

Patient Education Booklet

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.**

Table of Contents

Admission Information	3
Gynecological Surgeries	5
Total Abdominal Hysterectomy	5
Bilateral Salpingo-oophorectomy	5
Omentectomy	5
Lymphadenectomy.....	6
Bowel Resection	6
Spleen.....	6
Other Procedures	6
What are the risks?.....	7
My Pre-Admission Clinic Visit (Before Surgery)	9
What Do I Need to Do to Get Ready for My Surgery?	11
Stop Smoking	11
What do I need to do before my surgery?	11
How long will I stay in the hospital?.....	12
What do I need to bring to the hospital?	12
Day Before My Surgery	13
What do I need to do the day before my surgery?.....	13
Day Of My Surgery	15
What will happen on the day of my surgery?.....	15
What will happen when I am in the operating room?.....	15
What will happen after my surgery?	16
What do I need to do once I am on the ward?.....	17
What activities will I do in the hospital?	18
How do I manage and treat my pain?.....	18
What can I eat or drink after my surgery?	19
When will my bandages be removed?.....	20
Getting Ready to Go Home	21
What do I need to do before I go home?	21
Would I have any side effects?.....	22
What about my daily activities?	22
My Follow-Up Appointment	25



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

Times and date you will come to the hospital for your surgery.



Your surgery date: _____

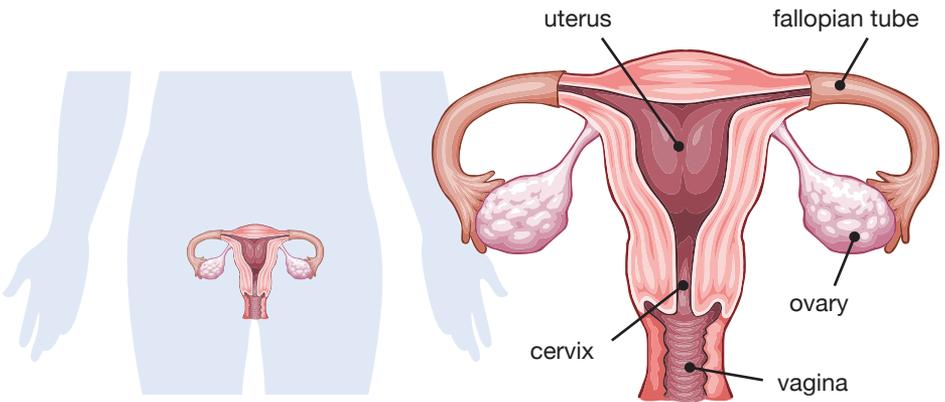
Admission time: _____
(check in time you must be at the hospital)

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:



Total Abdominal Hysterectomy (TAH)

Total Abdominal Hysterectomy is the removal of the uterus and cervix through a cut in the abdomen (tummy).

Bilateral Salpingo-oophorectomy (BSO)

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

Omentectomy

Omentectomy is the removal of the fat layer in your abdomen. Cancer cells may collect in this fat layer so it is sometimes removed to determine whether there is cancer spread or if there is already cancer present here.

❑ Lymphadenectomy

Lymphadenectomy is the removal of lymph nodes.

Your surgery may also include removal of other organs if the tumour has spread to these organs. This can include a part of your bowel, spleen, or the lining of your abdominal cavity. If you have any questions about these organs and parts of your body, please feel free to ask your health care team here at Sunnybrook.

❑ Bowel Resection

Depending on the amount of bowel that is removed, you may have a tube placed in the rectum for 5 days to lower the stress on the bowel. Sometimes, in order to allow the bowel to heal, you may have an *ileostomy or colostomy* after bowel surgery. If this is the case you will be given information about this and we will teach you about ileostomy and colostomy care.

❑ Spleen

Vaccines need to be given after surgery if the spleen is removed.

Other Procedures

Other procedures may also include:

❑ Intraperitoneal Port

For ovarian cancer, a special port is sometimes put in by the rib cage to deliver chemotherapy after recovery from surgery. This will feel like a hard lump at the lower edge of the ribs.

❑ Wound Drain

You may have a plastic tube inserted into the pelvis and connected to a plastic bulb. This will stay for a short time and is usually removed before you leave the hospital. Sometimes it needs to remain in place for a few weeks. Your doctors will let you know if the tube needs to stay in for a longer time. The nurses will show you how to empty the drain and give you a plan for how it should be removed.

What are the risks or complications of gynecologic cancer surgery?

The most common risks are:

- Bleeding
- Infection in the wound
- Infection throughout the body (Sepsis)
- Blood clots in the legs
- Blood clots in the arteries and veins supplying the lungs
- Pneumonia
- Sepsis (bacteria and their toxins that can build up through an infection)
- 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
- Fistula (abnormal passage between the bowel or bladder and vagina)

Medical issues:

If you have pre-existing heart and lung disease, these can be worse after surgery which may mean a stay in the Intensive Care Unit (ICU) or staying in the hospital for a longer time.

My Pre-Admission Clinic Visit (Before Surgery)

You will be seen in a Pre-admission 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 may receive special soap to use before your surgery. Do not remove any body hair before your surgery (no waxing, shaving or clipping). This 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 told what physical activity you can do and how much you should be moving around after your surgery.

Going home after surgery:

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

❑ **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.

❑ **Leg exercises:**

You will learn how to do leg exercises. Following your anesthesia and surgery, your circulation is a bit sluggish. Leg exercises and early walking are necessary in order to prevent complications like phlebitis (inflammation of the vein) or deep vein thrombosis (blood clots in your veins).

❑ **An Anesthesiologist will speak to you about:**

- Your medical history.
- How you will be put to sleep for your surgery.
- Ways to manage your pain after your surgery.
- What tests are necessary before your surgery.

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 lower risk of complications such as 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 become smoke-free.

Medication: Talk to your doctor if you are taking herbal supplements and multi-vitamins.



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.

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

- Making meals
- Bathing and self care
- Laundry
- Cleaning
- Caring for children
- 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.



How long will I stay in the hospital?

You will stay in the hospital for about 3-4 days. This may be longer or shorter depending on the extent of your surgery. Your care team will talk to you about how long you will need to stay in hospital.

What do I need to bring to the hospital?

Pack a bag with these items:

- This booklet
- A toothbrush, toothpaste, hairbrush, mouthwash, deodorant, lip balm and hand cream
- 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
- A bathrobe and/or loose fitting clothing
- A sleep apnea machine, if you use one (labeled with your name)
- Credit card (if you want to rent a television)
- Earplugs (if you wish to use them)
- Magazines or books to read
- 2 packs of your favourite gum



Important: Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. Chew gum at least 3 times a day!

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



Day Before My Surgery

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

- You can eat solid foods until midnight the night before your surgery. If you have been asked to clean out your bowels before surgery speak to your nurse in the pre-assessment clinic.
- 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 milk or orange juice. These are not clear fluids.



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 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.

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.
- They 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.
- You may feel cold. Please bring your bathrobe and slippers.

What will happen when I am in the operating room?

- You will walk into the operating room with a nurse or be wheeled in on a hospital bed.
- If you are getting an epidural (small tube in your back) or spinal anesthetic, it will be done before you are put to sleep.
- The anesthesiologist will put you to sleep. This is not painful.
- We will give you antibiotics and blood thinners to lower your chance of getting an infection and/or blood clots.
- While you are asleep you will have a tube (catheter) put into your bladder to drain your urine.
- You will have a tube placed in your mouth to help with your breathing.
- You may have sore throat after your surgery from the breathing tube.

What will happen after my surgery?

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

You may have:

- An intravenous (IV) to give fluid and medication.
- 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 also have a PCA (Patient Controlled Analgesia) button which you can push to give yourself pain medication. Sometimes an epidural is used to control pain. This is a tiny tube in your back which is used to give you pain medication.
- Oxygen through a mask or a small tube in the nose may help you breathe better after surgery.
- A catheter (tube) to drain the urine from your bladder. Your catheter may be removed the day after your surgery. It is possible that your catheter may need to stay in for a longer period of time depending on the extent of surgery.



Having your catheter removed as soon as possible will lower your chance of getting a bladder infection and helps you to move around more easily.

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).

Once you are awake a family member will be able to visit you.

After the Recovery Room, you will be moved to a ward where you can spend time getting better.

What do I need to do once I am on the ward?

Important: The more often you get out of bed, the better you will feel! Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. It will also slow down your recovery.



It is very important that you do these exercises after surgery:

Leg exercises:

Do your leg exercises every hour when you are awake. Repeat these 4-5 times every hour while you are awake.

1. Move your ankles up and down often while in bed. 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:

1. Breathe in slowly and deeply through your nose, and then breathe out slowly through your mouth with your lips pursed. Do this 10 times every hour when you are awake.
2. Try coughing 2-3 times after your breathing exercises. You may find it helps to brace your cough with a pillow against your cut to help with pain when coughing.

Drinking:

When you get to your hospital room the doctor or health care team may tell you to have sips of clear fluids. Clear fluids are drinks like tea and/or coffee (without milk), jell-o, broth, apple or cranberry juice, and ginger ale.



What activities will I do in the hospital?

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

- ☑ Sit up in a chair for all your meals
- ☑ Be out of bed, either walking or sitting often for longer periods of time
- ☑ Do your deep breathing exercises
- ☑ Do your leg exercises



Important: Moving around as much as you can after your surgery lowers the chance of a blood clot in your legs or lungs.

Why is moving around after surgery important?

- After your surgery, your bowel may slow down or stop working. This is called ileus {i-lee-uhs}.
- An ileus may make the amount of time you are in hospital longer.
- Pain medication such as morphine may increase the chance of having an ileus.
- When ileus happens people feel bloated and may feel sick to their stomach and vomit.
- Walking and chewing gum may help the bowel work faster and speed up your recovery.

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

Using a pain rating scale of “0-10” helps us to understand the level of pain you have. This scale will also help us to do something to relieve your pain.



You may find your pain is less when you are resting and more when you are moving. If your pain is 4 (moderate) or more you should treat your pain by speaking to your nurse or doctor and asking for pain medication.

If the pain is stopping you from moving, you should treat your pain. The Pain Team will see you every day to check your pain levels while you have either a pain pump or an epidural.

There are different pain medications you can take after surgery to help with your pain. There are also different ways of getting your pain medication. You may get more than one type of medication and have more than one way of taking it.



What can I eat or drink after my surgery?

The first night after the surgery:

You may be given clear fluids as directed by your doctor.

Day after surgery:

You may be given a clear fluid tray and then move onto a regular diet if you are well enough, or another diet suggested by your doctor or health care team.

You can eat as much and whatever you want. You do not have to eat and drink everything that is brought to you if you don't feel well.

Your family can bring in foods from home. Check with your nurse first about what is right for you.



- Try sitting in a chair for all meals, even if for a small period of time.
- Tell your nurse if you vomit or feel sick to your stomach or if you feel bloated during or after eating. If you feel sick to your stomach, you can try to eat small amounts.

When will my bandages be removed?

- Your bandages will be removed by your doctor 1-2 days after your surgery. The cut will usually be left uncovered.

When will my stitches or staples be taken out?

- Your stitches or staples are usually taken out 10-14 days after your surgery. Before you leave the hospital, you will be told when to visit your family doctor who can take these out.

Getting Ready to Go Home

Important: Discharge time is 11:00 am.



Date you should leave the hospital: _____
(discharge date)

Who will pick you up and the time that you will be picked up:

Phone number of the person who will pick you up: _____

What do I need to do before I go home?

- You should not feel sick to your stomach or be vomiting.
- You should be able to eat and drink.
- You should be passing gas. You don't need to have a bowel movement before you go home.
- You should be passing your urine well or be going home with your urine catheter.
- If you are at high risk of developing blood clots, you may need to give yourself injections at home for 4 weeks to reduce the risk of blood clots. Your nurse will show you how to give the injection to yourself before you leave the hospital.
- You should have everything organized at home (for example, food to eat and help with household chores).

Important: You may not be able to walk as far or as long and may need a walking aid (i.e. walker or cane) for a short while at home.



Before you leave the hospital, you need to know who to call if you have questions or concerns once at home. Your health care team's phone number is: _____

Would I have any side effects?

- You may have a pink or brown discharge from your vagina, which could last up to six weeks.
- If your ovaries have been removed, you may have hot flashes and sweating and/or have mood swings (menopause).
- It is important to talk to your doctor about how to manage symptoms.

What about my daily activities?

Lifting:

- Do not lift anything heavier than five pounds (2 kg) for at least 6 weeks (e.g. groceries, children, luggage).

Walking:

- Slowly do more activity over a few weeks. When you get home you should be active (walk, participate in personal care, and socialize).

Stairs:

- Plan to stay on one floor for most of the day. Try not to climb too many stairs in one day.

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 between 6 and 8 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.

❑ **Diet:**

- Eat more foods with fibre such as whole grains, beans, raw fruits and vegetables. The “bulk” or fibre may help your bowel movements become more regular.
- Constipation can happen after surgery. It means you have hard stools that you find difficult to pass. Pain medication can make this worse.
- Drink 6-8 glasses of fluids each day to reduce the chance of developing constipation.
- If constipation is a problem, drink even more water or fluids.
- If having an ostomy is part of your surgery, you will receive additional information from your health care team.

❑ **Shower or Bath:**

- You can shower or take a sponge bath. Sitting in the bath water can cause infection after surgery.
- Your doctor will tell you when you can start taking baths.
- You do not need to cover your surgical incision (cut) to have a shower or a sponge bath.

❑ **Driving:**

- Do not drive for the first three weeks after your surgery. Driving is hard on the abdominal muscles.

❑ **Sexual Activity:**

- Talk with your doctor about the best time for you to resume sexual activity. This is usually 6-8 weeks after surgery and once your wound is totally healed.

Other Supports:

- Before and after your surgery it is normal to feel uncertain or have concerns you would like to talk about. The social worker and other health professionals are here to help you and your family. Ask to speak to them.
- 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 around recovering at home. These services are free for patients.

Ask your family and friends to help you with:

- Getting meals ready
- Grocery shopping
- House cleaning
- Laundry

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, greenish-coloured discharge or worse pain from your surgical incision (cut) and/or if your incision opens up.
- Painful swelling of the leg.
- New and severe pain that your medication does not help.
- No bowel movement or passing gas for 2-3 days after you leave the hospital.
- Frequent diarrhea (watery stool) for more than 24 hours.



Gyne Nursing Team line: (416) 480-5000 ext 81076

My Follow-Up Appointment

I have a follow-up appointment booked:

Date: _____

Time: _____

Location: _____

Phone number: _____

People I might have to call: _____

My Questions And Notes: _____

Acknowledgment:

We would like to acknowledge all members of the working group for their work in developing this booklet. As well, we would like to acknowledge representatives from the following teams for their contribution in the development of this booklet:

- Late Career Nurse
- Gyne Oncology Surgeons
- Gyne Clinic
- Pre Assessment Clinic
- Patient Education Specialists
- D6 Interprofessional team
- Acute Pain Service

We would also like to thank Best Practice in General Surgery (BPIGS) for sharing the Enhanced Recovery After Surgery (ERAS) booklet in designing the content of the booklet.

Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5

www.sunnybrook.ca/programs/occ

