

Comprehensive Recovery Pathway

for Gynecologic Surgery



**Cooperman Barnabas
Medical Center**

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Welcome

Welcome to the Comprehensive Recovery Pathway for Gynecological Surgery. The Comprehensive Recovery Pathway for Gynecological Surgery is a program designed to guide you on the path to a quick recovery and to achieve optimal outcome after your surgery. We are honored that you have chosen our physicians and our program to facilitate your treatment plan.

The physicians, nurses, rehabilitation staff, and administration of Cooperman Barnabas Medical Center have worked together to assemble a multi-disciplinary team of specialists to create this special program. The Comprehensive Recovery Pathway for Gynecological Surgery offers a comprehensive patient-centered care model for the surgical treatment of gynecological conditions. What separates the Comprehensive Recovery Pathway of Gynecological Surgery from other programs is how we prepare and guide you and your families throughout the entire process of treatment plan consisting of:

- ▶ Preparation for surgery
- ▶ Specialized post-operative care
- ▶ Preparation for after Medical Center care/discharge

We know for most patients that coming to the Medical Center for surgery can be an anxiety ridden process. The Comprehensive Recovery Pathway for Gynecological Surgery is designed to address any fears and concerns you may have about your surgical treatment and empowers you with information and support in order to have the best possible outcome.

Thank you again for choosing the Comprehensive Recovery Pathway for Gynecological Surgery at Cooperman Barnabas Medical Center. It is our hope to deliver the best care for you and your family members during all phases of your treatment. Our goal is to support you and your family through your treatment so that you can recover quickly and get back to the activities that you love.



What is a hysterectomy?

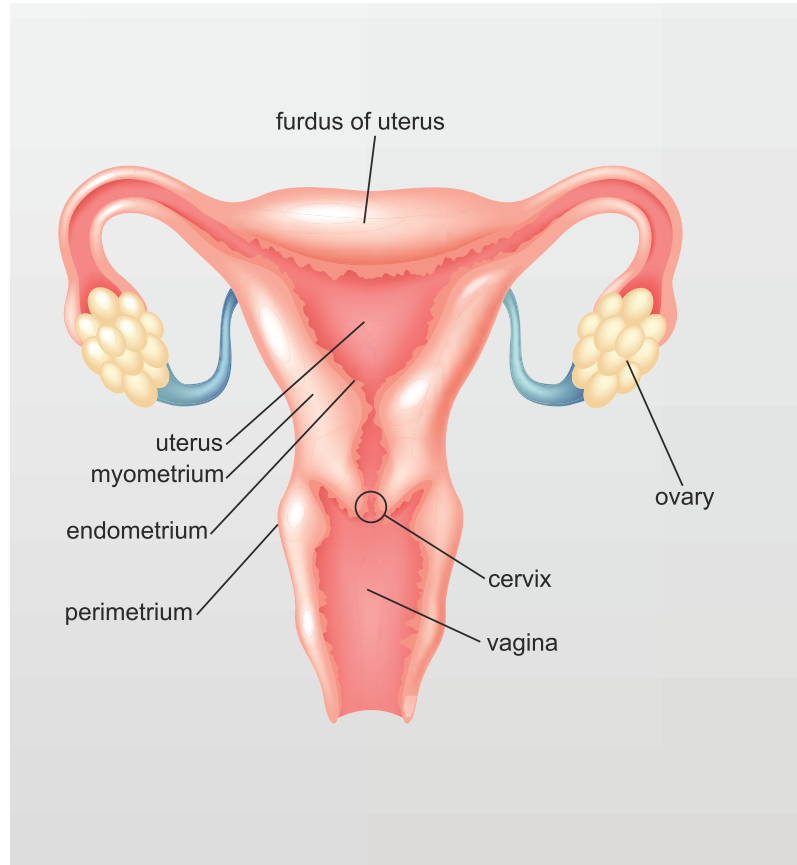
It is important to understand what a hysterectomy is. A hysterectomy is the surgical removal of your uterus and is done for such reasons as:

- ▶ 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



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 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 care

Schedule preadmission testing

All patients who undergo surgery must go through a series of tests that determine a patient's readiness for surgery from a medical standpoint. You will be scheduled for these tests by your surgeon or his/her office staff. The basic set of preadmission tests includes:

- ▶ Fasting blood work (2 hour fast)
- ▶ Electrocardiogram (EKG)
- ▶ Anesthesia Consultation/Nurse Practitioner consultation
- ▶ Risk Assessment
- ▶ Pre-Surgical Education

Your surgeon or primary care physician may require further testing due to any chronic medical conditions that you currently have. Please check with your surgeon or your primary care physician if you need further preadmission testing.

Preadmission testing will be completed at Cooperman Barnabas Medical Center's Preadmission Testing Area in the Short Stay Unit on the 1st floor. Appointments are available Monday – Friday during the hours of 12:00pm and 2:00pm. Please bring any prescriptions that were given to you by your surgeon or primary care physician and give them to the staff in preadmission testing upon your arrival. To schedule your preadmission testing at Cooperman Barnabas Medical Center, please call 973-322-8884.

* Your preadmission testing should be completed within 30 days of your surgery date. Any testing that is completed before 30 days of your surgery cannot be accepted.*

Attend the preoperative education seminar

Prior to your surgery you will be contacted by the Comprehensive Pathway Recovery Coordinator about attending Gynecological Surgery Preoperative Education Session. Many times this education is done in coordination with your preadmission testing. This seminar is a comprehensive program designed to prepare you for your surgery. Many topics will be discussed at the seminar which includes:

- ▶ How to prepare for your surgery and Medical Center stay
- ▶ Medication information and instructions
- ▶ What to expect on the day of surgery
- ▶ What to expect during your Medical Center stay

- ▶ How to prepare for discharge from the Medical Center
- ▶ A question and answer session

It has been proven in medical literature that a prepared and educated surgical patient has a better outcome than one without any preparation. We have found this to be true in our own experience.

*Please call the Comprehensive Pathway Recovery Coordinator to schedule your pre-operative education session: **973-322-5483***

Preparation

Facing surgery can be a frightening experience filled with questions, doubts and uncertainties. However, most surgeries are elective, meaning that you decide if surgery is the best option for you and elect to have the procedure. This decision process often gives you needed time to prepare, which is an important step.

Preparing emotionally

Surgery also has an emotional impact. For instance, a woman who believes the myth that a hysterectomy will ruin her sex life or leave her tired for months may become depressed, fearful or angry with her body. For some women, the anticipation of being hospitalized and separated from family members makes coping difficult. Even simple procedures done in a doctor's office can provoke a strong reaction. Although advances such as same-day surgery may make surgery more convenient, they do not necessarily make it less stressful for some women. Regardless of what kind of surgery you have, stress is involved. Hormones released in response to stress can cause symptoms ranging from headaches to high blood pressure. Stress hormones can also weaken the immune system and disrupt the body's ability to manage pain and infection.

Some experts advocate preparing for surgery through a series of relaxation techniques such as deep breathing, positive thinking and visualization – imagining or mentally seeing. Doing so can lead to improved outcomes and a quick recovery period from surgery.

Preparing physically

While emotional preparation is necessary and often-overlooked, the physical preparation for surgery is also important for a successful surgical outcome. In the weeks before your surgery, you should:

- ▶ Stop smoking and avoid excessive alcohol.
- ▶ Eat a well-balanced diet including plenty of foods rich in protein and vitamin C, which promotes tissue and wound healing.
- ▶ *** Exercise regularly to build energy and maintain strength ***
- ▶ Ready your home, including preparing food and rearranging furniture as needed.
- ▶ If necessary, arrange for someone to take care of your children while you are in the hospital.
- ▶ Arrange for help at home after discharge. You will need some time to recover.

Stop medications that increase bleeding

Seven days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen. For 2-3 weeks prior to surgery, stop Vitamin E, Fish Oil, and herbal supplements. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. Your surgeon will instruct you about what to do with your other daily medications.

Day before surgery

When will I find out what time to report for surgery?

On the day before you are scheduled for surgery, you will receive a call from the Surgery Center at Cooperman Barnabas Medical Center. Calls will begin at 9am and will continue until 9pm Monday through Friday. If your surgery is scheduled on a Monday you could receive a call on Friday. During this call, the Surgery staff member will give you the time of your surgery as well as the time to report to Cooperman Barnabas Medical Center so that the staff can prepare you for surgery.

All calls will be made to your home phone number. On the occasion that you can only be reached at an alternate number, please inform the Comprehensive Pathway Recovery Coordinator of the alternative number. If you are not at home when the staff member calls, they will leave a message. The number to call them back for your time of surgery is 973.322.5130. Please do not call the Surgery Center prior to the day before your surgery regarding your time for surgery as the staff will not have accurate information until 9am on the day before your surgery.



Night before surgery

It is important the night before surgery that you eat a healthy balanced meal, unless otherwise directed by your physician. Solid food can be eaten up to 6 hours before surgery (small meal, low in fat) and clear fluids can be drunk up to 2 hours prior to surgery (no dairy or red beverages).

Morning of surgery

You can take a shower and you can brush your teeth the morning of your surgery. After you have showered, please do not apply and skin creams, lotions, makeup or body sprays.

Please remember that you can drink clear liquids up to 2 hours before your procedure. Clear liquids include:

- ▶ Water
- ▶ Fruit juices without pulp
- ▶ Carbonated beverages
- ▶ Clear tea (no honey or dairy)
- ▶ Black coffee (no dairy)
- ▶ Pre Surgical Carb Loading Beverage (see below)

It is important to stay hydrated before your surgery as it will quicken your return to normal bowel function after surgery.

Carbohydrate preoperative beverage

Our anesthesiologists suggest that each patient undergoing gynecological surgery drink one bottle of a pre-surgical beverage the night before surgery and one bottle 2 hours prior to their surgery. This pre-surgical beverage provides carbohydrate loading which helps control glucose levels and in turn helps curb thirst and hunger. Doing so will keep you comfortable in the hours leading to surgery. You will be supplied with your two bottles during your Preoperative Education Session.

Medical Center care

Please bring the following to the Medical Center:

- ▶ Your guidebook
- ▶ A copy of your living will or advanced directives
- ▶ Loose fitting clothing/comfortable walking shoes
- ▶ Personal toiletries
- ▶ Cell phone/laptops/tablets
- ▶ Chewing gum (at least 15 pieces)
- ▶ A list of medications and the dose you take at home
- ▶ Medical equipment such as an inhaler, hearing aid, CPAP/ BiPAP. If you have an internal medical device such as a pacemaker or AICD, please bring the medical device identification card.
- ▶ *** Please do not bring valuables, jewelry or large amounts of cash to the hospital**

Arriving to the Medical Center

Please arrive to the Medical Center at the time specified by the Surgery Center staff. In most cases you will be asked to arrive to the Medical Center two hours before your scheduled surgery. Please arrive on time for your surgery. If you do not report on time, your surgery can be delayed or in some cases postponed.

Once you are at the Cooperman Family Pavilion entrance to the Medical Center, you can proceed to the Information Desk. Please let a staff member know that you are at the Medical Center for surgery and the staff member will direct you to the Registration.

Registration

When you arrive at the registration desk, you will be greeted by a staff member and asked to complete registration information. Please have your photo identification and insurance cards ready for verification. You will then receive a patient identification bracelet and be asked to proceed to the Surgery Center on the first floor.

Surgery center

The Surgery Center is the location where you will be prepared for surgery and is located. A nurse will come and get you from the waiting area and take you back to the Surgery Center. You will be able to bring one family member back to be with you while you are being prepped for surgery. When you arrive to the Surgery Center, you will be assigned a bed and a nurse who will get you ready for surgery. Preparation of surgery will include the following:

- ▶ changing into a gown
- ▶ placing an IV in your arm
- ▶ in some cases Heparin will be administered
- ▶ reviewing an informed consent.

Your surgeon may see you in the Surgery Center or the Operating Room prior to surgery.

OR holding

Once your nurse is satisfied that you have been prepped for surgery and the operating room staff is ready for your surgery, you will then be transported to a staging area in the operating room called the OR Holding. The OR Holding is on the same floor as the Surgery Center. The OR Holding is the final place where you will go before you are transported into the OR suite where your



procedure will take place. Once it is time for you to be transported into the OR Holding, your family member will be asked to wait for you during your procedure in the waiting area. Your family member will be given a number that they can use in the waiting area to track you progress throughout the surgery as it is updated by our OR staff using the large screen monitors placed in the waiting area.

PACU / Recovery

The Post Anesthesia Care Unit (PACU) or Recovery Room is where you will be transported after your surgery has been completed. In the PACU you will be assigned a bed space and a nurse. Your nurse will be monitoring you very closely as you begin your recovery from surgery and the anesthesia that you were administered during surgery. As the nurse is performing his/her duties, a pain management specialist will come see you to begin the management of your pain/discomfort. Please be completely honest when rating your level of pain or discomfort to the pain management specialist. We want you to be as comfortable as possible. Once the PACU team is satisfied with your progress, it will be time for you to have visitors. Visitors will be allowed in the PACU two at a time. A volunteer at the Volunteer Desk in the waiting area of the Short Stay Unit will inform your family when it is the appropriate time for you to have visitors. The volunteer will then direct the visitor to the PACU where the visitor will be instructed to call into the PACU from a phone located outside. The visitor will then be granted admission into the PACU and will be instructed to wash his/her hands before coming to your bedside. During this time you can also begin chewing gum.

Chewing gum after gynecological surgery will help promote the return of normal bowel activity. The simple act of chewing signals to the stomach to begin the production of digestive juices. You will be asked to chew gum 3 times per day for 20 minutes from now until the day that you are discharged.

When the PACU team is satisfied with the progress of your initial recovery after surgery, they will make arrangements for you to be transferred to a post-operative surgical unit. Those patients who will be leaving the same day will be transported back to Surgery Center for discharge.



Your safety is our number one priority!

For us to work as a team, communication is very important.

We welcome your comments and questions at any time. Always ask for any information you need from your health care providers during your hospital stay. We will protect the privacy of your personal health information. The members of the health care team only share information as needed to provide the best care for you.

Be involved in your care.

We encourage you to be an active member of your health care team. You can be involved by:

- ▶ Sharing information about your health
- ▶ Telling us your wishes
- ▶ Learning about your health and taking care of yourself
- ▶ Letting us know what information or help you need
- ▶ Staying ahead of pain and discomfort.
- ▶ Speaking to your nurse about your pain and location of pain early on will help for an effective pain management plan after surgery.
- ▶ Always feel free to ask members of your team including your doctors if they have washed their hands.
- ▶ Feel free to ask questions at any time. We want you to have enough information and support to feel comfortable making health care decisions.

Bedside safety checks

At the start of each shift, a bedside safety check will be done. Nurses will check your hospital armband for correct spelling and identification number. Nurses will review any allergies you may have. We will also make sure your call bell, tray table, telephone, and assistive devices are in reach and there no fall hazards in your path.

Please wash your hands!!!

Handwashing is the best way to stop the spread of germs that could cause illness or infections.

Everyone must wash their hands:

- ▶ when entering and leaving each unit or ward
- ▶ when entering and leaving a patient's room

You can wash your hands with soap and water, or use an alcohol-based hand rub (hand sanitizer). Please continue to practice safe handwashing practices even once you have been discharged from the Medical Center.

Visitation hours

Please visit rwjbh.org/coopermanbarnabas for the most up-to-date visitation policy.

Pain management

It is important to understand that with gynecological surgery, just like any surgery, a patient will experience pain and discomfort. The Comprehensive Recovery Pathway team comprised of your surgeon, anesthesiologists, nurses, and staff is committed to managing your postoperative pain and discomfort in order to ensure your complete recovery. Together we will set comfort goals for you to meet. We will develop a pain management regimen tailored to your needs that will manage your pain to meet your goals. This will ease the transition to discharge.

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) is often used during surgery 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. During this type of anesthesia, a tube is placed in your throat during the surgery

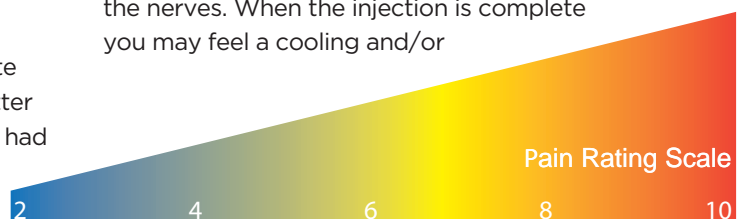
which can cause some hoarseness and discomfort. Drinking cool fluids may help with this, as well as time.

Pain rating scale

In order to measure the level of pain that our patients are experiencing after surgery and during the days recovering at the Medical Center, a pain rating scale is utilized. The pain rating scale begins with the number 2 and goes to the number 10. A rating of 2 would mean that you are experiencing mild discomfort and a rating of 10 on the scale would mean that you are in severe pain. Our team will begin asking you for a pain rating immediately after surgery once you wake up from anesthesia in the PACU, and we will continue to ask you for a rating on a regular basis until you are discharged from the unit. Please be completely honest with staff when they ask you to give them a pain rating. The last thing that we want is for our patients to “grin and bear it.” We would like to be as proactive as possible with managing your pain. Please do not wait to see if the pain will get better before letting staff know that you are in pain.

Options for pain management

You have options available for pain management after surgery. The options include medications and a pain interventional procedure. The medication regimen that we have designed is low in opioids in order to reduce the number of side effects and help return your bowels to normal function as quickly as possible. You will be administered these medications on a regular schedule beginning in the PACU. In addition to the medications, you may undergo a pain interventional procedure called a TAP (transversus abdominis plane) block performed by an anesthesiologist on the pain team. A TAP block is an injection of a local anesthetic in the muscles of your abdomen done under ultrasound guidance. The ultrasound machine is used to help guide the injection in order to better target the nerves of the abdomen. Once the nerves of the abdomen are located the anesthesiologist will administer an injection of local analgesic medication into the area surrounding the nerves. When the injection is complete you may feel a cooling and/or



numbness sensation, and incisional pain relief in your abdomen. The numbness can last up to 15 hours. As a result of the TAP block, you may need less additional medications for your pain.

Pain management goal

Our pain management goal in the Comprehensive Recovery Pathway is twofold. We want to keep you as comfortable as possible while utilizing little to no opioid medications. Achieving this goal will allow you to complete the activities that we have planned for you to expedite your discharge.

Surgery day - what to expect

Once you arrive on the unit, you will be placed in your bed space and assigned a nurse. Your nurse and the staff are fully trained in the Comprehensive Recovery Pathway to continue your care.

Upon arrival, your nurse will give you an incentive spirometer (IS) and instruct you how to use it. It is important that you use the IS each day of your recovery. Your nurse will ask you to perform 10 deep breaths with the IS each hour that you are awake during the day. The IS is not a breathing treatment or supplemental oxygen but a tool to help you perform deep breathing exercises that will expand your lungs and help you breathe easier after surgery. Without it, you are at risk for pneumonia and a delay in your recovery.

Your nurse will also order your diet. It is important to know that your diet after surgery will be a slow progression to solid food. As a part of the Comprehensive Recovery Pathway, your surgeon will order a clear liquid diet on the day of surgery. A clear liquid diet consists of foods like broth, clear juices, and gelatin. Once you have tolerated clear fluids well, your surgeon will make then decision to transition you to soft solid foods. You will also continue chewing gum today 3 times for at least 20 minutes each time.

It is important to note that at some point after your arrival to the unit your nurse will want to assist you out of bed and into a chair. A high back chair will be placed at your bedside for you to sit in. It is important that you begin to move and sit out of bed after surgery. Getting out of bed with help you feel better and begin returning normal bowel function. It is our goal for you to be out of bed for at least 30 minutes. When you are ready to

get back into bed, please call your nurse and he/she will assist you back into bed. Based on what time you arrive to the unit you may be asked to get out of bed one more time during the day. Once you are in bed for the night, please try to get some rest because there will be more physical activity tomorrow.

After surgery - day one to discharge

In the morning expect to be assisted out of bed and into the high back chair. When ready you can take a shower. You will also continue chewing gum today 3 times for at least 20 minutes each time. It is important to remember to continue use the incentive spirometer (10 efforts every hour that you are awake). Your activity will increase today. It is our goal that you spend at least 360 minutes or 6 hours out of bed today. Remember this should not all be spent in the chair, you should stand; walk around your room, and in the hallways of the unit. We suggest spreading out your activity throughout the day rather than all at once so you do not get too fatigued. Our suggestion is that you walk 3 times today in the hallway after each meal. When you are ready to get back into bed please ask your nurse or the nurse's aide for assistance.

Discharge criteria

Patients are discharged from the Comprehensive Recovery Pathway for Gynecological Surgery after they have met specific criteria. The discharge criteria have been developed by your surgeon, anesthesiologists, and staff in order to ensure your safe transition out of the Medical Center. The following discharge criteria must be met before a patient can be discharged home:

- ▶ pain is well controlled by oral medication
- ▶ passing gas or stool
- ▶ walking independently

Once you have met the criteria is time for you to be discharged from the Medical Center.



If you are going home

If you are going home after discharge from the Medical Center, you will need someone that is available to drive you home. You will receive discharge instructions from your nurse before leaving the Medical Center. The discharge instructions include information about medications, and precautions. It is important that you plan for a stop to the pharmacy on the

way home. Your surgeon will write prescriptions for medications that he/she would like you to take after at home. These include prescriptions for pain medications, so it is important to fill them to continue your pain management. For your convenience we have a retail pharmacy on the ground floor of the Medical Center. If you would like to have your prescriptions filled by our retail pharmacy, just tell your nurse. Your nurse will contact the retail pharmacy and all prescriptions will be delivered to you at the bedside before you leave. Our retail pharmacy operates just like your neighborhood pharmacy so please remember to bring your prescription drug plan card if you have one.

If you are going to a skilled nursing facility

One of our case managers will be assigned to coordinate your discharge plan. The case manager will come to see you at your bedside to begin the process on postoperative day one after an initial evaluation from the physical therapist. If you would like to go a skilled nursing facility after your Medical Center stay, let the case manager know of your intentions. Please give the case manager at least two choices of skilled nursing facilities that you would like to go to once you are discharged from the Medical Center.

Postoperative care

Prevention and recognition of potential complications

There are some complications that patients are at risk for following gynecological surgery. It is important for you to be aware of the signs and symptoms of these conditions so that you can quickly recognize them and seek treatment. If you think that you are experiencing any of the signs and symptoms of these conditions, you should call your doctor and seek treatment immediately. These potential complications include:

- ▶ Blood Clots
- ▶ Pulmonary Embolus
- ▶ Infection
- ▶ Pneumonia

Blood clots

Blood clots or deep vein thrombosis (DVT) is a condition in which a clot forms in the blood vessels of the legs. A clot forms when a patient has been sedentary for a period of time either lying in bed or sitting in a chair. Surgical patients are commonly at risk for blot clots because it can be more challenging to get up and walk after surgery. A blood clot is very painful and needs to be treated immediately in a Medical Center with intravenous blood thinners. An overwhelming majority of patients in the Comprehensive Recovery Pathway do not experience blood clots due to the fact that you will be expected to get up and walk very quickly after surgery which will move the blood through your legs preventing clotting. However it is still important to be able to recognize the signs and symptoms of a blood clot in order to seek treatment quickly.

Blood clot – signs and symptoms

- ▶ Swelling in calf, thigh, or ankle that does not go down with elevation
- ▶ Pain or tenderness in calf
- ▶ Can be in either leg

Blood clot – prevention

- ▶ FlowTrons® – a non-invasive device that helps the blood circulated
- ▶ Physical Therapy
 1. Ankle pumps
 2. Early walking

Pulmonary embolism

A pulmonary embolism is a serious and potential life threatening condition were a blood clot forms in your legs and travels to your lungs. If you think you have the signs and symptoms of a pulmonary you should call 911 and get to a Medical Center for treatment.

Pulmonary embolism – signs and symptoms

- ▶ Sudden chest pain
- ▶ Back Pain
- ▶ Difficulty or rapid breathing
- ▶ Shortness of breath
- ▶ Sweating
- ▶ Confusion
- ▶ Back pain
- ▶ Feeling of impending doom

Pulmonary embolism - prevention

- ▶ Prevention of a blood clot
- ▶ Recognition of a blood clot
- ▶ Quick treatment of a blood clot

Infection

Having any surgery can put you at risk for surgical site infection. However surgical site infection can be prevented. It is important that, after you leave the Medical Center, you keep your incision clean and dry.

Infection – prevention

- ▶ Keep your incision clean and dry

Infection – signs and symptoms:

- ▶ Red incision
- ▶ Increase pain or swelling
- ▶ Draining of the incision
- ▶ Temperature elevation > 101°
- ▶ Warmth around the incision
- ▶ Urinary burning or discomfort, GI discomfort, Nausea and or Vomiting, Bloody Stools

Pneumonia

All surgical patients are at risk for pneumonia especially those who spend a long time under anesthesia. Pneumonia is an inflammation of the lungs and can be caused by an infection from bacteria or a virus. Fortunately pneumonia can be prevented by using a device called an incentive spirometer after surgery. Getting out of bed and walking after surgery with the assistance of your nurse, a family member, or friend can also help prevent you from getting pneumonia.

Pneumonia – signs and symptoms

- ▶ Cough
- ▶ Fever
- ▶ Shortness of Breath
- ▶ Painful Breathing

Pneumonia – prevention

- ▶ Breathing Exercises
- ▶ Walk

Post-discharge milestones

7 to 10 days (after leaving the Medical Center)

- ▶ Schedule a postoperative appointment with your surgeon
- ▶ Continue pain management
 - ▶ Take medications prescribed by your physician as directed
- ▶ Continue to walk to increase stamina

Questions about your care at home

How long will I have bleeding or discharge from my vagina?

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. Call your physician if you experience heavy or foul smelling discharge.

How will I feel?

Each person feels differently after surgery. Some women feel relieved. Some women feel sad or “blue.” These feelings are normal. As your body heals and you are able to resume your activities, these feelings will lessen. It may help to talk about your feelings with a close friend or someone in your family. If you feel overwhelmed by these feelings or they do not lessen over time, please get help from your doctor or health care provider. Depending on the type of surgery you had, you may feel tired for several weeks after surgery. Plan time to rest or take a nap. This can make you feel better and help your body heal.

What activities can I do?

At first, you may find your usual activities hard for you to do. If an activity is uncomfortable, stop that activity and try it again in a day or two. Do not do activities that could pull or strain your abdomen, such as:

- ▶ walking your dog
- ▶ Strenuous cleaning such as vacuuming or taking out the garbage
- ▶ lifting anything over 4 kg or 10 pounds (the weight of a bag of groceries or a small baby)

Over the next six weeks as your body heals, gradually increase your activities. Exercise in the form of walking can help you recover. Talk with your doctor about when you can resume other forms of exercise, such as aerobics or swimming.

What can I do to relieve pain?

Your doctor may give you a prescription for pain medication. You can fill the prescription at the hospital pharmacy (East wing lobby, ground floor) before you go home, or have it filled at your local pharmacy. When you

have less pain, you may prefer to take pain pills such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). You can buy these pills without a prescription. Once you no longer need opioid medications please discard remaining pills using FDA recommendations. (Reference Appendix B) Listen to your body. If you find that an activity gives you pain, stop and rest. Wait a few days before trying that activity again. Once you no longer need opioid medications please discard remaining pills using FDA recommendations you can reference on page13.



What should I eat?

Healthy eating will help your body heal. This means choosing a variety of foods from all food groups each day: fruits and vegetables, whole grains, meats and alternates, milk and milk products. Eating high-fiber foods can keep your bowels healthy and regular. High fiber foods include fruits, vegetables, and whole grain breads and cereals. Avoid gassy foods such as beans, broccoli and cauliflower.

If you have any questions about your diet, please talk to your nurse, or ask to speak with a dietitian before you go home.

Appendix A

Patient calendar: comprehensive recovery pathway gynecologic surgery

Following these instructions before and after surgery.

	Evening before surgery	Day of surgery	Immediately following surgery	Day one following surgery	Day two through discharge	At home
Pain management	Follow surgeon instructions	Follow surgeon instructions	Pain management & consultation IV medications Oral medications	Oral medications	Oral medications	Oral medications Follow healthcare team instructions
Oral	Brush and floss teeth	Brush and floss teeth Rinse with mouthwash	Brush and floss teeth Rinse with mouthwash	Brush and floss teeth Rinse with mouthwash	Brush and floss teeth Rinse with mouthwash	Brush and floss teeth Rinse with mouthwash
Skin	Shower Don't shave	Shower Don't shave	Follow healthcare team instructions	Shower Follow healthcare team instructions	Shower Follow healthcare team instructions	Shower Follow healthcare team discharge instructions
Nutrition	Solid Foods 6-8 hours prior to surgery - Drink your carb loading drink	Drink Carb loading drink 2.5 hours prior to surgery start time	Drink clear liquids and ice chips	Drink liquids and your diet will progress to solid foods pending healthcare team approval	Continue to drink liquids and eat solid food with protein supplement	Drink liquids Eat solid food protein and vitamin C
Activity	Walk at least 20 minutes 3 times a day, every day until the day of your surgery		6 to 8 hours after surgery, you will be expected to get out of bed for at least 30 minutes Chew gum 3x daily for 20 minutes	Get out of bed for at least 3 hours per day walk with assistance at least 3 times a day after meals Chew gum 3x daily for 20 minutes	Get out of bed for at least 4 hours per day walk with assistance at least 3 times a day after meals Chew gum 3x daily for 20 minutes	Continue with walking and return back to activities of daily living
Respiratory	If you smoke, STOP!		Coughing and deep breathing exercises Incentive Spirometer (IS) 10 times each hour when awake	Coughing and deep breathing exercises Incentive Spirometer (IS) 10 times each hour when awake	Coughing and deep breathing exercises Incentive Spirometer (IS) 10 times each hour when awake	Coughing and deep breathing exercises Incentive Spirometer (IS) 10 times each hour when awake
Planning				Know your discharge goals: <ul style="list-style-type: none"> • Tolerating diet • Passing gas/ having bowel movements • Pain under control • Walking by yourself 	<ul style="list-style-type: none"> • Meet with social worker/your case manager about your discharge options • Finalize discharge plan 	Schedule follow-up appointments with your surgeon

Appendix B

How to dispose of unused medicines

A growing number of community-based drug “take-back” programs offer the best option. Otherwise, almost all medicines can be thrown in the household trash, but only after consumers take the precautionary steps as outlined below.

A small number of medicines may be especially harmful if taken by someone other than the person for whom the medicine was prescribed. Many of these potentially harmful medicines have specific disposal instructions on their labeling or patient information to immediately flush them down the sink or toilet when they are no longer needed. Please visit the following website for a list of medications recommended for disposal by flushing.

www.fda.gov/Drugs/ResourcesForYou/Consumer/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm

Guidelines for drug disposal

FDA and the White House Office of National Drug Control Policy developed federal guidelines that are summarized here:

- ▶ Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- ▶ Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government’s household trash and recycling service (see blue pages in phone book) to see if a take-back program is available.

Scan our QR code to watch the pre-operative education video for your upcoming surgery.



Appendix C

We are a smoke-free hospital

Smoking is not allowed anywhere on the hospital grounds, including parking lots, garages and vehicles. We appreciate your co-operation in providing a safe and healthy environment for all our patients, visitors, staff and doctors.

Smoking cessation

If you have used tobacco within the last year, you will receive a customized plan during your hospitalization to help you quit smoking. This plan will target the needs of you, as an individual, by offering counseling, tips for behavior modification and providing clinical treatment, such as nicotine replacement, prescription medications, etc. It also might be helpful to participate in group or individual therapy outside of the Medical Center to help reinforce this plan. Below are some resources to help you quit smoking.

Websites

smokefree.gov

- Online support

becomeanex.org

- Become an Ex-Smoker

ffsonline.org

- Freedom From Smoking; online support

quitnet.com

- The Quit Net

nicotine-anonymous.org

- A 12-step approach to quitting

Phone numbers:

1-800-QUITNOW



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