you will learn about:

- Your type of surgery
- What to do before your surgery
- How to get ready for your surgery
- How to take care of yourself after surgery
- Who to call with questions



Sunnybrook
ODETTE CANCER CENTRE

A Cancer Care Ontario Partner



**Please bring this booklet and a pen
with you to each hospital visit.**

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This booklet will be a guide to help you get ready before surgery, during your hospital stay, and after you leave the hospital.

Please go over this information with your family and caregivers.

Admission Information

Date and time you need to come to the hospital for your surgery.



Your surgery date: _____

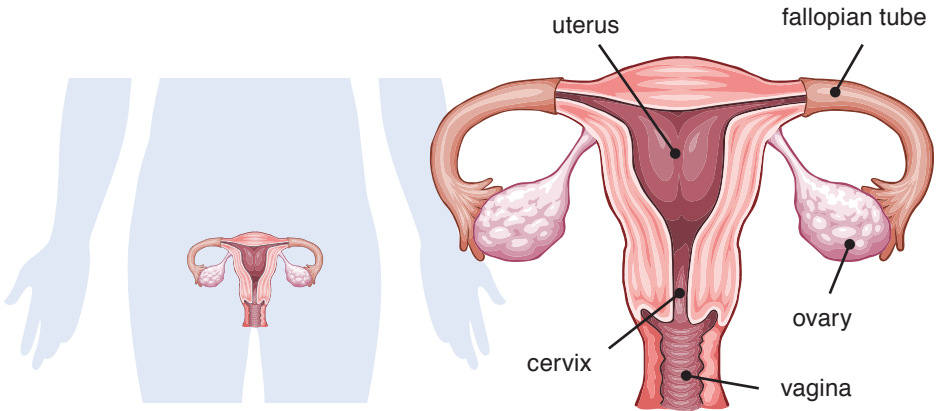
Admission time: _____
(*check in time you must be at the hospital*)

Surgery time: _____

Gynecological Surgeries

Ask your health care team to check off (✓) the surgery(s) that you will be having. If you have questions please talk to your nurse or doctor.

The Female Reproductive System:



What is laparoscopic surgery?

Laparoscopic surgery uses a laparoscope (a telescope like instrument which is attached to a video camera). It is introduced through an incision (cut) in your navel (belly button area). The surgeon makes four to five small cuts where he/she uses special instruments to detach the tissue he/she is planning to remove, this could include the uterus, ovaries, fallopian tubes or lymph nodes. This is done by inserting carbon dioxide gas to expand the abdomen (stomach) and make it easier to see, using a light from the laparoscope and a video camera which allows them to see what they are doing. After removing the tissue through a small cut in the vagina, the vagina will be stitched closed.

☐ **Hysterectomy**

Hysterectomy is the removal of the uterus and cervix.

☐ **Radical Hysterectomy**

Radical Hysterectomy is the removal of the uterus, cervix and tissue around the cervix.

☐ **Bilateral Salpingo-oophorectomy (BSO)**

Bilateral Salpingo-oophorectomy is the removal of both ovaries and the attached fallopian tubes.

☐ **Omentectomy**

Omentectomy is the removal of a fat layer attached to the large bowel in your abdomen. The fat layer is removed to see if cancer cells have spread in this area.

☐ **Lymphadenectomy**

Lymphadenectomy is the removal of lymph nodes to see if the cancer has spread. Lymph nodes are small bean-shaped structures throughout your body that contain blood cells that help you fight infection or disease (pelvic node(s) located in the pelvis or para-aortic node(s) located higher in the abdomen)

☐ **Sentinel Lymph Node**

The sentinel lymph node(s) are the first lymph nodes where cancer can possibly spread.

What are the risks or complications of laparoscopic gynecologic cancer surgery?

The most common risks are:

- Bleeding
- Infection in the wound
- Blood clots in the legs
- Blood clots in the arteries and veins supplying the lungs
- Injury of the following:
 - Bladder
 - Bowels
 - Blood vessels (arteries, veins)
 - Nerves
 - Ureters (tube draining urine from the kidney to the bladder)
- Lymphedema (leg swelling) if lymph nodes were removed

Medical issues:

If you have pre-existing heart and/or lung disease, these can be worse after surgery. You may be assessed by anesthesia and/or the internal medicine team to determine the best way to manage this around the time of surgery.

My Pre-Anesthesia Clinic Visit (Before Surgery)

You will be seen in a Pre-Anesthesia Clinic a few days or weeks before your surgery. At this appointment a nurse will help you get ready for your surgery. The nurse will talk to you about:

☐ **Medications:**

Your past medical history and medications you take including all herbal medications or vitamins. Please bring all your medications in the original containers on the day of your appointment. This will be reviewed by either a nurse or pharmacist.

☐ **Bowel Preparation:**

How to clean out your bowels before your surgery, if needed.

☐ **Shower before surgery:**

You will be instructed to purchase a special soap from the Sunnybrook Pharmacy before your surgery. Please be sure to clean your belly button as one of the incisions (surgical cuts) will be through this area. It will help reduce the risk of infection.

Do not remove any body hair before your surgery (no waxing, shaving or clipping). Doing these may increase your risk of infection.

☐ **Diet:**

You will be told when to stop eating and drinking before your surgery. **If you have diabetes, please tell your nurse as you may be given special instructions about your diet.**

☐ **Activity:**

You will be informed on the importance of physical activity. You will also be informed on what you can do and how much you should be moving around after your surgery.

❑ Deep breathing and coughing:

You will learn deep breathing and coughing exercises. These exercises help air to reach your lungs, and lower the chance of complications after surgery.

❑ Going home after surgery:

It is important that you have supports in place (family and friends). We can help you plan for your return home and decide if you need any extra help.

What Do I Need to Do to Get Ready for My Surgery?



Stop Smoking

People who quit smoking before their surgery may:

- Heal faster.
- Have a lower risk of complications like wound infections and breathing difficulties.

There are ways we can help you to stop smoking such as nicotine replacement therapy, medications and counseling. Speak to your health care team to make a plan to assist you with quitting.

Medication: Talk to your doctor if you are taking herbal supplements and multi-vitamins. Some of these can interfere with the medications you will be given during surgery.



What do I need to do before my surgery?

- Plan for someone to take you home from the hospital. You will not be able to drive.
- Make sure that everything you need for daily living is ready for you when you go home.
- Stock your freezer and cupboards with easy-to-make meals so that when you go home you will not have to go to the grocery store.
- Have the prescription for pain medication filled before coming in for surgery (this would have been given to you in clinic). You will want to make sure you have the medications available for when you are home and if you experience discomfort/pain.

When you go home, you may need help with the following tasks:

- Making meals
- Bathing and self care
- Laundry
- Cleaning
- Caring for children
- Grocery shopping
- Watering plants
- Paying bills
- Driving
- Caring for pets

Important: Arrange for family/friends to help you. Talk to your health care team if you are worried about help at home.

What do I need to bring to the hospital?

Pack a bag with these items:

- ☐ This booklet
- ☐ Your medications
- ☐ Cane, crutch or walker if you use these for walking (labeled with your name)
- ☐ Reading glasses in a case (labeled with your name)
- ☐ Non-slip slippers or shoes
- ☐ Loose fitting clothing

What things should I leave at home or remove?

- ☐ Large sums of money
- ☐ Valuables (including jewelry, rings, earrings, etc.)
- ☐ Remove all nail polish
- ☐ Remove all body piercings
- ☐ Do not wear make up
- ☐ Do not wear any fragrance/perfume



When will I leave the hospital?

You will be discharged (check-out) from hospital the same day once you meet the discharge criteria. If you will be staying one night in Surgical Short Stay Unit you will be discharged home the next day by 10:00 am.

Day Before My Surgery

What do I need to do the day before my surgery?

- The nurse in the pre-anesthesia clinic will give you detailed instructions about what to eat before surgery.
- You can eat solid foods until midnight the night before your surgery.

OR

- If you have been asked to clean out your bowels before surgery, you may be asked to start a clear fluid (liquid) diet 24hr before your surgery.
 - You can drink clear liquids up to 2 hours before your surgery.
 - Clear liquids include any liquid that you can see through like water, jello, broth, apple juice, cranberry juice, tea or coffee (without milk).
 - You should not drink alcohol, milk or orange juice.
 - Do not have candy or gum 4hr before your surgery.



High carbohydrate (sugary) drinks before your surgery

Drinking high carbohydrate drinks before surgery can help you feel better and get better faster.

- High carbohydrate drinks like apple juice, cranberry cocktail and iced tea have a lot of sugar.
- Please drink up to 3 glasses (800 ml) of a high carbohydrate drink at bedtime the night before surgery.
- Drink about 2 glasses up to 2 hours before your surgery or until you leave for the hospital.

Diabetic patients do not follow the high carbohydrate instructions. Please follow the information you receive from the nurse in the Pre-Anesthesia Clinic.

Day of My Surgery

What will happen on the day of my surgery?

When you get to the hospital please go to Room MG502.

- You will be checked in and asked to change into a hospital gown.
- Please give your belongings to your family or friend who is with you.
- An intravenous (IV) will be inserted to give you fluid and medication.
- When you get to the operating room, you will see your surgeon, a nurse and an anesthesiologist. Please ask them any questions you have.
- Your healthcare team will ask you a few questions to make sure you are safe to have your surgery. You may be given pain medication before your surgery.

What will happen when I am in the operating room?

- You will walk into the operating room with a nurse.
- The anesthesiologist will put you to sleep. This is not painful.
- You will be given antibiotics to lower your chance of getting an infection.
- You will have a tube placed in your mouth to help with your breathing.
 - You may have a sore throat after your surgery from the breathing tube.
- While you are asleep you will have a tube (catheter) put into your bladder to drain your urine (pee).

What will happen after my surgery?

After your surgery, you will be taken to the Recovery Room.

You may have:

- Fluid and medication through the intravenous (IV).
- Pain medication may be given by your nurse into your intravenous. When you are awake enough to swallow, you may be given pain pills.
- You may receive oxygen through a mask or a small tube in the nose, which will help you breathe better after surgery.
- A catheter (tube) to drain the urine from your bladder will be removed before reaching the Recovery Room
 - If you are having a radical hysterectomy, and there is an injury to the bladder or you are having difficulty urinating (peeing) after surgery, your catheter will remain in place for approximately 10-14 days. You will be taught how to empty and change the urine collection bag before going home.
 - Once you are home, you will be contacted by home care who will organize removal of the catheter.

A nurse will:

- Ask about your pain levels. Please tell the nurse if your pain changes or gets worse
- Check your temperature, heart rate, blood pressure and oxygen level
- Check your bandage (dressing) if there is one present

After the Recovery Room, you will be moved to Same Day Surgery or the Surgical Short Stay Unit. Once you are awake a family member may be able to visit you.

What to Expect After My Surgery?

How will my abdomen look?

You will have four or five small incisions (cuts) in your abdomen including one near your belly button. The area around the incisions may be numb or tender.

When will my bandages be removed?

You may see what looks like pieces of tape over some of the incisions. These will stay on until they fall off on their own, or if they are still attached after 7-10 days they can be removed. The incisions will usually be left uncovered. It is normal for the incisions to have a small amount of drainage. You may see some stitches in the incisions; these will dissolve on their own with time and do not need to be cut out.

What can I eat or drink after my surgery?

After your surgery you will be given clear fluids. If you are diabetic you will get a sandwich. **Tell your nurse if you vomit or feel sick to your stomach or if you feel bloated during or after drinking/eating.**

After you are sent home from the hospital, you can slowly resume your regular diet. It is important to know that it may take some time before you are able to eat and drink normally. You can try to eat small amounts at a time throughout the day. If you feel nauseous with a regular diet after surgery, have clear fluids instead, and slowly increase back to a normal diet when the nausea passes. Eating a well-balanced and healthy diet will help your body heal after your surgery.

Do not drink alcohol within 24 hours after your surgery or while you are taking pain medication.

How do I manage and treat my pain?

Making sure that you take care of your pain is important because it helps you to:

- Lower the stress in your body so you can heal faster.
- Breathe and cough more easily.
- Move more easily.
- Sleep well.
- Do activities that are important to you.

Pain medications (pills) prescribed by your surgeon should be taken at prescribed times to help keep you comfortable and your pain under control.

You may find your pain is less when you are resting and more when you are moving. If the pain is stopping you from moving, you should treat your pain by taking your medication as prescribed.

You may also have discomfort in your abdomen and/or shoulder. This is because of gas that was injected into your abdomen during surgery.

Tip: Try elevating your feet higher than your shoulders when you are laying down.

* If you are still in pain after taking your pain medication, you should contact the nursing team or seek medical attention.

What activities will I do before going home?

With the help of your nurse or a family member, you will:

- Get out of bed.
- Do your deep breathing exercises.
- Do your leg exercises.

Getting Ready to Go Home

What do I need to do before I go home?

- You may feel a little nauseated but you should not be vomiting.
- You should be able to drink liquids easily.
- You should be passing your urine (unless the catheter needs to stay in place).
- You should have everything organized at home (for example, food to eat and help with household chores).
- You should have a ride home, and someone to stay with you the first night after surgery.

A follow up appointment will be arranged for you 4 weeks after surgery. Your surgeon's secretary will be calling you with this appointment.

Before you leave the hospital, you need to know who to call if you have questions or concerns once at home.

Your Nursing team's phone number is: 416-480-5000 ext 81076

Will I have any side effects?

- You may have pink or brown discharge (fluid) from your vagina, which could last up to six weeks.
- It is normal to have slight spotting or bleeding from the vagina. If the bleeding is heavier than a light menstrual period or is bright red and/or you need to change a saturated pad every 1-2 hours you should contact your nursing team right away or go to your nearest emergency room.
- You should not insert anything into the vagina like tampons, douche or feminine sprays/deodorants for about 6 weeks after surgery. These products can harm the surgical area in your vagina.

- If your ovaries have been removed, you may have hot flashes and sweating and/or have mood swings (menopause).
- If you have already reached menopause, you should not notice a difference in menopausal symptoms
- It is important to talk to your doctor and nursing team about how to manage symptoms.

What about my daily activities?

❑ **Lifting:**

Do not lift anything heavier than ten pounds (4.5 kg) for at least 6 weeks (e.g. groceries, children, luggage).

❑ **Walking:**

- You are encouraged to get up and move around. The more often you get out of bed, the better you will feel! Lying down without moving may cause many problems such as pneumonia, blood clots and muscle weakness. It will also slow down your recovery.
- Slowly increase your activity when you get home. It is important to listen to your body and do activities based on how you feel.
- You are strongly encouraged to get moving (walk, participate in personal care, and socialize)
- Space out your activities throughout the day/week
- Sitting up, standing, walking and moving around is necessary to prevent complications like deep vein thrombosis (blood clots in your veins).
- **Leg exercises are important after surgery:**
 - Do your leg exercises every hour when you are awake. Repeat these 4-5 times every hour.
 1. Move your ankles up and down often while lying down. This will help with blood flow to all of your body.
 2. Sit up and dangle your legs at the side of the bed.

☐ **Breathing exercises are important to your recovery**

- Breathe in slowly and deeply through your nose, and then breathe out slowly through your mouth with your lips pursed (make a small 'o' shape with your lips). Do this 10 times every hour when you are awake.
- Try coughing 2-3 times after your breathing exercises.

☐ **Stairs:**

You can climb as many stairs as you feel comfortable.

☐ **Rest:**

Listen to your body and take lots of rest breaks during the day. You may need to rest and relax more than usual. It is normal to feel tired after surgery.

☐ **Vacuuming:**

Do not vacuum for 4 to 6 weeks. Vacuuming is hard on the abdominal muscles.

☐ **Going back to work:**

Usually the recommended time off work is approximately 6 weeks. Talk to your doctor about when you can go back to work.

☐ **Swimming:**

Do not swim until you have seen your doctor after surgery.

☐ **Constipation:**

- Eat more foods with fiber such as bran, whole grains, beans, raw fruits and vegetables. The "bulk" or fiber may help your bowel movements become more regular.
- Constipation can happen after surgery. It means you have hard stools (poop) that you find difficult to pass. Pain medication such as Oxycodone can make this worse.
- Drink 6-8 glasses of fluids each day to reduce the chance of developing constipation.

- If you have not had a bowel movement (poop) in 2-3days you may need to take a mild laxative (Senokot) and/or stool softeners which are available over the counter at any pharmacy or contact your nursing team.

☐ **Shower or Bath:**

- You can shower or take a sponge bath
- Do not take a bath until you have seen your doctor after surgery.
- Sitting in the bath water can cause an infection.
- You do not need to cover your surgical incision to have a shower or a sponge bath.
- It is important to wash your body including small incisions with soap and water. After the shower you should pat dry incisions sites, do not rub. It is important to keep the surgical area clean and dry in order help with healing and prevent infection.

☐ **Sexual Activity:**

Talk with your doctor about when you can resume sexual activity. This is usually 6 weeks after surgery and once your wound is totally healed.

Other Supports

- Before and after your surgery it is normal to feel uncertain or to have concerns that you would like to talk about. The social worker and other health professionals are here to help you and your family.
- Good nutrition is important as you recover from your surgery. The dietitian can help talk about nutrition issues after your surgery.
- The nurse can get in touch with the social worker, dietitian and other staff with questions about recovering at home.
- These services are free for patients.

When should I call my doctor or nurse or go to the nearest emergency room?

If you have the following symptoms:

- A fever (temperature of 38.5°C or higher).
- Vomiting, bloating or feeling sick to your stomach at all times.
- Redness, swelling, bad smell, pus, increased greenish-coloured discharge or worse pain from your surgical incision (cut) and/ or if your incision opens up.
- Painful, red and/or swelling of the leg(s).
- New and severe pain that your medication does not help.
- No bowel movement (going poo) or passing gas from your anus for 2-3 days after you leave the hospital.
- Frequent diarrhea (watery stool) for more than 24 hours.
- Chest pain or shortness of breath.

**Gynecology Nursing Team Line: (416) 480-5000 ext 81076
Monday to Friday 9:00 am to 4:00 pm**

Notes

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Odette Cancer Centre

2075 Bayview Avenue
Toronto, Ontario M4N 3M5

www.sunnybrook.ca/programs/occ



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ODETTE CANCER CENTRE