



## PATIENT INFORMATION LEAFLET

# RECOVERING AFTER GYNAECOLOGY SURGERY AT NORTH MANCHESTER / TRAFFORD GENERAL HOSPITALS

You have been given this leaflet to provide you with advice as you have had surgery/procedure at Trafford General Hospital **OR** North Manchester General Hospital. The aim of this leaflet is to answer any questions you may have recovering after your surgery/procedure.

## RECOVERING FROM ANAESTHETIC

### LOCAL ANAESTHETIC

The effects of a local anaesthetic should wear off within two to four hours. Following your procedure, it is wise to rest at home for the remainder of the day and you may eat and drink normally.

### GENERAL ANAESTHETIC/SEDATION

Although you may feel that you are back to normal quite quickly after your surgery/ procedure, the anaesthetic agents affect your reactions and co-ordination for up to 48 hours, including judgement and concentration (24 hours following sedation). **For this reason, you must be accompanied home by a responsible adult** and rest for the remainder of the day, public transport is not recommended. The first 24 hours following the procedure you should ensure that a responsible adult is with you and that you are not alone looking after young children.

It is important that you drink plenty of fluids (a glass or a cup per hour if you can) and eat small amounts of light, easily digested food until the following day. You should avoid rich, heavy or spicy meals and do not drink alcohol for at least 24 hours.

## PREVENTING VTE

### WHAT IS VENOUS THROMBOEMBOLISM (VTE)?

Venous Thromboembolism (VTE) is an embolism that develops when part or all of a blood clot in a deep vein (blood vessels that return blood to the heart) breaks off from the site where it is created (often in the calf, thigh or pelvis) and travels through the venous system, also known as deep vein thrombosis (DVT). When you have a DVT the blood flow is partially or completely blocked. If the clot lodges in the lung it leads to a very serious condition called pulmonary embolism (PE).

Venous thromboembolism can be a very serious condition and the information in this section can help avoid it from happening.

## WHAT CAN I DO TO REDUCE MY RISK OF VTE?

If possible before you come into hospital:

- Talk to your doctor about contraceptives/hormone replacement therapy if you are on any.
- Keep a healthy weight. Try and do regular exercise, even just gentle movements help.

When in hospital:

- Avoid long periods of immobility such as sitting in a chair for many hours. If you are able, get up and walk around to stop blood 'pooling', and get circulation in the legs moving.
- Exercise of the calf and foot muscles – these can be done even when you are sitting.
- Drink plenty of water to avoid dehydration.
- If advised by the ward staff wear elastic compression stockings, they will assist in fitting these for you.

## WHAT WILL BE DONE IN HOSPITAL TO REDUCE MY RISK OF VTE?

Your doctor will complete an assessment to identify the precautions needed to reduce your risk of VTE. These can include fitting knee/thigh length stockings which can prevent 'pooling' of blood in the calf through the use of slight pressure. You should still continue with your regular exercise as stockings do not replace the need for exercise.

They may also commence you on a blood thinner (anticoagulant) such as a heparin type injection to prevent blood clots developing.

While in hospital discuss this option with your doctor if you:

- Have had a previous DVT or PE.
- Have a family history of clotting conditions.
- Have cancer or had treatment for cancer in the past.
- Had major surgery in the last 3 months, in particular a hip or knee replacement.
- Have had a stroke.
- Have had a recent long flight or journey greater than 3 hours

## WHAT ARE THE SYMPTOMS OF A VTE (DVT) AND PE?

In some cases of DVT there may be no symptoms, but possible symptoms can include:

- Pain, swelling and tenderness in one of your legs (usually calf). the pain may be made worse by bending your foot upward towards your knee.
- A heavy ache in the affected area.
- Warm or redness of skin in the area of the clot.

DVT usually affects one leg, but this is not always the case. Sometimes there are no symptoms and a DVT only becomes apparent when pulmonary embolism (PE) develops.

Symptoms of a PE include:

- Breathlessness, chest pain and in severe cases, collapse.

**Both DVT and PE are serious conditions and require urgent investigation and treatment, you should attend your local A&E department if you experience any VTE symptoms.**

## CARING FOR YOUR WOUND

You may shower the day after your operation. We recommenced you shower rather than bath, so your wound does not soak. If you do not have a shower at home, you may take a bath but do not stay in the water too long. If you have an abdominal wound keep this out of the water as much as possible. Avoid using any soap, cream or cleansing products directly on the area. Gently pat the area dry with a clean towel, try to avoid rubbing which may cause discomfort. You should shower daily or more often if advised by your consultant.

If you have had vaginal surgery, you will have no wounds on your abdomen, you may have sutures within your vagina, and these will dissolve in 4-6 weeks, these do not need to be removed.

If you have had laparoscopic abdominal surgery, you will usually have 3-5 small incisions on your abdomen, that will be closed with glue or dissolvable stitches. Surgical glue may appear slightly purple over your wounds, it is important not to pick the glue off. It will normally peel off itself in 5-10 days. Dissolvable stitches do not need to be removed, they usually dissolve in 1-3 weeks.

If you have had laparotomy abdominal surgery, you will have an abdominal incision that will have been closed with stitches/staples or a combination of the two. Staples or non-dissolvable stitches will require removal, usually 5-10 days post-surgery by either a district nurse or GP nurse.

You may see small pieces of your stitches poking out of your wound. Do not be tempted to pull on these. If you have loose ends that are catching on clothing, trim them carefully with a clean pair of scissors or discuss with a health practitioner. Otherwise, wait until they are removed.

## WOUND INFECTIONS

Most wounds heal without any complications however it is possible that your wound can become infected after your surgery. You are at increased risk of infection if you:

- Have a high BMI
- Have Diabetes
- Have had a previous wound infection
- Smoke
- Undergoing treatment which affects your immune system such as chemotherapy

## WHEN TO SEEK FURTHER ADVICE

If you are concerned about your wound or you have any of the following symptoms, please use the contact details at the end of this leaflet:

- Redness to the wound or surrounding skin
- The wound or surrounding skin is hot to touch
- The wound site/s are oozing, bleeding, gaping or foul smelling
- Any heavy vaginal bleeding, unusual/foul smelling discharge or discomfort.

## DIET AND NUTRITION

It is important to drink plenty of water after your operation to avoid dehydration which can prevent wound healing. Eating a balanced and healthy diet will give you the nutrients you require for your wound to heal. This includes a variety of fish, eggs, lean meat, fruit and vegetables. More information can be found on the NHS website, particularly if you have a vegetarian or vegan diet.

# RECOVERING FROM YOUR PROCEDURE

## PAIN

Simple pain relief such as Paracetamol and Ibuprofen is not generally provided, ensure you have a supply of these at home ready for when you are discharged. These medications can be obtained from your local pharmacy/supermarket. Please check with the nurse when being discharged which of these medications is appropriate and do not exceed the recommended dosage on the packet.

## VAGINAL BLEEDING

You can expect to have some vaginal bleeding for two-four weeks after your operation. This is like a light period and is red or brown in colour. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection. If you are bleeding heavily, where you change one sanitary pad in an hour or less, please contact our Emergency Gynaecology Services (contact details at the end of this leaflet) or attend your local A&E department.

## CLOTHING

After an operation you will find loose clothing is generally the most comfortable.

## MOVEMENT

Until you are fully recovered, you may find that household jobs are tiring and cause discomfort. It may be useful if help is available from relatives or friends for a week or two. Otherwise take steps to reduce the strain such as sitting down to do the ironing or washing up.

## WORK

Returning to work depends on both the type of treatment you have had and the nature of your job. It is advisable to feel completely recovered before returning to work. Please discuss if you require a sick note prior to discharge with your nurse (you can self-certify for 7 days).

## DRIVING

The time for it to be safe to drive again will depend on the surgery you had. You must be comfortable wearing a seatbelt and your movement and strength must be able to cope with an emergency stop as well as normal driving. If you have an accident, you may not be covered by your insurance if you drive when it is not safe to do so, therefore we advise you contact your insurance company regarding driving following surgery, to ensure you are fully insured.

## SEXUAL ACTIVITY

We advise you to wait six weeks after surgery before resuming penetrative intercourse, to ensure that you have no vaginal bleeding or discharge and that you feel emotionally ready.

If you have any concerns about resuming your usual method of contraception, especially if you are on the pill, please ask for advice.

## BOWELS

Changes in diet, activity and the use of some pain-relieving medicines can lead to irregular bowel habits but this usually returns to normal with time. Straining can be uncomfortable, and it may be helpful to take a mild laxative.

## SLEEPING

Difficulties in sleeping can be caused by changes in your normal routine and restricted movements. Some people are awakened by pain which is caused by sudden movement. If this does occur, it may be helpful to take pain relief before bedtime

## CONCERNS

- If you have had any concerns regarding the medication you have been sent home with or a district nurse referral that may have been arranged for you (if required), please contact the ward where you received your post operative care that completed your discharge home.
- If you have concerns regarding symptoms of VTE you should attend your nearest A&E.
- If you have any clinical queries or symptoms regarding your post operative recovery including heavy vaginal bleeding, unusual/offensive smelling vaginal discharge, uncontrolled pain, inability to pass urine or concerns regarding your wound, please contact the relevant department below:
  - If you had your procedure at **North Manchester General Hospital**, please use the contact details for the **Gynaecology Assessment Unit** (in hours) or the **Emergency Gynaecology Unit** (out of hours) below.
  - If you had your procedure at **Trafford General Hospital**, please use the contact details for the **Emergency Gynaecology Unit (Wythenshawe)** below.

## CONTACT DETAILS



### **Emergency Gynaecology Unit (EGU)**

(0161) 291 2561 (Open 24 hours a day)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care.

EGU is located at Wythenshawe Hospital (enter via entrance 15)



### **Gynaecology Assessment Unit (GAU)**

(0161) 720 2010 Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30 Saturday & Sunday - 08:30 – 16:30

**GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance).** To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.