



## **Gynecologic Oncology Postoperative Care**

*This information along with other educational material is available on our website at [www.WatsonClinic.com/GynOnc](http://www.WatsonClinic.com/GynOnc)*

Following your surgery, the doctor will go over any necessary restrictions or precautions and review what you can expect during your recovery. We recognize however that much of this information may be easily forgotten once you are discharged from the hospital or surgery center. We have therefore prepared this pamphlet to assist you and your family with your recovery once you arrive home. This handout reviews your limitations during your recovery and reviews various symptoms that you may experience prior to your first follow up appointment. We have addressed the most common questions and concerns that our patients have. Please refer to this as often as needed, and if questions arise that are not addressed, please contact the office for assistance.

**INCISION:** If you are discharged from the hospital with a wound dressing in place, it can be removed at your convenience. There is no harm in keeping it in place for long periods of time and many patients choose to do this to prevent the clothing from rubbing or irritating the incision. The clear dressings over a single telfa pad are actually water-proof so that a shower can be taken as well (see BATHING below). You may be sent home with a dressing that has a small attached pump. This dressing decreases your risk of wound complications. This dressing is designed to stay in place approximately 7 days. Once the battery dies, the dressing can be removed. If the pump/dressing begins to malfunction after hospital discharge, it is easiest to simply turn off the pump and remove/discard the dressing.

Regardless of the type of wound, you can take a shower, and normal soap and water can be used on the wound if exposed. If dressing becomes wet and you desire a new one, you may use gauze and tape that can be purchased at any pharmacy location (e.g. Walmart, Walgreens, Target, CVS, etc.) If there is bleeding or drainage of fluid from the wound that increases after hospital discharge, call the office. Also, if you have fevers greater than 100.5 or intense redness spreading away from the wound, call the office. Any staples or sutures that need to be removed will be addressed at your first postoperative follow up visit. Please **DO NOT** remove any sutures or staples yourself!

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**ACTIVITY:** Avoid any unnecessary exercise, and do not lift greater than 10 pounds for the first 6 weeks after your operation. Occasionally, you may be released to normal activity levels sooner, but this will be discussed at your first postoperative follow up appointment in the office. Avoid long periods of sitting or standing in one place, and take short walks daily; this will help prevent blood clots from forming in the legs and also will help your bowels stay regular. If your surgery included a hysterectomy or any procedure on the vagina, avoid putting anything into the vagina—sex, douching, and tampons should all be avoided until given the ok from the doctor, which is typically six or more weeks after surgery. Use pads for any discharge or spotting you may encounter.

**VAGINAL DISCHARGE/BLEEDING:** It is not uncommon at all to have a vaginal discharge or spotting for several weeks if your surgery included hysterectomy or any procedure on the vagina, cervix, or uterus. Discharge should be a tan to brown or slight pink in color. The spotting may be darker old blood or spots of brighter fresh blood. If you experience bright red profuse bleeding requiring more than 1 pad per hour or heavier than a normal period, call the office immediately. If you still have a uterus, it is also not at all unusual to have a couple of months of irregular menstrual cycles following surgery on the uterus, tubes, and/or ovaries. Use a pad for any bleeding instead of tampons until given the ok to use tampons by the doctor. Tampon use may cause an infection, and until completely healed, tampons should be avoided.

**DRIVING:** Do not drive until given the ok from the office. For most patients, this is at least two weeks after major surgery. You will be released to drive when you are comfortable (without pain) moving your foot from the gas to the brake and vice versa, and you no longer require narcotic pain medicines.

**PAIN:** You will likely be discharged with a prescription for pain medicine. Take these as needed but only as directed. Please be aware of how many tablets you have left as many of these types of medicines cannot be called into the pharmacy for a refill, and a trip to the office to pick up a new prescription may be required. Also, if you think you will require additional medications after hours or on the weekend, let us know ahead of time so you don't have to suffer in pain until the office opens again. You should also be aware that there are now state regulations that prevent us from prescribing more than a 3 day supply of narcotic pain medicine. You may take over the counter ibuprofen (Advil, Motrin, etc.) up to four times per day in addition to your prescribed pain medicine. Many of the prescribed pain medicines contain Tylenol, so before taking additional Tylenol check with your pharmacist. You may also find a heating pad or an ice pack beneficial. If your pain is not controlled with these measures, please call the office so some adjustments can be made.

**BLADDER AND BOWEL FUNCTION:** For the initial few weeks following surgery, your bladder and bowels may not function normally. This may be related

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to the procedure itself or to the pain medications. Keep your bladder empty by voiding on a scheduled basis to prevent your bladder from getting over distended and not emptying completely. It is also very important to take stool softeners as long as you are taking pain medications to prevent constipation. Any over the counter stool softener is acceptable. For constipation, we recommend starting with Milk of Magnesia, Dulcolax tablets or suppositories, or Miralax, which are all over the counter. The Miralax can be taken several times daily without harm, but if too much is taken you could develop diarrhea, which will resolve if the Miralax is not taken for a day or so. Be aware that the Miralax does not work immediately, and in fact, it may take a few days. You may try Magnesium Citrate if these regimens do not work. Start with ½ of a bottle and if no results in 1-2 hours, drink the remaining ½ bottle. This regimen will likely result in some short-term diarrhea. A Fleets enema is also an option if you have not had surgery on your rectum or bowels. Other forms of laxatives include Senekot or Mineral Oil (1-2 tablespoons at bedtime) and are acceptable alternatives. There are many other regimens you could follow, and if you already have one that works for you, go ahead and continue your normal regimen. Do not hesitate to ask for assistance at your pharmacy as well.

**BATHING:** You may shower or take a bath as often as you desire. It is ok for your incision to get wet. You should not soak in the tub for long periods of time, however. Do not attempt to take a shower while home alone until you are clearly able to stand without becoming weak or dizzy. If your wound dressing becomes wet, you may replace it with gauze and paper tape if you would like (see INCISION above). You can purchase these materials from your local pharmacy store.

**FOLLOW UP APPOINTMENT:** You will be given a follow up appointment at the time of your discharge unless you are discharged after normal office hours (e.g. on the weekend). If you do not receive your appointment at the time of hospital discharge, call the office on the next business day to schedule your follow up. Most patients are seen initially approximately two-three weeks following surgery.

**CALL THE OFFICE IF . . .**

- ❖ Temperature greater than 100.5°F
  - ❖ Severe pain that is not relieved with the above measures
  - ❖ Excessive drainage from the wound or redness around the wound
  - ❖ Heavy vaginal bleeding requiring more than one pad per hour
  - ❖ Shortness of breath or leg swelling
  - ❖ No bowel movement for three days
  - ❖ You have any questions that are not addressed above
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## Special Postoperative Circumstances

**LASER SURGERY:** When this procedure is done on the vulva, it may be quite painful. You will be given adequate pain medications, but if you find them ineffective, call the office. You will need to keep the wound clean with sitz baths, a squirt bottle, or hand held shower-head, and dry the area with a hair dryer on the cool setting. This should be done at least three times daily and after each time you go to the bathroom. The doctor may also send you home with a Silvadene cream to apply to the laser sites. If you are sent home with this cream, you should apply it to lasered area each time the wound is cleaned and dried. Xylocaine gel can also be applied between cleansings for additional pain relief, and you may find an ice pack helpful. Laser procedures on the cervix and vagina are usually only minimally uncomfortable; some period-type cramping is not uncommon for a few days. A discharge and/or spotting will be present for as long as six weeks after all laser procedures. Use a pad (no tampons) for this discharge.

**BLADDER CATHETER:** If you are sent home with a catheter in your bladder, this will likely stay in place at least until your first follow up appointment but possibly as long as several weeks (depending on the reason to have it in place). Many times the catheter can simply be removed, but it may be necessary to perform a voiding trial at your first post-operative visit, which lets us know that it is safe to remove the catheter. If you are unable to void, the catheter will be replaced and we will try again in 1-2 weeks. Blood tinged urine is not unusual when you have a catheter and for a few days after its removal. If you have excessive discomfort or feel that the blood in the urine is excessive, please call the office. Antibiotics are not helpful at preventing catheter associated infections. Additional catheter care information will be given if appropriate for your situation.

**DRAINS:** If you are discharged with drains in place, you will be instructed in how to care for these by the hospital nursing staff prior to leaving the hospital. If you have questions about drain care, please call the office and speak with a nurse who can likely help you over the phone. If you have home health care arranged, your home health nurse can also likely provide you some in home assistance. It is important to keep an accurate record of the drain's output per 24-hour period. Simply record the date and time you empty the drain on paper and bring this record to each follow up appointment for the doctor to review. Additional drain care information will be given if appropriate for your situation.

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