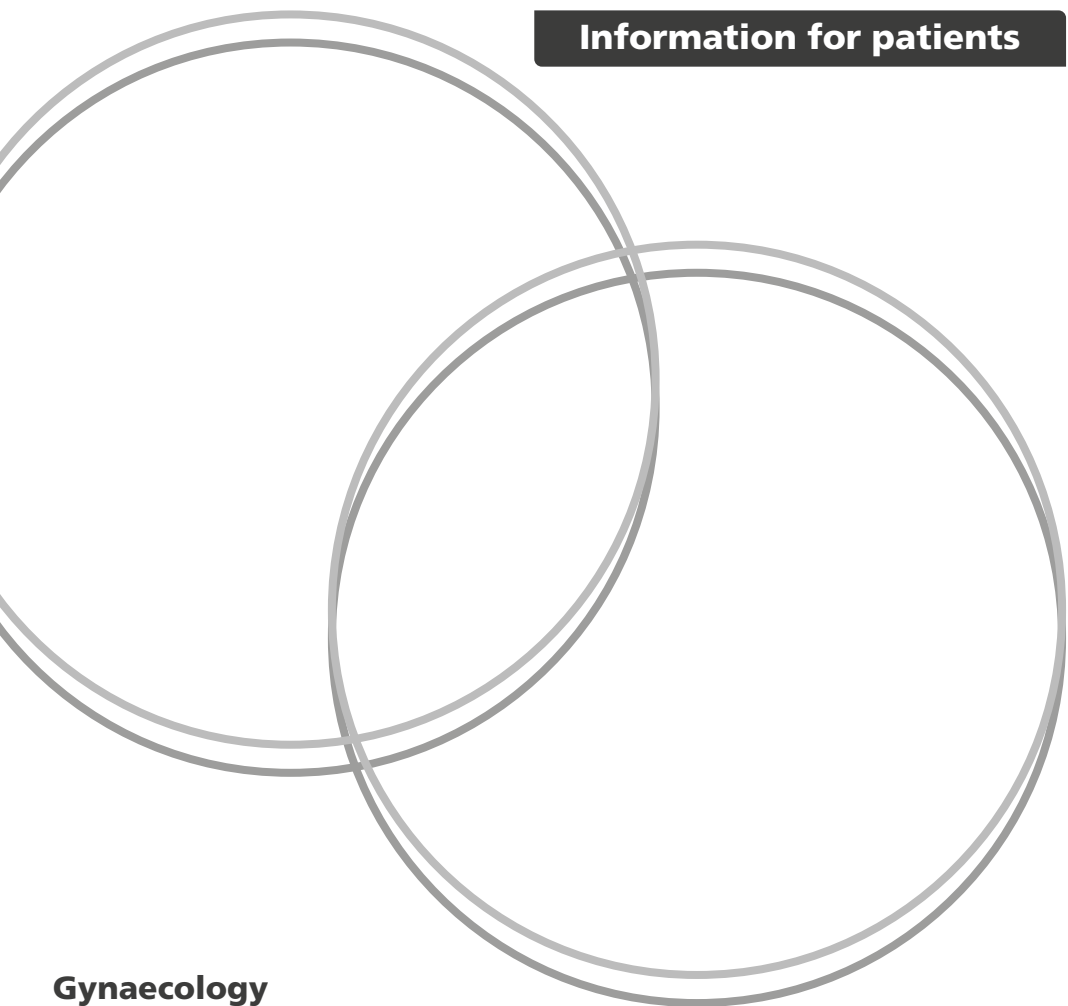




Oxford University Hospitals
NHS Foundation Trust

Surgery: Your Nursing Care, Recovery and Getting Back to Normal

Information for patients



Gynaecology

Welcome to the Oxford University Trust Gynaecology Service.

This leaflet has been written to try to answer some of your questions about what will happen to you while you are in hospital and what to expect after you return home. We hope this information will help you to make a good recovery.

After the operation

Hygiene

On the morning after your operation you can have a wash or shower, but you may prefer to wait until the afternoon. After you go home we suggest that you do not lock the bathroom door, or make yourself inaccessible to the person looking after you. If you live alone we recommend you have someone stay with you or if that is not possible, you stay on the ward overnight.

Whilst your wound is healing we do not recommend using highly perfumed products, such as scented shower gel, fragranced soap or perfumed moisturisers. These may irritate your wounds. It is also important to rinse away any soap from your wounds and then gently pat dry. During your recovery at home, avoid having baths to reduce the risk of infection. It is safe to shower and we would recommend showering regularly to optimise healing.

Wounds and stitches

If you have had keyhole surgery you will probably have 2 to 3 small cuts on your abdomen which may have small dressings covering them. The nurse will check these areas.

Some patients will have stitches and glue that dissolve and usually do not need to be removed. However, sometimes the stitch does not dissolve and remains in the skin. If you can still see the stitch after 10 days you could make an appointment with your practice nurse at your GP surgery to have it removed.

Once you are at home it is important to keep the wounds clean and dry. You may find it more comfortable to cover the wounds with a small plaster. If you do, the plasters will need to be changed at least daily. However, exposing the wounds to the air will help them to heal. If you have any concerns about your wounds for example, if there is swelling, increased redness, leaking pus or fluid, an unpleasant smell, or if the edges of the wounds come apart), please contact your GP surgery.

Vulval wounds

It is important to keep the area clean and dry. Wash or shower at least daily and dry carefully with a clean towel. If you had a gauze pack put into the wound during your operation, this will be removed before you go home. If you have any concerns about the wound, or if the discharge from the wound is offensive smelling, please contact your GP surgery so that they can check that everything is ok.

Vaginal bleeding

You may experience some vaginal bleeding after your operation. This may last up to 2 weeks. You are advised to use sanitary towels and not tampons at this time, and not to have sexual intercourse. This will help to reduce the risk of infection and to aid the healing process. Once you are at home, if you have heavy bleeding, offensive smelling or discoloured discharge you should either contact your GP, 111 or attend your nearest A&E if seriously unwell.

Bowels

Your bowel habit should not be affected, but if you are having difficulty we can give you some medicine to help you open your bowels. You will also find it helps if you:

- Try to keep well hydrated. Aim to drink 1.5 to 2 litres of water per day.
- Eat a high fibre diet (e.g. wholemeal or granary bread, fruit, vegetables, cereals).
- Keep having short walks and staying mobile.

Your recovery

This advice is intended as a general guide. Everyone is different. You may also receive additional information which is more specific to you, to aid your recovery.

For up to 48 hours after your anaesthetic, you must follow the information contained in this leaflet. This is due to your reduced reflexes, reasoning and co-ordination skills which may be impaired despite you feeling well as a result of the general anaesthetic.

Recovery can leave you feeling very tired, emotionally low or tearful. Try not to compare your recovery with other people on the ward, as everyone is different.

Going home

- You will be discharged from hospital once you are medically fit. This may be the same day as your operation or during the next day.
- You will need to arrange for someone to collect you to take you home. It would be preferable to avoid public transport.
- If you are at the John Radcliffe, you may be transferred from the ward to the transfer lounge, while you wait to be collected.

Before you go home

- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your GP. You will be given a copy of this letter for your own records.
- Please read any physiotherapy leaflets given to you, so that you understand any exercises you should do at home.
- Ask whether you need to take any medicines home with you.
- Ask if you need to see a doctor for a follow-up appointment after your operation.

If you have any questions or concerns, please speak to one of the nurses.

At home, for 24 hours after your operation:

- Arrange to have someone at home with you for the first night following your operation.
- Do not lock the bathroom door, or make yourself inaccessible to the person looking after you.
- Do not operate machinery or appliances ie. a cooker or a kettle.
- Eat a balanced diet. Drink plenty of fluids to avoid constipation. By eating a healthy diet you will help to improve the healing process.
- Do not make any important decisions or sign legal/important documents.
- Do not take any medication to help you sleep as this could interact with the anaesthetic already in your body.
- Please consider if you need help to look after any children or pets that you may have.

Getting back to normal

Each person will react to an operation and general anaesthetic differently. As a general rule, listen to your body and use your common sense. Do not push yourself too hard.

Exercise

It is important to continue to exercise and walking is an excellent way to do this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. If you have had major abdominal surgery you should avoid high impact exercise (e.g. any activity that takes both feet off the ground at the same time, such as jogging or aerobics) for about three months.

Driving

The DVLA states that you must not drive a car or any other vehicle, including bicycles, for 48 hours after your general anaesthetic. After this time you need to think about whether your pain or wounds may affect your ability to drive safely. We suggest that you get into your car while it is still parked to see whether it is comfortable. One way to tell if you will be able to drive safely is if you are able to perform an emergency stop comfortably and quickly.

We also advise checking with your insurance provider that you are adequately insured to start driving again. Please note, depending on your operation, this timescale may differ and could be up to 6 weeks.

Going back to work

Some jobs are more strenuous than others. You should rest and may need to stay off work rest and stay off work for between 1 to 2 weeks. Some people may need to stay off work for a longer amount of time. Talk to your surgeon, the ward nurse, or your GP to decide what is best for you. You are able to self-certify as sick from work for 1 week, however if required please ask the nursing team for a fit note.

Resuming sexual activity

Everyone is different and there are different recommended healing times for the different operations. The doctor will tell you when you may resume penetrative intercourse. We recommend that you follow this advice – to allow for healing and to avoid infection. If you experience any problems once you do resume sexual activity, please talk to your GP.

Cervical Smears

If your cervix has been removed (if you have had a total hysterectomy) you will no longer need cervical smear tests. If your cervix has not been removed (if you have had a sub-total hysterectomy), you will need to continue to have cervical smears.

Menopause and HRT

If your ovaries are removed as part of your surgery, this produces a 'surgical' menopause. This is due to rapid loss of the hormones. Your medical team will discuss HRT with you prior to discharge.

If your ovaries have not been removed and you have had a hysterectomy, menopause will occur at some point in the future. If you develop menopausal symptoms below the age of 45 we would advise speaking to your GP.

Pain relief – a guide to your painkillers and how to take them

It is important that your pain is under control as this will aid your recovery.

You may have been given more than one type of painkiller to take home with you. This is because each type of painkiller works differently to help relieve your pain. The types of painkillers are:

- Paracetamol.
- An anti-inflammatory, for example, diclofenac or ibuprofen.
- A morphine based painkiller, for example, codeine or tramadol.

It is safe to take the different types of painkillers together or at different times of the day.

Following some operations some people experience pain in their shoulders. This is a common symptom and is caused by "trapped gas" which has been put into the tummy during the operation. This should not last long and can be relieved by sitting upright and mobilising. If the pain continues, is severe, or affects your breathing, please inform your nurse, or if you have gone home contact your GP, 111 or attend A&E if unwell.

How long will I need to take my pain killers?

As healing occurs you should feel less pain. The first painkiller to stop is your morphine based medication, after this stop your anti-inflammatory. Once your pain is controlled and is mild, you should only take paracetamol. If your pain remains severe for more than a few days or is not relieved by your painkillers, you should contact your GP.

Pain relief	Next due at
Paracetamol	
Ibuprofen/diclofenac (take with food)	
Codeine/tramadol	

General signs to look out for:

Please contact if you have any problems overnight or in the next 72 hours, such as:

- New/fresh or increased bleeding.
- Any offensive smelling or discoloured discharge.
- Severe pain not controlled with pain relief medication.
- Nausea or vomiting that prevents you from keeping fluid down.
- Signs of an infection such as; feeling feverish or unwell, any severe pain or concerns with your operation site.
- Signs of a deep vein thrombosis (DVT) such as; pain, redness or swelling in your legs, or shortness of breath.

We are always happy to discuss any concerns you have with you over the phone. Please be aware that we may direct you to the most appropriate service, which could be your GP, Emergency Department, an outpatient clinic or assessment unit after 72 hours after discharge.

Many patients will not require a follow-up appointment but if follow-up is recommended by your surgical team, an appointment will be sent to your home address. If you are expecting a follow-up appointment and you have not received a letter in the post, please contact the ward on the numbers provided.

How to contact us

Concerns in the first 72 hours after discharge:

Gynaecology Ward

Level 1

Women's Centre

John Radcliffe Hospital

Oxford, OX3 9DU

Telephone: **01865 222 001** or **01865 222 002**

(24 hours a day, 7 days a week)

Horton Gynaecology Unit

Horton General Hospital, Oxford Road, Banbury, OX16 9AL

Telephone: **01295 229 088** or **01295 229 090**

(Monday to Friday, 8am to 8:30pm)

If you have any concerns after 72 hours please contact your own GP or out of hours service, including NHS 111 or attend A&E if you need urgent care.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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