Information About Your Radical Hysterectomy

Cancers are common in the cervix or uterus. Surgery is often the treatment used for these problems. You and your doctor have decided that a radical hysterectomy is needed to treat your cancer.

When you have a radical hysterectomy, your uterus, cervix, upper third of the vagina (birth canal) and the ligaments around the cervix and upper part of the vagina are removed. The lymph nodes in this area are also removed. You and your doctors will decide if your ovaries are to be taken out. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, please ask your nurse or doctor for more information.

When only one ovary is to be removed:

In this case, a safety feature has been added to make sure the correct surgery is done.

- You will be asked by a member of the health care team to mark and initial the side on which your surgery is to be done.
- Then a member of the health care team will also mark the same side.
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
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

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 canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.
Before 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 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
- Other prosthesis

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.

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 finished, you will be taken to the Post Anesthesia Care Unit (PACU) to recover. When you wake up in recovery you can expect the following:

- You may have oxygen through a small tube inside your nose or in your throat.
- You will be receiving fluids or possibly blood through your intravenous (IV).
- You may have a catheter in your bladder to drain urine.
- **A nasogastric** (NG) tube may be in your nose going to your stomach. This tube will keep your stomach drained of fluids, so you will not get sick.
- A dressing over your incision will cover the middle of your abdomen down to your groin.
- You may also have one or two small tubes coming out of your lower abdomen. These tubes are drains called hemovacs and are used to prevent fluid from collecting in your abdomen.
- When you return to your room, you will be put in bed. Your nurse will help you turn in bed every 2 hours. Your doctor will tell you when you can get up out of bed.
- You will be taught to use a breathing exerciser (incentive spirometer) to help keep your lungs clear after surgery.
- A medicine to prevent blood clots will be given by injection into your thighs. You will wear special stockings when you are in bed. These stockings will keep blood circulating through your legs.
Care of Your Tubes

Your bladder tube will be either a **foley catheter** or a **suprapubic catheter**. A foley catheter is a tube that is put into the urethra or the opening through which you pass urine. The tip of this catheter sits in your bladder. A suprapubic catheter goes directly into the bladder through the abdomen. Your bladder tube will stay in place at least until you are walking.

- **If you have a foley catheter**, it may be taken out 3 to 4 days after surgery. You will be taught how to keep your bladder empty by doing self-catheterization. Your nurse will teach you to do this procedure. Ask for the patient education handout on Self-Catheterization for Gynecological Oncology.

- **If you have a suprapubic catheter**, you will be taught how to clamp your catheter and then open it to drain the urine. This is done every time you go to the bathroom to see how much urine remains in your bladder after you pass your urine normally. If your suprapubic catheter is not removed before you go home, your nurse will teach you how to take care of it. Ask for the patient education handout Your Suprapubic Catheter.

- The hemovacs will stay in place until there is only a small amount of drainage. This time varies for each person so you may go home with your hemovac. Ask for the patient education handout: Home Care of Your Wound Drain: Hemovac, Jackson Pratt or other Drain Systems.

Incision Care

Your doctor will remove your dressing after surgery. Your incision will have staples in place. 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. Your staples will be taken out in 7 to 14 days after surgery. You will feel a small amount of tugging or pinching when the staples are removed, but there is usually no discomfort. Thin, white strips called steristrips will be put on your incision after the staples are removed. These will come off on their own in about a week.
IV Fluids and Nutrition
Your stomach tube may stay in place until the anesthesia wears off and your bowels start to function again. This may take 2 to 4 days or longer. Your doctor will listen to your bowel sounds to tell when your bowels start to function. Another sign that your bowels are working is when you start to pass gas. You will not be given anything to eat or drink until your bowels begin to function. After your stomach tube has been removed, you will start sipping clear liquids. You will gradually advance to a regular diet. Your IV will come out when you are drinking and eating well.

Eating balanced meals after surgery helps promote wound healing. Eat foods that are high in protein such as, meat, fish, cheese, milk, soybean products and eggs. A dietitian is available to help you plan meals at home.

Pain Control
You are encouraged to use your pain medicine so you will be comfortable when you turn, cough, deep breathe and walk. Some patients are given pain medicine through their IV called Patient Controlled Analgesia (PCA). Other patients may have pain medicine given through a continuous Lumbar Epidural Analgesia (LEA) into their spinal cord. When your pain control IV or epidural are removed you will be given pain pills.

Ask for the patient education handouts: Pain Relief After Surgery, Continuous Epidural Analgesia or Patient-Controlled Analgesia. If you do not have either a PCA or LEA, your nurse will give you your pain medicine when you need it.

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 you hysterectomy, you will not be able to have children. You will not have periods (menstruation). If you ovaries are not removed, 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 your ability to have sex. Ask your doctor when you may be sexual activity after surgery. Because your vagina is now shorter, you and your partner may want to try different positions to find one that is more comfortable. Foreplay will cause the vagina to lengthen.

- 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*.

**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 are some guidelines for you to follow when you go home.

- Limit your activities for 4 to 6 weeks:
  - 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).
  - No strenuous activities or exercises.
  - 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 your walk.

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

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

- Put nothing in the vagina until your doctor tells you it is okay:
  - No douching.
  - No intercourse (sex).
  - No tampons.

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

• You may do light housework:
  ▶ Wash dishes.
  ▶ Help with cooking.

• Call your doctor if you have any problems doing self-catheterization or caring for your suprapubic catheter.

**Call your doctor if you have any of the following:**

• Redness or swelling at the incision
• Pus from the incision
• Temperature 101 degrees F or above
• Heavy vaginal bleeding (soaking 2 to 3 pads in one hour)
• Vaginal discharge with a bad smell
• Severe emotional changes such as mood swings or depression

**It is important to keep your doctor appointment that is scheduled 3 to 4 weeks after your surgery.**

**Appointment Date: ____________  Appointment Time: ____________**