



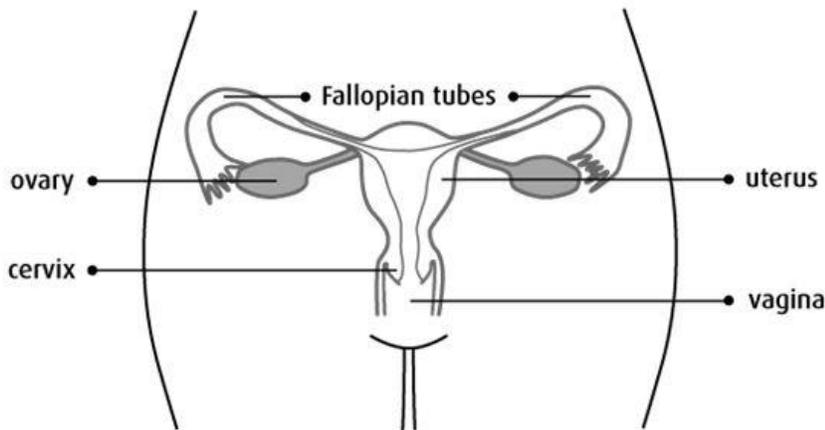
Your Hysterectomy Surgery

Your Gynecologic Oncology Surgeon has scheduled you for a hysterectomy. This handout offers information about hysterectomy surgery. It is important you and your family member/partner-in-care read this handout.

Why you need a hysterectomy

You may need to have a hysterectomy because you have a mass or tumour in your pelvis. This tumour can be benign or malignant. Benign means it is not a cancer. Malignant means it is a cancer.

A picture of your pelvic organs



You may also need to have your upper vagina, ovaries (one or both), fallopian tubes (one or both) and specific lymph nodes removed. You and your surgeon will discuss what type of hysterectomy is best for you. A pathologist will test all tissue removed during surgery. A pathologist is a doctor who examines body tissues and fluids for changes caused by disease.

Your Surgery

Total abdominal hysterectomy (TAH)

Removal of your uterus and cervix through an abdominal incision.

Radical hysterectomy

Removal of your uterus, cervix and part of your vagina through an abdominal incision.

Total laparoscopic hysterectomy

Removal of your uterus using a laparoscope. A laparoscope is like a miniature camera. The laparoscope is inserted through a small incision in your abdomen. It allows your surgeon to put carbon dioxide gas into your abdomen (belly) to inflate your abdominal wall away from your internal organs. This lets your surgeon see and remove your uterus and cervix without making a large incision. There are different ways this surgery is done based on the location and size of your tumour.

Robotic-assisted total laparoscopic hysterectomy

Robotic assisted surgery is less invasive than other types of surgery. This means you may have smaller incisions and a faster recovery time after surgery. The robotic system includes a camera arm and mechanical arms with surgical instruments attached. The surgeon is seated at a computer near the operating table. The robotic-assisted laparoscope is inserted through a small incision in your abdomen. It allows your surgeon to put carbon dioxide gas into your abdomen (belly) to inflate your abdominal wall away from your internal organs. This lets your surgeon see and remove your uterus and cervix without making a large incision. The computer provides the surgeon with a clear, magnified, and 3-dimensional view inside your abdomen. The surgeon has complete control over the camera and mechanical arms at all times. The mechanical arms allow for movements similar to the human arm and hand.

Sentinel lymph node biopsy

Removal of a few of the lymph nodes where cancer cells are likely to spread. A dye is used to help locate the right lymph nodes. If the sentinel lymph node cannot be found you may have a complete lymphadenectomy. This may be done at the same time as your hysterectomy.

Lymphadenectomy

Removal of lymph nodes in your pelvic area or along your aorta (the main artery in your body). The lymph nodes removed are tested to see if cancer has spread there. This may be done at the same time as your hysterectomy.

Unilateral or bilateral salpingo-oophorectomy

Removal of one or both of your ovaries and fallopian tubes. This may be done at the same time as your hysterectomy.

If your mass or tumour is cancer

Surgery may be the only treatment needed to manage your cancer. You may also need to have radiation and/or systemic therapy treatments. You will be given the information you need if this applies to you. Your healthcare team will give you the information and support needed to make the right choice for you. Deciding what is the right choice for you can depend on:

- The cell type of your cancer
- The stage of your cancer
- Your age and overall health
- Your feelings about the treatment

Your healthcare team

The healthcare team members you may see.

Gynecologic Oncology Surgeon

Your surgeon will tell you what type of hysterectomy you need to have. Your surgeon will work with your healthcare team to guide your care before, during and after your surgery.

Nurse Navigator/ Nurse Practitioner

Your nurse navigator and nurse practitioner will offer support and help plan your care with the surgeon and other members of the healthcare team.

Registered Nurse/ Registered Practical Nurse

Nurses will care for you before and after your surgery. They will give you the support, medications and information you need while in the hospital.

Social Worker

Social workers are trained in counselling techniques to help you solve problems, make decisions and improve your coping skills. A social worker offers support and information to help you and your family member/partner-in-care with your worries or concerns.

You may have a hard time with your emotions or feelings about a hysterectomy. This may have an impact on your recovery from surgery. Talking to a social worker about this can be helpful. Ask a member of your healthcare team to refer you to a social worker.

Registered Dietitian

Registered dietitians specialize in nutrition counselling and education. A dietitian is available to talk with you about what to eat and drink to help you recover from your surgery. Ask a member of your healthcare team about a referral to a dietitian.

What you can expect after your hysterectomy surgery

You may go home the same day of your surgery or you may be in hospital for 1 to 3 days. This depends on the type of hysterectomy you have. Each person recovers differently. How you recover from your surgery can depend on your age and overall health.

If you stayed in hospital after surgery

You may be given a handout on the Telehomecare Remote Surgical Monitoring program on the day you leave the hospital. This program allows you to connect to a registered nurse after you go home. You will be given a follow up appointment to see your surgeon in 3 to 4 weeks.

After you go home

- Your surgeon will give you a prescription for pain medication.
- Do not drive for 3 weeks after your surgery.
- Do not drive while you are taking the strong pain medication (morphine or hydromorphone) the surgeon prescribed for you.
- Slowly return to your regular diet. This may take up to 3 weeks. Drink 6 to 8 cups (1 cup = 250ml) of fluids every day.
- You may need to take a stool softener or a laxative if you are not having regular bowel movements (what is normal for you).
- No bathing in a bathtub for 2 weeks. You can have a shower.
- No sex or anything in your vagina for a minimum of 6 weeks. Your surgeon will tell you when it's safe.
- Your surgeon may talk to you about hormone therapy.
- You may go home with a urinary catheter. You will be given the information you need to manage it if this applies to you.

Follow the other instructions below for the type of hysterectomy you had (see the box that has been checked for you by the nurse).

If you had an abdominal hysterectomy

- If you have staples: See your family doctor or go to a walk-in clinic to have them removed in 10 to 14 days. Take the staple remover given to you to this appointment.
- If you have stitches: These stitches will dissolve on their own. It is normal for this to take up to 6 weeks. The steri-strips covering your stitches may fall off on their own. If they do not fall off after 10 days, remove them when you have a shower.
- Take a leave from work for about 4 to 6 weeks after your surgery (if this applies to you).
- Everyone heals differently. You will slowly be able to do more activities as you feel better.
 - No lifting more than 15 pounds (6.8 kilograms) for 3 weeks.
 - No strenuous exercise (for example: vacuuming, lawn mowing, golfing, swimming, weight lifting) for 3 to 6 weeks. Your surgeon will tell you when it is safe.

If you had a laparoscopic or robotic hysterectomy

- You have stitches that will dissolve on their own. It is normal for this to take up to 6 weeks. The steri-strips covering your stitches may fall off on their own. If they do not fall off after 10 days, remove them when you have a shower.
- Take a leave from work for about 2 to 4 weeks after your surgery (if this applies to you).
- Everyone heals differently. You will be able to do more activities as you feel better.
 - No lifting more than 15 lbs (6.8 kg) for 2 weeks.
 - No strenuous exercise (for example: vacuuming, lawn mowing, golfing, swimming, weight lifting) for 2 to 4 weeks. Your surgeon will tell you when it is safe.

When to call the nurse navigator

Call the nurse navigator at 905-576-8711 extension 32917 (between Monday to Friday from 8 am to 4 pm – except on holidays) if you have any of the symptoms below. Go to a walk-in clinic or the emergency department at the hospital closest to you after-hours or on weekends/holidays.

- Increasing amount of bleeding from your vagina
- Increasing amount of pain in your abdomen (belly)
- Nausea and/or vomiting
- No bowel movement or passing of gas for more than 24 hours
- A fever above 38.3° C/100.9°F at any time or above 38.0° C/100.4°F for more than an hour
- Extreme shaking and chills
- Redness or swelling of your incision
- A bad smelling discharge from your incision

Go to the emergency department at the hospital closest to you for any medical emergency.

Follow up appointment

- You will be given a follow up appointment to see your surgeon in 3 to 4 weeks. Call the receptionist at your surgeon's office within 1 week after you go home if you did not receive this appointment.
- Your surgeon will talk about your pathology results at this appointment.
- Go to the Durham Regional Cancer Centre (DRCC) for this appointment. Bring your Ontario Health Card (OHIP) with you to this appointment.

Talk to a member of your healthcare team if you have questions or do not understand any information in this handout.

For more information, go to the Cancer Care pages on the Lakeridge Health website at lakeridgehealth.on.ca. Click on Our Services > Diagnosis > Gynecologic Oncology DAP.