



Women should be aware of their surgical treatment options and the benefits of less invasive approaches.

Lafayette General Medical Center is designated as a Center of Excellence in Minimally Invasive Gynecology (COEMIG) by the American Association of Gynecologic Laparoscopists and the Surgical Review Corporation.

This certification ensures that the safest, highest quality of care is delivered to minimally invasive gynecologic surgery patients. To earn the COEMIG designation, our hospital has provided information on all aspects of its minimally invasive gynecology program and processes, including data on its surgical outcomes. Achieving the COEMIG status is the result of a combined effort by some of the best gynecology surgeons and LGMC. Our team is focused on exceeding national benchmarks for your well-being.



About Lafayette General Medical Center

Lafayette General Medical Center (LGMC) staffs a total of 377 beds and is the largest full-service, acute-care medical center in the nine-parish area of Acadiana.

Lafayette General has the busiest emergency department in Acadiana and handles the highest level of trauma in the region. The hospital's 32-bed adult intensive care unit (ICU) is staffed 24/7 by intensivists (physicians specializing in critical care), while the 25-bed neonatal intensive care unit (NICU) boasts benchmark status in Key Performance Indicators by the Vermont Oxford Network.

Over the years, LGMC has expanded its services and facilities to meet the community's growing needs, including Center of Excellence status in Bariatric Surgery, Neuroscience and Minimally Invasive Gynecology, as well as the distinction as an Advanced Certified Primary Stroke Center. A leader in technology, LGMC was the first to bring the da Vinci® (a robotic surgical system), CyberKnife® (a stereotactic radiosurgery system) and Medtronic O-Arm (a surgical imaging system) to Acadiana.

Lafayette General Medical Center is recognized by federal and state tax laws as a 501c(3) not-for-profit corporation. As a community-owned and managed hospital, all decisions are made locally by an experienced administrative team and a volunteer Membership Corporation and Board of Trustees.



**Lafayette General
Medical Center**

Your Health. Your Hospital. Your Choice.

References: The American College of Obstetricians and Gynecologists, FAQ008, August 2011

Elsevier Mosby's Nursing Consult, ExitCare Patient Information, LLC, August, 29 2012



Hysterectomy Patient Education

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What is a Hysterectomy?

It is important to understand what a hysterectomy is. A hysterectomy is the surgical removal of your uterus and is done for such reasons as:

- Uterine fibroids
- Endometriosis
- Pelvic support problems such as uterine prolapse
- Abnormal uterine bleeding
- Cancer
- Chronic pelvic pain

If you are unsure as to why you are having a hysterectomy, you should further discuss this with your physician.

Types of hysterectomies that are performed:

- Total hysterectomy, where the entire uterus, including the cervix, is removed
- Supracervical (also called subtotal or partial) hysterectomy, where the upper part of the uterus is removed, but the cervix is left in place
- Hysterectomy with the removal of the uterus and the fallopian tubes and ovaries

A hysterectomy using the da Vinci® surgical robot requires only a few tiny incisions so you can heal faster.

Ways that a hysterectomy can be performed include:

- Vaginal hysterectomy, which is the removal of the uterus through the vagina
- Abdominal hysterectomy, which is the removal of the uterus through an incision in the lower abdomen
- Laparoscopic hysterectomy, which is where a laparoscope is used to guide the surgeon and is inserted through a small incision in or around the navel. Other small incisions are made in the abdomen for other instrumentation to assist in the removal of the uterus.
- Robotic laparoscopic hysterectomy, which is where the surgeon uses a robot attached to the instruments to assist in the surgery

You should have a discussion with your physician on which surgical option is best for you.



Preoperative Expectations:

You will be instructed on what to do prior to your surgery, such as preoperative lab work. You may be instructed to report to the Pre Anesthesia Clearance Evaluation (PACE) Clinic at LGMC prior to the day of your surgery. The PACE Clinic is located on the 2nd floor of LGMC from the Pavilion entrance.

- You will be instructed where and what time to report for the day of your surgery.
- You will be provided instructions as to when you need to stop eating and drinking in preparation for your surgery (usually nothing after midnight the night before surgery).
- There will be special shower instructions to help prevent infection, as well as other special instructions at that time.
- You will be asked some questions about your medical history, and it is important to disclose any allergies, medications you are taking or any other important details.
- You should not bring valuables with you the day of surgery.
- You may want to bring some loose-fitting underclothes that fit below your umbilicus so as not to rub that area where the incision(s) may be.
- You will also want to bring comfortable clothing to wear for the ride home and arrange for someone to drive you.

You may be asked to report to the Outpatient Surgery Department prior to surgery or may be brought to a holding room prior to surgery where they will start your IV (small needle that has a tube with fluids in your hand or arm) and may give you medication that will help you relax. Body hair may be shaved and a catheter may be placed prior to your surgery.

After Your Surgery

Postoperative Expectations:

You will go to the recovery room after your surgery, where they will monitor you to assure you are awake enough to go to your room. You will stay one to three nights, depending on the extent of your surgery and how you are doing. Some patients may only stay in the outpatient observation rooms for a short time, depending on the type and extent of surgery. You may wake up and feel a tube (urinary catheter) that drains your urine from your bladder. This is usually removed the day after surgery. Remember that your bladder was under your uterus, therefore it may be affected. It is important that you are able to urinate without your catheter prior to going home. Your IV will still be in place, but will be removed when you are taking fluids well, pain is under control and you are free of nausea and vomiting. You may be given antibiotics prior to and after surgery to help prevent infection. You may be urged to walk around as soon as possible after your surgery, but the first time you get up, please call the nurse to assist you. Walking helps prevent DVT (deep vein thrombosis). Special stockings or a special device may be used to massage your feet and/or legs as well.

You will experience some level of pain the first few days after surgery and will be given pain medication to assist in relieving this.

If you need to cough or sneeze, it is helpful to press a pillow snugly against your lower abdomen to decrease the pain in this area. Positioning your head and feet slightly elevated will also help. Some feel that sleeping on their side with a pillow against their back assists with the pain as well. Prior to getting up, you should raise your bed into a sitting position and decrease the height from the floor to the lowest position, ease yourself to the edge, and then lower your legs slowly. You may also experience some chest and/or shoulder pain if you had a laparoscopic hysterectomy because carbon dioxide (a harmless gas) may be utilized to expand your abdomen so that the organs can be visualized. Healing will take time and you will have discomfort, tenderness, swelling and bruising at the operative site for a couple of weeks. This is normal and will get better as time goes on. Your throat may also be sore if you had general anesthesia, as they do use a tube that goes in your throat during the surgery which can cause some hoarseness and discomfort. Drinking cool fluids may help with this, as well as time.

You will have some bleeding and discharge from your vagina for several weeks. Sanitary pads can be used after the surgery. Do not put anything in your vagina during the first 6 weeks such as tampons or douches and do not have sex unless otherwise approved by your physician.

Returning to Work:

Depending on the type and extent of your procedure, you may be able to return to work in as little as two weeks. Some may require six weeks or longer, especially if your work may require straining or lifting. You should consult with your health care provider on this decision during your follow-up visit.

Follow your physician's instructions on when to:

- Take over-the-counter or prescription medicines for pain, discomfort or fever
- Take aspirin or other blood thinners
- Engage in exercise, lifting, driving, sex and other general activities
- Resume your usual diet
- Change your bandages (dressing)
- Drink alcohol

Other special instructions for home:

- Do not drive when taking pain medication
- Get plenty of rest and sleep
- Take your temperature twice a day
- Your health care provider may recommend showers instead of baths for a few weeks
- If you develop constipation, you may take a mild laxative with your health care provider's permission. Bran foods and drinking more fluids can help as well.
- Try to have someone home with you for a week or two to help with household activities
- Keep your follow-up appointments as recommended by your caregiver



are unable to concentrate. If you are experiencing these feelings often and cannot seem to move forward, you may need to contact your health care provider. Depression and other emotional responses can be related to the change in your hormonal function after a hysterectomy, therefore your health care provider may offer a recommendation for hormone replacement or alternatives. Books on grief are available. Internet sites such as www.hysterectomy-association.org

offer resources in dealing with grief and depression following a hysterectomy, social services, counseling as well as pastoral care that may be helpful.

Many women may feel relieved because the symptoms they were having are no longer present. Some women feel a sense of freedom in the absence of a monthly cycle. Therefore, not all women experience grief or depression following a hysterectomy.

Sexual Changes After a Hysterectomy:

Some women notice a change in their sexual response after a hysterectomy because, with the uterus removed, uterine contractions that may have been felt during orgasm will no longer occur. Some women feel more sexual pleasure after a hysterectomy, perhaps because they no longer have the discomfort or heavy bleeding caused by the problem leading to a hysterectomy. A woman's self-esteem and knowledge of her own body is an important factor, as well as the woman's husband or sexual partner's response to her.

Physical Changes After a Hysterectomy:

Even though you may have bleeding for a short time after your surgery, your periods will stop. If you have your ovaries and have not reached the age of menopause, you may not experience any hormonal changes. If your ovaries were removed or you have reached the age of menopause, you may experience symptoms caused by lack of estrogen, which include hot flashes, vaginal dryness and sleep problems. Most women who have these intense symptoms can be treated with estrogen therapy, so please let your health care provider know if you are experiencing any of these to discuss your options.

Emotional Changes After a Hysterectomy:

Some women may feel depressed because they can no longer have children. Some women feel their uterus is part of their "womanhood" and feel a loss. Some common grief reactions include: anger, confusion, sadness, disappointment, withdrawal and tiredness. Some women cry often, are restless, do not feel like socializing or they

Seek Immediate Medical Care if You Have:

- A fever
- Abdominal pain
- Chest pain
- Shortness of breath
- Passed out
- Pain, swelling or redness of your leg
- Heavy vaginal bleeding with or without blood clots

Seek Medical Care if You Develop:

- Increased swelling, redness, or pain in the wound area
- Pus coming from the wound
- A bad smell from the wound or surgical dressing
- Pain, redness and swelling at the site of the IV
- The wound breaking open (edges not staying together)
- Dizziness or feeling of fainting
- Pain or bleeding when you urinate
- Diarrhea
- Nausea or vomiting
- Abnormal vaginal discharge
- A rash
- Any type of abnormal reaction or allergy to your medication
- Lack of relief from your pain medication