Robotic Hysterectomy

It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

What is a hysterectomy?

A hysterectomy is a surgery that removes your uterus (womb). The uterus, which is about the size of your closed hand, is one of the organs of the female reproductive system. The lower part of the uterus is called the cervix. Below the cervix is the vagina (birth canal). On both sides of the uterus is an ovary, where the eggs are located, and a Fallopian Tube, which carries the egg to the uterus.

You and your doctor will talk about your condition and the treatment that is best for you.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

How is the surgery done?

A robotic hysterectomy is similar to a laparoscopic procedure. Five or six small incisions are made in the abdomen near the belly button and on the right and left sides of the abdomen. The instruments used for this surgery are put through these incisions. The doctor will use a special worktable with a 3-D monitor to view the surgical area and to control the instruments.

The uterus is typically removed through the vagina. Removal of both tubes and ovaries, called a bilateral salpingo-oophorectomy (BSO), and removal of lymph nodes may also be done.

The benefits of having robotic surgery rather than an open abdominal surgery include:

- Less blood loss
- Shorter hospital stay
- Faster return to daily activities
- Less pain during recovery

It may be normal to have the following symptoms for 2 to 3 weeks after surgery:

- Numbness in the groin/thighs
- Redness, swelling or bruising on your abdomen
- More pain or achiness on the right side compared to the rest of the abdomen
- Light vaginal bleeding, drainage or discharge with no smell

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery. These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix

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- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa

**If you have a stent, do not stop taking your medicines to prevent clots** without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

If your surgery or procedure is cancelled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

**Before Your Surgery**

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, in your hospital room or in pre-operative care areas. You will also be asked to not wear or remove these items the day of surgery:

- Nail polish
- Make-up
- Jewelry
- Hair clips

- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids

**Day of Surgery**

- You will be told when your scheduled admission date is and where to check in when you get to the hospital.
- Your family can stay with you until you go to the Pre-operative Holding Area.
• The nurse will answer any questions they may have and tell them where to wait while you are in surgery.

• Your family will be allowed to stay with you until you go to the Pre-operative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.

**During Surgery**

• A nurse will check your identification (ID) bracelet. You will be asked about your allergies. Then you will be made comfortable on the operating room table.

• Your vital signs (blood pressure, temperature, pulse and breathing rate) will be watched closely.

• You will be hooked up to a monitor to count your heart rate.

• A small clip (pulse oximeter) will be placed on your finger to measure your pulse and the amount of oxygen in your blood.

• Your doctor will tell you how long your surgery may take. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be updated on how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family.

**After Surgery**

Once your surgery is over, you will be taken to the Post Anesthesia Care Unit (PACU), for a period of time before going to your room. The following is a list of what to expect when you wake up after surgery:

• Your pulse and the amount of oxygen in your blood will be checked. If needed, you may be given oxygen through a small tube inside your nose.

• You may feel cold. This is normal if you have had general anesthesia.
Tell your nurse if you have pain and she will give you medicine to help make you more comfortable.

You will have a bladder tube called a foley catheter. A foley catheter is a flexible tube that is put into your bladder to drain urine. This catheter will remain in place until you are walking.

A pad will be placed between your legs to soak up any vaginal bleeding.

Special boots may be placed on your legs to help prevent blood clots.

You will be taught to use a breathing exerciser (incentive spirometer) to help keep your lungs clear after surgery.

You will have an IV in your arm until you are able to drink fluids. You will start by sipping clear liquids and then gradually advance to a regular diet.

Your nurse will help you get out of bed after your surgery. Activity helps your bowels begin to function again. Walking also helps decrease gas pains.

**Incision Care**

Your incision(s) will be sealed with glue. You will not have staples or sutures. Your nurse will show you how to clean your incision gently with soap and water. If you want to take a shower, you will not need to cover your incision.

**Pain Control**

You are encouraged to use your pain medicine so you will be comfortable when you turn, cough, deep breathe and walk. Ask your nurse for pain medicine before your pain becomes severe. Pain medicine works best if you take it before the pain gets out of control. Pain medicine may be given through your IV while in the hospital or in pill form.
Feelings

- You may have many different feelings. You may feel sad, uncertain or angry. These feelings are normal. Counseling professionals are available at The James to help you deal with the stress of your illness. Ask your doctor or nurse about these services.

- After your hysterectomy, you will not be able to have children. You will not have periods (menstruation). If your ovaries are not removed and you have not gone through menopause, you will continue to make female hormones. If your ovaries are taken out, you may have menopausal symptoms, such as hot flashes or vaginal dryness. Talk to your doctor about what can be done to help these changes. Your doctor may give you hormone replacement therapy.

Sexuality and Cancer

- Your surgery should not affect you ability to have sex. Ask your doctor when you may resume sexual activity.

- Counseling professionals are available at The James to talk with you about your feelings or concerns. Ask your doctor or nurse about these services.

- Ask your nurse for a copy of the booklet from the American Cancer Society called *Sexuality for the Woman Who Has Cancer*.

Discharge from the Hospital

Your nurse will review your discharge instructions with you before you leave the hospital. These may include:

- An appointment to see your doctor

- Important phone numbers

- Signs/Symptoms of infection and what to do if you have these problems

- Directions for incision care

- A list of current medicines and new prescriptions

- Information on what activities will help you heal and what you may do during your recovery from surgery

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Care at Home

You will be given instructions on how to care for yourself at home. Get plenty of rest and do not overdo it. A good rule to follow is if you do not feel up to it, do not do it. Here is some important information for when you go home:

- No driving for 2 weeks or while taking narcotic pain medicine. However, you may ride in a car for short trips.

- No heavy lifting (nothing over 5 to 10 pounds) for 4 to 6 weeks.

- No strenuous activities or exercises for 4 to 6 weeks.

- Take the stairs slowly. Go one step at a time.

- You may tire more quickly than before your surgery. Try to increase your activity level a little more each day. Go for short walks. Start with short distances and gradually increase how long and how fast you walk.

- A small amount of vaginal drainage is normal for 2 to 4 weeks after surgery.

- Do not put anything in your vagina until your doctor tells you it is okay (typically 6 to 8 weeks after surgery):
  - No douching.
  - No intercourse (sex).
  - No tampons.

- You may take a shower. Pat the incision dry. No tub baths. Your doctor will tell you when you may take a tub bath.

- Do not wear tight fitting clothes such as girdles or knee high stockings.

- You may do light housework:
  - Wash dishes.
  - Help with cooking.
Call your doctor if you have any of the following:

- Redness or swelling or skin separation at the incision
- Pus from the incision
- Temperature 101° degrees F or above
- Heavy vaginal bleeding (soaking 1 to 2 pads in one hour or passing large clots)
- Vaginal discharge with a bad smell
- Severe emotional changes such as mood swings or depression
- Pain, warmth, tenderness or swelling in the legs
- Problems urinating
- Nausea or vomiting
- Problems breathing

Please keep your follow-up appointment with your doctor. It will be scheduled about one month after your surgery.