

BEFORE & AFTER HYSTERECTOMY SURGERY: ENHANCED RECOVERY

The information in this booklet will:

- Help you understand and prepare for your surgery
- Explain how you will play an active part in your recovery

What is Enhanced Recovery?

When you are admitted to the hospital for hysterectomy surgery, you will be part of a recovery program called Enhanced Recovery After Surgery (ERAS®). Your healthcare team has worked together to create this protocol and will be there to support you during the entire process.

The goal of this program is to help you:

- Recover more quickly
- Experience less pain
- Decrease your risk of complications such as blood clot or serious infection

Research shows that you will recover faster if you follow the instructions and do the things explained in this booklet. Preparing mentally and emotionally for surgery and recovery is very important. There are instructions about eating and drinking, physical activity, and controlling your pain. Doing these things will help you feel better faster and get home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and will review it with you when you get ready to go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Please ask us at any time if you have questions about your care.

DATE of SURGERY:_____

SCHEDULED TIME OF SURGERY:_____

TIME TO ARRIVE AT THE HOSPITAL:_____

BEFORE YOUR SURGERY:

Preparing for Surgery

1. MEDICAL CLEARANCE

If your surgeon tells you that you will need medical clearance from your primary care physician (PCP), please make that appointment within 30 days before your surgery.

2. ACTIVITY

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep it up. If not, please try to begin exercising. Even a minimum of 15 minutes per day is beneficial. This does not need to be strenuous.

3. STOP SMOKING!!

If you smoke, stop before your surgery to reduce the risk of lung problems and other complications. Your PCP can help you stop smoking by prescribing medications if necessary.

4. RESTRICT ALCOHOL

Do not drink alcohol for at least 24 hours before surgery. Alcohol can interact with medications. If you need help decreasing your alcohol use before surgery, let us know.

5. PLAN AHEAD

You may need help with meals, laundry, bathing, or cleaning when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need. If you don't have family and friends immediately available the first few days, please ask about getting a list of possible external agency resources that may be available for hire for a few days.

6. ARRANGE TRANSPORTATION

The day of surgery is Day 0. The plan is for you to go home from the hospital as soon as Day 2. Please arrange a ride for early afternoon on the day you go home.

7. PICK UP SUPPLIES AND ANY PRESCRIPTIONS

Your surgeon may order antibiotic prescriptions for you to take on the day prior to surgery. If so, those should be picked up from your pharmacy along with other supplies mentioned on pages 5 and 6 of this booklet: Hibiclens (4% chlorhexidine) - an over the counter skin cleanser; carbohydrate rich fruit or other drinks; and clear liquids to drink the day prior to surgery.

8. CANCELLING

If you get sick, or other issues arise that make it necessary for you to reschedule your surgery, please call your surgeon's office as soon as possible at:

_____.

9. EXPECT OUR CALL

A day or two before your surgery, staff from the following areas will contact you:

A. Hospital Admitting Department

- A staff member will call to verify your insurance coverage. If you have not been contacted within 24 hours prior to your surgery, please call the Admitting Department at 847-570-2130 for Evanston Hospital, 847-480-3779 for Highland Park Hospital, 847-657-5625 for Glenbrook Hospital, and 847-933-6750 for Skokie Hospital.

B. Ambulatory Surgery Unit (ASU)

- A nurse from the ASU will call to review your health history, medications, surgical preparation instructions, and tell you what time to arrive on the day of surgery.

Medications - General Guidelines

1. Multivitamins, probiotics, herbs, green tea, and over-the-counter supplements - **Stop 10 days before surgery.**
2. **If you are taking a regular strength Aspirin 325mg, STOP 7 days before surgery. Begin taking 81mg instead and continue until the day of surgery.**
3. **If you are taking Aspirin 81mg- CONTINUE to take prior to and on the day of surgery.**
4. Non-steroidal anti-inflammatory drugs, also known as NSAIDS, such as Advil, Aleve, Motrin, ibuprofen, Mobic etc. - **Stop 10 days before surgery.**
5. Tylenol (acetaminophen) - Can be taken up until the night before surgery.
6. Seizure medication - Take this on the day of surgery with a sip of water.
7. Blood Pressure medication - Take as directed until the day before surgery. Most should also be taken on the day of surgery with a small sip of water. **All blood pressure medications should be discussed with your primary care physician or cardiologist before surgery.**

On the day of surgery DO NOT take the following cardiac medications:

- a. **Diuretic** , also known as a water pill,
- b. **ACE inhibitor:** such as Enalapril, (AKA Vasotec); Lisinopril, (AKA Zestril or Prinivil); and Ramipril, (AKA Altace); and others too numerous to list here.
- c. **Angiotensin receptor blocker (ARB)** , such as Losartan (AKA Cozaar); Candesartan, (AKA Atacand); Valsartan, (AKA Diovan); Irbesartan (AKA Avapro); Olmesartan (AKA Benicar), and others too numerous to list here.

8. **Blood thinning, Anticoagulant, and Antiplatelet medications will need to be modified or stopped before surgery. Follow the guidance of your PCP or Cardiologist if you are taking these or other similar medications:**

* Heparin	*Lovenox (enoxaparin)	*Arixtra (fondaparinux)
*Fragmin (dalteparin)	*Pradaxa (dabigatran)	*Xarelto (rivaroxaban)
*Eliquis (apixaban)	*Coumadin (warfarin)	*Plavix (clopidogrel)
*Effient (prasugrel)	*Brilinta (ticagrelor)	*Savaysa (edoxaban)

For further questions regarding medications, please contact the office at _____

Patients with Diabetes

If you have diabetes, please see your **primary care physician** and **endocrinologist** before surgery to confirm how to handle your insulin and/or oral diabetes medications.

In general, DO NOT take your oral diabetes medication for 2 days before your surgery.

Pre-operative Clearance

1. You may be requested by your surgeon to call your Primary Care Provider (PCP) and schedule an appointment for a preoperative exam similar to an annual physical. If so, that exam must be done within 30 days prior to your surgery. Review all medications and surgical instructions with your PCP. Bring this booklet with you to the visit.
2. You may need to have a series of pre-operative blood tests. These can be ordered and done through your PCP's office, or at a [Northshore Outpatient Lab](#).
3. You may need to have a **Nasal Swab** to test to see if you are a carrier for staphylococcus. This also can be ordered and done through your PCP's office, or at a [Northshore Outpatient Lab](#). If you test positive for staph, you will be notified of the results and be given additional instructions for an antibiotic ointment that you will begin using 5 days prior to surgery.
4. You will need to have a **Blood Type & Screen** within 30 days before your surgery. This test is done to determine your blood type and if there are antibodies in your blood. **This MUST be done at a [Northshore Outpatient Lab](#).** No appointment is required.
5. If you are **over age 65, or over age 50 AND have a cardiac history**, you will need to have an **EKG**. If your PCP cannot perform this in their office, please let us know. We can place an order in your chart, after which you can go to any [Northshore Cardiographics Department](#) and have the EKG done. No appointment [Northshore Cardiographics](#) is required.
6. If you have an implanted **pacemaker or defibrillator**, you will need to have the device evaluated by your cardiologist within 3 months prior to the surgery date.
7. If you have been diagnosed with **sleep apnea AND** have been prescribed a sleep apnea device, such as a CPAP, you will need to bring this device to surgery with you.

THE DAY BEFORE SURGERY

Eating and Drinking

1. Eat your regular diet the day before surgery. Avoid heavy, fatty foods for dinner.
2. **At 10 pm:** Drink one (12 oz) clear carbohydrate drink
Carbohydrate drinks include:
 - Fruit juices like apple, cranberry, white grape (NO ORANGE JUICE)
 - Commercial iced tea
 - **Drinking other juices or liquids may result in cancellation of your surgery!!**

3. **If you are instructed to do a bowel prep _____ (check here) and follow the instructions below**

“Gatorade Bowel Prep”



- a. Purchase one 64 oz container, or two 32 oz containers, of Gatorade. Any flavor!
- b. Purchase a bottle of Miralax 238 grams over the counter at the pharmacy.
- c. Pick up your prescriptions for Neomycin and Metronidazole at your pharmacy.
- d. Drink clear liquids all day - NO SOLID FOOD, NO DAIRY
Clear liquids include:
 - Water, black coffee, plain tea (NO MILK or MILK PRODUCTS)
 - Fruit juices like apple, cranberry, white grape (NO ORANGE JUICE)
 - Chicken or beef bouillon
 - Jello (no red or purple)
 - Clear soft drinks such as Sprite, 7-Up, Ginger ale, etc.
- e. **At 12 noon:** Mix the entire bottle of Miralax with the 64 oz of Gatorade in a separate container. Shake or stir until the Miralax is fully dissolved.
- f. Drink 8 oz glasses of the Miralax and Gatorade solution every 30 minutes until it is all gone.
- g. **At 5 pm:** Take 1 gm (1000 mg) of Neomycin and 1 gm (1000 mg) of Metronidazole
- h. **At 6 pm:** Take 1 gm (1000 mg) of Neomycin and 1 gm (1000 mg) of Metronidazole
- i. **At 10 pm:** Take 1gm (1000mg) of Neomycin and 1gm (1000mg) of Metronidazole.
- j. **If at any time the antibiotics cause nausea or vomiting, please stop and do not take any remaining doses.**
- k. **At 10 pm:** Drink one (12 oz) clear carbohydrate drink in the evening
Carbohydrate drinks include:
 - Fruit juices like apple, cranberry, white grape (NO ORANGE JUICE)
 - Commercial iced tea
 - Drinking other juices may result in cancellation of your surgery

Washing:

1. Shower or bathe the night before surgery using your normal routine. In addition, follow these instructions:
 - Do not shave near the surgical site.
 - Wash with Hibiclens (4% chlorhexidine) as the LAST part of your normal shower or bathing routine. Wash from your neck to your ankles with the Hibiclens.
 - Use about a palm size amount of the Hibiclens. It will not bubble or lather.
 - Rinse the Hibiclens off completely and then repeat.
 - AVOID CONTACT OF THE SOAP WITH YOUR EYES AS THIS CAN CAUSE IRRITATION. If some soap gets in your eyes, rinse thoroughly with water.
 - Use a clean towel to dry off, put on freshly laundered garments and underwear, and change your bedding to make sure you sleep on freshly laundered sheets.
 - Discard the Hibiclens container in regular garbage when finished.

Medication:

Take your regular night time medication as previously discussed with your primary care physician.

THE MORNING OF SURGERY

Eating and Drinking

1. **Do not eat any food!**
2. Drink one (12 OZ) SERVING OF A CLEAR JUICE - **choice of apple, grape, cranberry, commercial iced tea** - starting 3-4 hours prior to your scheduled surgery time. **STOP 2 hours before** your scheduled surgery start time.

Your drink preference _____

3. DO NOT drink any additional fluids within the 2 hours prior to surgery or you risk cancellation of your surgery.
4. **Drinking any other juices or liquids other than the ones listed above will result in your surgery being cancelled.**

Getting Dressed

1. Put on clean clothes.
2. Do not wear lotion, perfume, makeup, fingernail polish, jewelry, or piercings.
3. Do not shave the area where the operation will be done.
4. Deodorant is OK.

THINGS TO BRING TO THE HOSPITAL



- ✓ **This booklet!!**
- ✓ Photo ID (driver's license or state ID)
- ✓ Insurance card and information
- ✓ Two packages of your favorite SUGARLESS gum



- ✓ List of prescription and non-prescription medications that you take (including vitamins, supplements, probiotics, and any herbal medications).
- ✓ Assistive devices, such as walkers, crutches, canes, hearing aids and glasses.
Please label all personal items with your name.
- ✓ Names and phone numbers of family or friends to contact in case of emergency.
- ✓ Robe, slippers, loose comfortable clothes to wear home.
- ✓ Money to purchase newspapers, magazines or other items (limit cash to \$10).
- ✓ Copy of your advance directives, if you have such documents.
- ✓ Personal toiletries, such as shampoo, deodorant, toothbrush, toothpaste, moisturizer.
- ✓ Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

At the Hospital

1. Arriving to the Hospital:

- **Evanston** - Park on the 5th floor of the parking garage (Notre Dame level). You will be directed from the parking garage to the check-In area on the 3rd floor of the hospital to where you are having your procedure. A staff member will greet and direct you from there.
- **Glenbrook, Highland Park, and Skokie** - You will enter through the main hospital entrance. A staff member will greet and direct you. You will check-in at the front desk.
- After check in you will be escorted to your individual room in Ambulatory Surgery Unit (ASU) where you will meet the nursing staff as well as your anesthesia team to prepare you for your surgery. You will also speak to your surgeon in the ASU before you have your surgery.

2. Admitting:

- Someone from the Admitting Department will see you in your room to complete any necessary forms.

3. Pre-Operative area:

- The nurse will ask you to change into a hospital gown and complete the pre-operative checklist with you.
- You will meet the members of your anesthesia team and discuss your anesthetic plan.
- You may be asked to put on leg-squeezing sleeves; these will help your circulation and prevent blood clots from forming.
- An IV will be inserted.
- You will receive several medications from the nursing staff that have been prescribed for you by your anesthesia and surgery team.
 - These medications may help to prevent pain, nausea and vomiting, and decrease the risk of infection or blood clots after surgery.
 - These medications may be given orally with very small sips of water, or through your IV.
- Your family will be able to stay with you at this time.

4. Operating room

- You will be given sedative medication just prior to being taken to the OR.
- The anesthesiologist will put you to sleep in the OR and provide long acting local anesthetic agents to help reduce pain after surgery.
- You will be asleep and pain free during your surgery.

5. Waiting room

- Your family will be escorted to the waiting room during your surgery.
- They will be provided with updates and notified when you are out of surgery.
- They should check in with the desk to provide a contact number in case they leave the area temporarily for any reason.
- Chase bank ATM's are located at each hospital.
- Each hospital has a cafeteria and gift shop for purchasing of food/beverages.

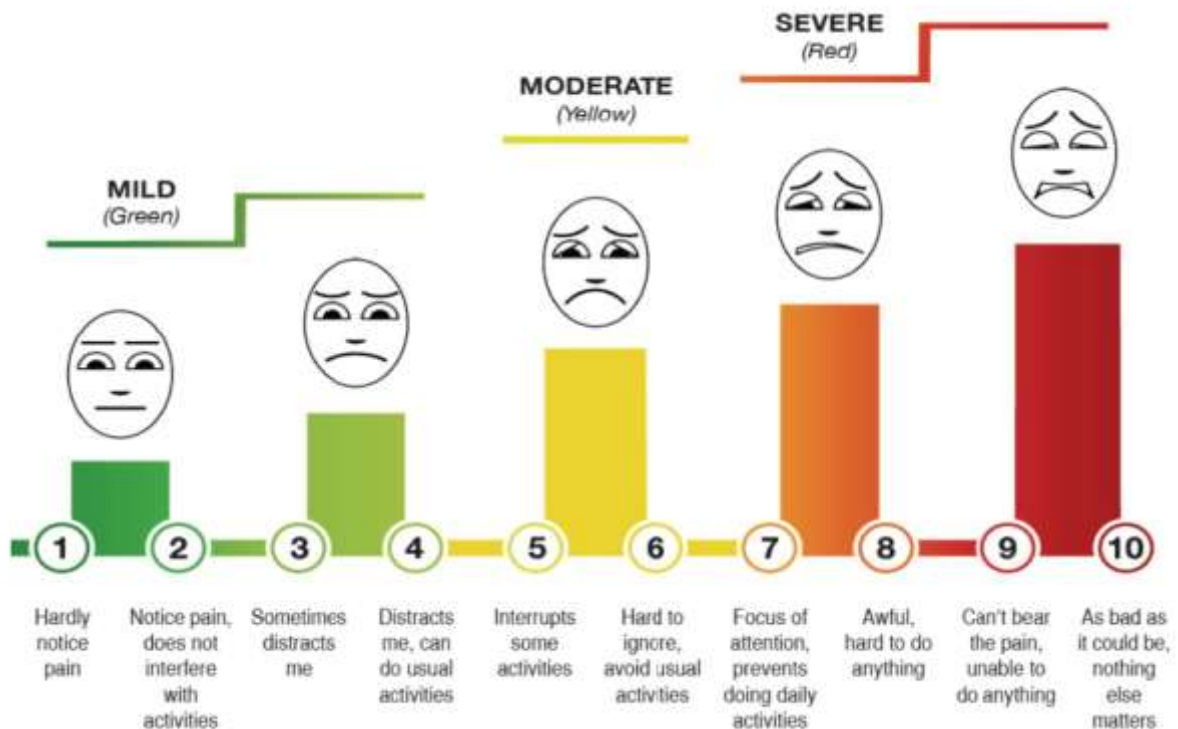
6. PACU (post anesthesia care unit)

- You will wake up here after your surgery is finished.
- Family is not allowed to visit in the PACU.
- You may have a mask providing you with oxygen, an IV giving you fluids, and a catheter draining urine from your bladder.
- You may be here for several hours.
- A nurse will check your vital signs often, check your bandages, and make sure you are comfortable.
- Once your vital signs are stable, you will be transferred to your hospital room. Your family can visit you there.

AFTER SURGERY: INPATIENT

1. Pain Control

- a) It is important to control your pain because it will help you to:
 - Take deep breaths
 - Move more easily
 - Eat better
 - Sleep well
 - Recover faster
 - Do things that are important to you
- b) Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. The goal is keep your pain at or below 4 out of 10.



c) TAP Block

The Transversus Abdominis Plane (TAP) block is a regional anesthesia technique. A TAP block numbs the abdominal wall with local anesthetic medications and provides significant pain relief for up to three days after surgery - and sometimes even longer. This block will be performed by your anesthesiologist while you are asleep under general anesthesia, using ultrasound guidance to place the medication in the correct location.

- d) Following surgery you will be given scheduled medications to prevent pain. In addition, there will be other medications available for you to request for pain if necessary.

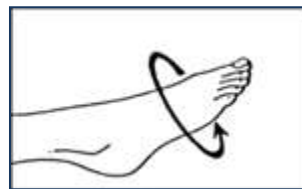
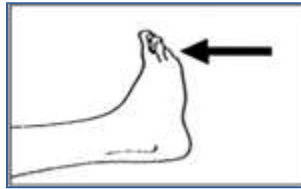
2. Exercises

a) Move around in bed

This will help to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

b) Leg exercises

- These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.
- Rotate your foot to the left and right.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight.



c) Deep Breathing and Coughing Exercises

- An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia.
 - Sit up straight.
 - Put your mouth tightly around the mouth piece.
 - Take a deep breath in and blow it out slowly. This allows the lungs to fully expand. You will see the piston/ball rise with each breath.
 - Rest for a few seconds and repeat this task 10 times every hour.
 - Cough well after completion to clear your lungs. You may use a pillow or your hands to hold your incision taut (splinting).

How to Use an Incentive Spirometer



The Evening after Surgery - Post-op Day #0

1. Pain Control
 - Some pain is to be expected after surgery. We will help you keep it at a manageable level.
 - You will be receiving scheduled medications to prevent pain. Tell your nurse if your pain is worsening.
2. Breathing
 - Do your breathing exercises with the incentive spirometer 10 times every hour.
 - Cough well after each cycle of 10.
3. Activities
 - Do your leg exercises 4-5 times every hour while awake.
 - Get up and sit in a chair with help from your nurse or aide.
 - Track your progress on the checklist (see page 15)
4. Eating and Drinking
 - Drink liquids as tolerated.
 - Chew gum for 30 minutes.
 - Take all meals while sitting in a chair
5. Tubes and Lines
 - An intravenous line (IV) will be giving you a small amount of fluid.
 - You may have a urinary catheter to drain (and measure) the urine from your bladder.

Post-op Day #1

1. Pain Control
 - You will continue receiving scheduled medications to prevent pain, including Tylenol (acetaminophen) and Motrin (ibuprofen).
 - We want your pain to be as well controlled as possible. Please tell us if your pain is worsening.
2. Breathing
 - Do your breathing exercises with the incentive spirometer 10 times every hour.
 - Cough well after every cycle of 10
3. Activities
 - Sit in a chair during meals.
 - Walk in the hallway 4-5 times, with help if needed.
 - Be out of bed, off and on, for a total of 8 hours throughout the day.
 - Track your progress on the checklist (see Page 15)
4. Eating and Drinking
 - Drink liquids.
 - Transition as soon as possible to a general diet
 - Chew gum for 30 minutes 3 times per day.
 - Eat all meals while sitting in a chair, not in bed.

5. Tubes and Lines

- For most patients, your urinary catheter will be removed today. For some patients, you will need to keep your catheter for another day or so.
- Your IV fluids will be stopped when you are able to take in enough fluids.

Post-op Day #2 - Goal Discharge Day

1. Pain Control

- You will be receiving several scheduled medications to prevent pain including Tylenol (Acetaminophen) and Motrin (ibuprofen).
- We want your pain to be as well controlled as possible. Please tell us if your pain is getting out of control.

2. Breathing

- Do your breathing exercises with the incentive spirometer 10 times every hour.
- Cough well after every cycle of 10

3. Activities

- Sit in a chair during meals.
- Walk in the hallway 5 or more times with help from a caregiver if needed.
- Be out of bed, off and on, for a total of 6 hours, as tolerated.
- Track your progress on the checklist (see Page 15)

4. Eating and Drinking

- Drink liquids.
- Eat a general diet.
- Chew gum for 30 minutes 3 times per day.
- Take all meals sitting in a chair, not in bed.

5. Tubes and Lines

- Your IV fluids will be discontinued when you are drinking well.

Goals for Discharge

The goal is to have you prepared to go home in the early afternoon of Post-op Day 2. The following criteria will be used to help us determine if you are ready to go home:

- You are able to eat a diet without feeling nauseous or experiencing any vomiting.
- You have adequate pain control on oral medication.
- You are getting out of bed and walking without help.
- You have a normal body temperature (no fever).

We will give you information about your follow-up appointment with your surgeon before you leave the hospital.

HOME CARE INSTRUCTIONS

1. Incision care

- Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery
- **You may take a shower:**
 - The same day after laparoscopic surgery.
 - Two days after an open surgery with an incision on your abdomen
 - ❖ Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath, use a swimming pool, or a hot tub until cleared by your surgeon.
- If you have staples or stitches to be removed, we will arrange for a follow-up appointment with your surgeon for 1-2 weeks from surgery.
- If you have dissolvable stitches, we will arrange for a follow-up appointment in 2 weeks.
- Call your surgeon if your incision becomes warm, red, hard, or you see pus or other drainage coming from it.

2. Pain

- You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol) and your anti-inflammatory (ibuprofen) medicine to relieve your pain.
- If your pain is not controlled by acetaminophen (Tylenol) and the anti-inflammatory, add the rescue medication that your doctor ordered.
- If the anti-inflammatory (ibuprofen) or other pain medications are causing a burning sensation or pain in your stomach, stop taking them and call your surgeon.
- If you have severe pain that is not relieved with the medicine that has been recommended for you, call your surgeon or go to the Emergency Room.
- Your surgeon or nurse may ask you to keep a record of your progress and the medications that you take at home. You can do this in the "Notes" section at the end of this booklet. (See Pages 16 and 17)

3. When to call the office

- If you have a fever over 100.5 for two readings taken about 4 hours apart. There is no need to check your temperature unless you feel hot.
- If you have persistent diarrhea, nausea, or vomiting.
- If you develop severe pain that is not relieved by your medications.
- If your incision becomes warm, red, hard, foul smelling, or develops pus or other drainage.

4. Constipation

- Pain medication may cause constipation. To help your bowels stay regular:
 - Drink liquids - 8-10 glasses of fluids each day
 - Get regular exercise (a 15 minute walk is a good start!).
 - Take stool softeners if your doctor tells you to do so.

5. Bowel Habits

- Your bowel patterns may change after abdominal surgery.
- You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.

6. Prescriptions and Refills

- If you need a refill on a prescription, please notify the gynecology clinic staff immediately. **Do not wait until your pills are gone! Call _____.**
- Refills for certain pain medications must be picked up in the office, others can be electronically sent to your pharmacy during working hours.

7. Diet

- You may eat anything you want, but select foods easier to digest, and less likely to trigger irritation or inflammation (such as broths, simple grains, boiled vegetables, fruit, or fruit juices).
- If you find it hard to eat enough calories, try eating smaller servings at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.
- If you find yourself having difficulty tolerating foods or you are losing weight, contact your surgeon.

8. Activity

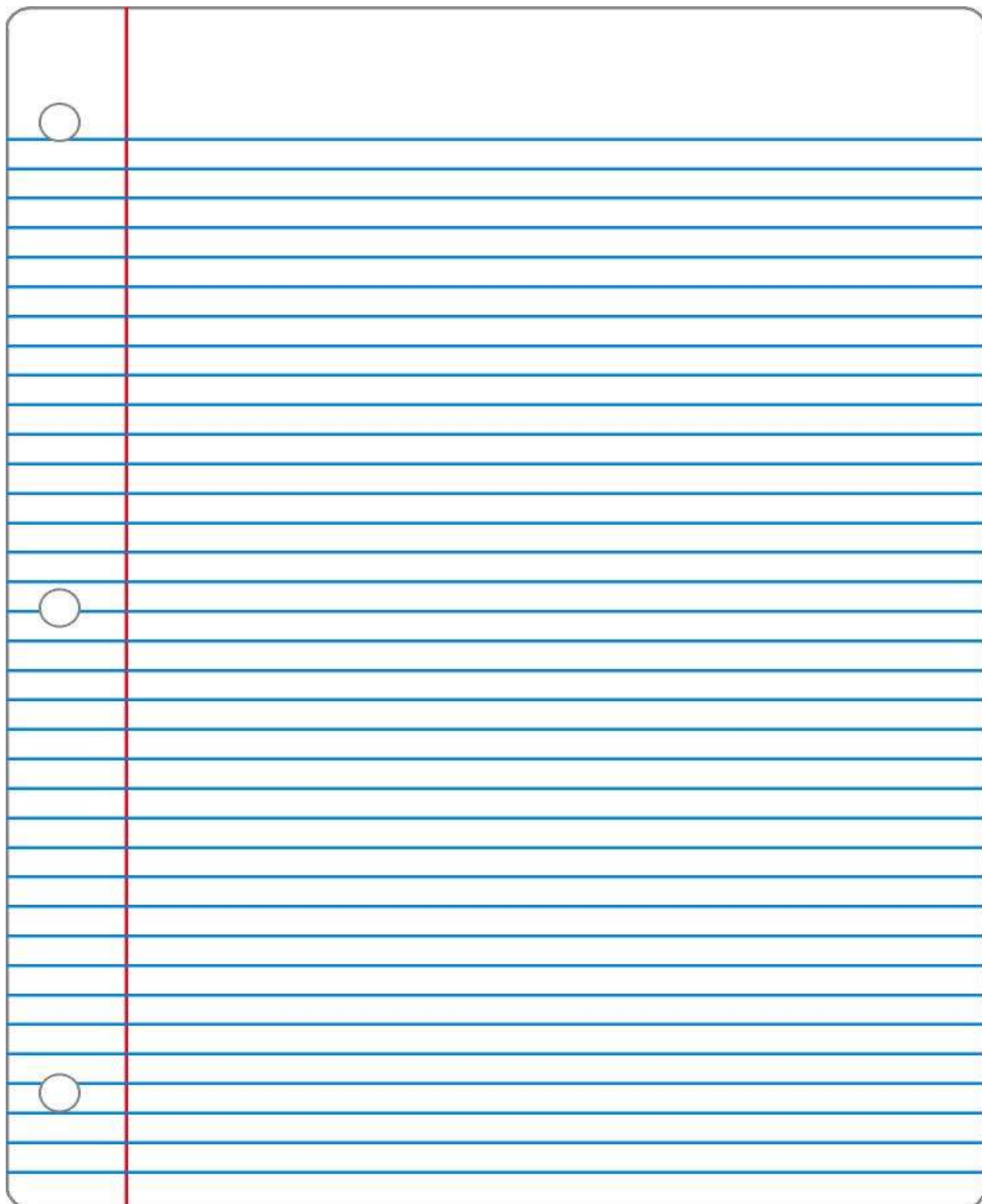
- You will not be allowed to lift, push, or pull anything greater than or equal to 10 lbs. for 4-6 weeks after your surgery. For reference purposes, a gallon of milk weighs about 9 lbs.
- You should avoid any strenuous activity for 4-6 weeks.
- If you have had a hysterectomy, you should avoid placing anything into the vagina, including tampons, douches, etc. You should refrain from intercourse for 6-8 weeks following surgery or until cleared by your surgeon.
- It is recommended that you do not drive for 2 weeks after surgery.
- You should not drive while taking any opioid pain medications.

9. Blood Thinners

- **Patients with a cancer diagnosis may require blood thinning medication at home for up to 4 weeks after surgery to prevent blood clots depending on the type of surgery performed.** The medication is given as an injection, which can be done by you, or another person willing to assist.
- Teaching and demonstration will be provided before you leave the hospital. **Insurance coverage for this medication can be checked ahead of time if necessary.**

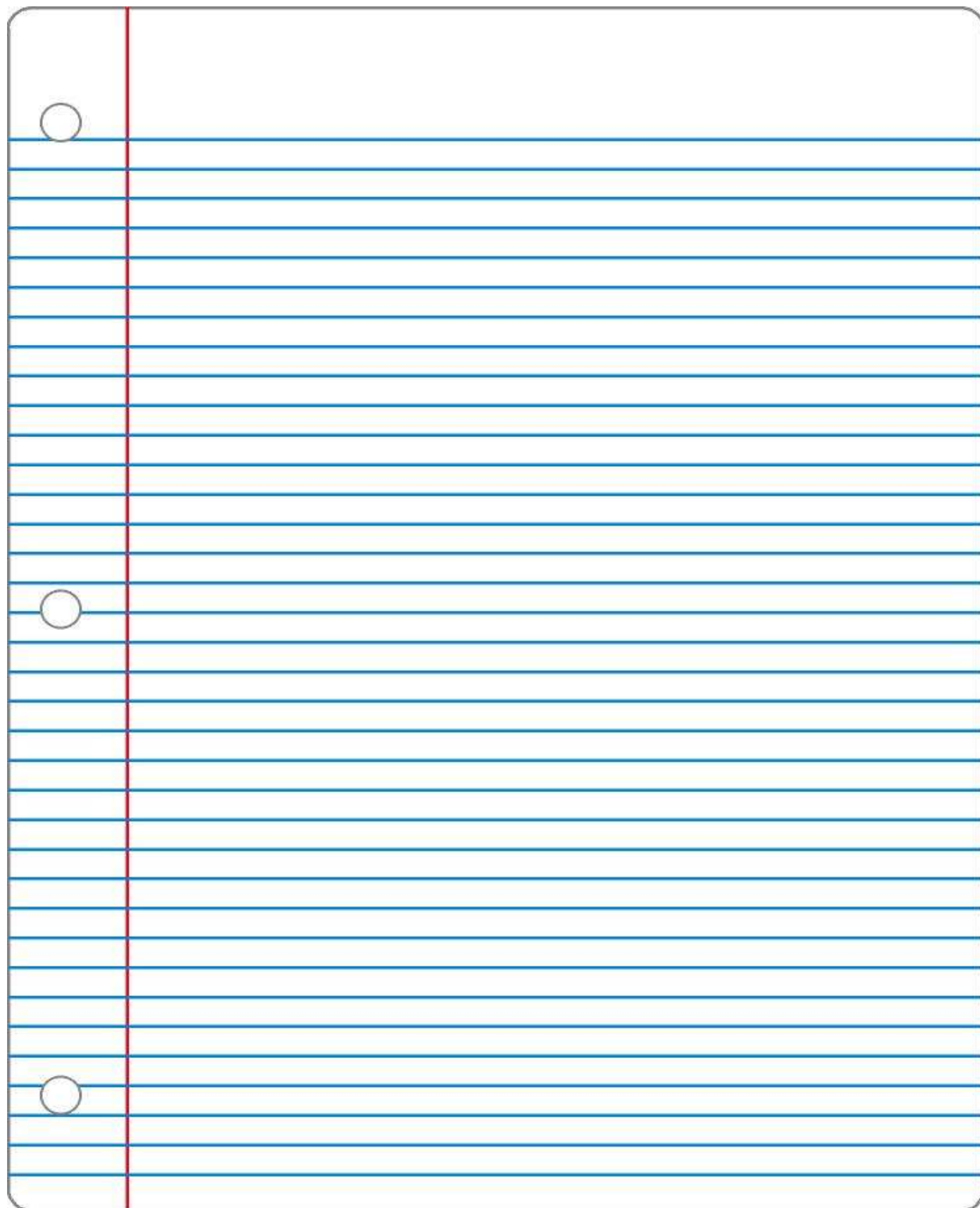
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