



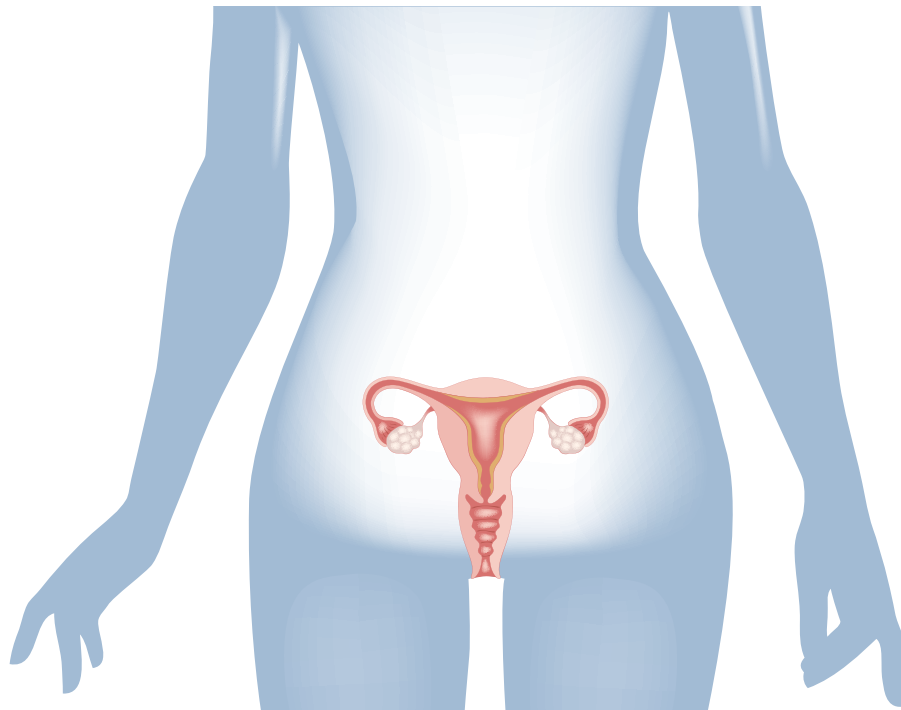
Interior Health

# Enhanced Recovery After Surgery (ERAS) For Gynecology Patients

## Patient and Family Information

For more information on Enhanced Recovery please visit

[www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx](http://www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx)



## Purpose

Our doctors and health care team are focused on ensuring that you have the best possible care during your stay. This handout provides you and your family with an outline of what to expect during your stay.

## Enhanced Recovery after Surgery (ERAS) Program

The program aims to speed up your recovery by using methods before, during and after your surgery. Some of these methods include:

- having a pre-operative drink before surgery
- early activity and eating after surgery
- making sure your pain is controlled

**You are an important member of your care team** and you will benefit by actively preparing for your surgery and recovery.

## Getting yourself ready

It is important for you to be at your best for your surgery. This will help you recover faster and lower the chance of problems. Below are things you can do to help prepare yourself for surgery.

**Nutrition:** Your body will need extra energy and calories to heal. You can contact a dietician for advice by dialing 8-1-1 (Healthlink BC) and let them know you are going for surgery.

**Exercise:** Exercise helps you be in the best shape before your surgery and helps with your recovery. Try to go for a 30 minute walk daily. Talk to your doctor before starting an exercise plan.

**Smoking and Tobacco use:** People who stop smoking before surgery have fewer issues after surgery. For assistance call 8-1-1 and register for the BC Smoking Cessation Program or visit the QuitNow website for more help [www.quitnow.ca](http://www.quitnow.ca).

## Preparing for Surgery

After your meeting with your gynecologist, s/he will notify the Surgical Booking Office. **Important: Please make sure you give your surgeon's office a correct contact number (home, work, cell phone).** A clerk will call you with your Pre-Surgical Screening (PSS) appointment date and time.

## What to bring to the PSS appointment

- All the medicines, supplements and herbal products you are taking in their original containers.
- Bring this booklet
- **We encourage you to bring a family member or friend**

At the PSS appointment:

- A nurse will meet with you to:
  - review your health history
  - answer your questions
  - give instructions for you to follow at home before surgery
  - discuss discharge plans (e.g. who will pick you up from the hospital and who will help you at home)
- Any pre-operative tests (e.g. blood work) will be done.
- An anesthesiologist (doctor in charge of anesthetic and pain control) will discuss your past medical and surgical history and develop a pain control plan for you.

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## Coming to the Hospital

Things to bring (please limit belongings to one small bag):

- housecoat
- nonslip slippers
- toothpaste, toothbrush
- sugar-free chewing gum
- Health CareCard or BC Services Card
- Extended benefits card

Do not bring any valuables or more than \$20 cash. If you wish to rent a TV / telephone, you can do so with a credit card or cheque. **Interior Health will NOT assume responsibility for any items that are lost or stolen.**

You will need to bring your Health CareCard, extended benefits card and plastic hospital ID card if you have one.

On the day of your surgery:

- arrive on time
- report to the admitting desk
- you will then be given instructions on where to go

Surgeries can **sometimes** be postponed due to emergencies, bed availability and your current health.

If your health changes (for example, flu, cold, diarrhea, etc) you must notify Pre-Surgical Screening immediately (Monday – Friday, 8 am – 4 pm). Leave a message and your call will be returned.

We know that each person recovers at their own pace. Your progress will be assessed daily. This will help to determine your care plan and discharge date. If you or your family have any questions please ask your health care team.

The expected stay is 2 to 3 days. The following is what you and your family can expect in the first 3 days after surgery.

## About your Gynecological Surgery

### Surgery Information

#### The Female Reproductive System

The internal reproductive organs in the female body include:

- **Vagina:** The vagina is a canal that joins the cervix (the lower part of the uterus) to the outside of the body.
- **Uterus:** The uterus is a hollow, pear-shaped organ that is the home to a developing fetus. The uterus is divided into two parts; the cervix and the main body of the uterus, called the corpus.
- **Cervix:** The lower part of the uterus that opens into the vagina.
- **Ovaries:** The ovaries are small, oval-shaped glands that are located on either side of the uterus. The ovaries produce eggs and hormones.
- **Fallopian tubes:** These are narrow tubes that are attached to the upper part of the uterus and serve as tunnels for the ova (egg cells) to travel from the ovaries to the uterus.

#### Going to the bathroom

Your nurse will watch your bladder and bowel functions after surgery. You will have a catheter placed in your bladder to drain urine before or during your surgery. It will be removed within 24 hours after surgery unless your surgeon decides otherwise.

#### Vaginal Packing

After surgery you may have vaginal packing (gauze similar to a large tampon) to reduce the amount of bleeding. This will be removed before you go home.

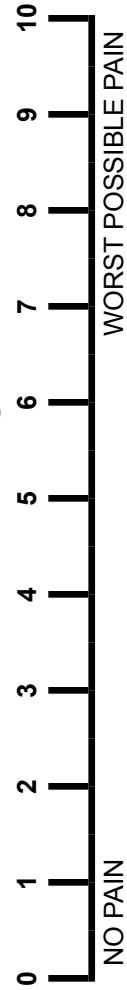
#### Wounds

You will have a gauze dressing over your incision for the first 48 hours. After 48 hours, dressing will be removed and your incisions will be left open to air if there is no drainage. Your nurse will teach you how to care for your incisions at home.

# The Pathway

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3
<b>Patient Log Book</b>	You will receive your log book when you arrive on the surgical floor.  Fill out log book – it will assist you in reaching your daily goals.	↑		Please give the log book to your nurse when you are discharged.
<b>Pain Medications</b>	By epidural catheter (tube) that is inserted into your back by an anesthesiologist before your surgery. By intravenous (IV) By rectum By mouth	↑ ↑ ↑ ↑	Epidural catheter removed when you are tolerating your diet.	↑
<b>Pain medications given routinely (If ordered by your surgeon)</b>	Acetaminophen (Tylenol®), if no liver concerns or allergy. Anti-inflammatory drug, if no kidney concerns, stomach ulcers or allergy.	↑ ↑	↑ ↑	↑ ↑
<b>Additional pain medications given as needed</b>	If your pain is 3 plus on the pain rating scale, tell your nurse that you need additional pain medication.			

## Use a Pain Rating Scale



To help describe the pain you are experiencing you will be asked to pick a number between **0 = No Pain and 10 = Worst Possible Pain**

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3
<b>Other medication</b>	<p>Antibiotic through your intravenous (IV) just before and <i>may continue</i> after surgery to help prevent an infection.</p> <p>An injection once or twice a day to stop blood clots from forming in your legs or lungs.</p> <p>Medication given regularly to prevent and treat any nausea, vomiting or heartburn.</p> <p>Medications that you were taking at home as ordered by your doctor.</p>	<p>-----&gt;</p>	<p>-----&gt;</p> <p>Oral laxative twice a day if ordered by your doctor. Let your nurse or doctor know if you have diarrhea.</p>	<p>-----&gt;</p> <p>Then as needed.</p> <p>-----&gt;</p>
<b>Oxygen</b>	<p>In the recovery room, you will receive 1 hour of oxygen by a mask.</p> <p>On the surgical ward, oxygen will be given as needed.</p>	<p>-----&gt;</p>	<p>-----&gt;</p>	<p>-----&gt;</p>
<b>Vital signs</b>	<p>Your vital signs will be taken often (Blood pressure, pulse, temperature, breathing and pain rates).</p>	<p>-----&gt;</p>	<p>-----&gt;</p>	<p>-----&gt;</p>
<b>Intravenous (IV)</b>	<p>An intravenous line (IV) will be started in your arm just before surgery.</p> <p>It will keep you hydrated and allow medications to be given to you.</p> <p>It will be capped when you are drinking 4 or more glasses of fluid a day.</p>	<p>-----&gt;</p>	<p>-----&gt;</p>	<p>-----&gt;</p>
<b>Blood tests</b>		<p>Blood tests in the morning.</p>		

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3
<b>Eating and drinking</b>	<p>Chewing gum (Sugar Free) at least 30 minutes 3 times a day.</p> <p>Full Fluid diet and progress to regular diet as ordered by your surgeon.</p> <p>Nutritional supplements 2 times a day</p> <p>A dietitian will be available to see you if needed.</p>	<p>A nutritional supplement 2 times a day, if ordered.</p>		
<b>Washing and toileting</b>	<p>Brush your teeth (every 4 hours while awake)</p> <p>Use commode by your bed or walk (with help) to the toilet.</p> <p>Wash your hands often.</p>	<p>Wash (with help) in the bathroom.</p>	<p>Take a shower after the epidural catheter and any drains are removed.</p>	
<b>Bandages and care of your incision</b>	<p>Your bandages will be checked regularly to see if they are leaking.</p>		<p>Your bandages will be changed daily and as needed</p>	<p>You may go home with staples left in. You will be given a reminder to see your family doctor to have them removed.</p>
<b>Activity</b>	<p>Walk from stretcher to bed when you arrive to your room.</p> <p>Do deep breathing and coughing exercises 5 times each hour.</p> <p>Do leg exercises 5 times each hour in addition to walking.</p> <p>Get in and out of bed by log-rolling with instruction and help.</p>	<p>Sit in the chair for all meals if able.</p>	<p>Get in and out of bed on your own by log-rolling</p>	

What I can expect	Day 0 (Day of Surgery)	Day 1	Day 2	Day 3
<b>Activity</b> <i>(continued)</i>	Sit at bedside or in chair  Total activity time: 10 to 15 minutes out of bed.	Walk around the ward with help (at least 1 lap) 2 to 3 times per day.  Total activity time: 1 to 3 hours out of bed.	Increase walking distance around the ward with help if you need it (at least 2 to 3 laps) 3 times per day plus.  Total activity time: 6 hours out of bed.	Walk around the ward on your own (at least 4 laps) 3 times per day plus.  Total activity time: 6 hours out of bed.
<b>Rest and Sleep</b>	Sleeping medication may be ordered by the Surgeon while the epidural is in.  Use ear plugs to cut down the hospital noise. These may be provided.	After the epidural is out, you may have your normal sleeping medication if approved by your surgeon.	After the epidural is out, you may have your normal sleeping medication if approved by your surgeon.	After the epidural is out, you may have your normal sleeping medication if approved by your surgeon.
<b>Where You Will Stay</b>	After surgery, you will be in the Recovery Room until you are fully awake and your pain is under control. You will then be taken to the surgical unit.	Nap (or just relax and rest) for 2 hours a day, from 1:00 to 3:00 pm.  Request NO visitors during this time.		
<b>Visitors</b>	Brief visits from immediate family only.	Visitors, even if they are your loved ones, can make you tired, as can people visiting a roommate. There should be no more than 2 people at your bedside at a time. NO visitors during "Rest Period" between 1:00 to 3:00 pm. This rest period is highly recommended.		
<b>Discharge Planning</b>		Go over your discharge plans with your nurse and other team members as needed. Review discharge booklet.		
<b>Community Referral</b>				A community care referral will be made if needed (e.g. wound). They will call you to arrange an appointment.

