A GUIDE TO
ENHANCING YOUR RECOVERY
AFTER LAPAROSCOPIC HYSTERECTOMY

Massachusetts General Hospital
Division of Gynecologic Oncology

This pamphlet is to help you understand and prepare for your surgery.
Please read it thoroughly and review it with your family as well as your clinician prior to the surgery, and bring it with you on the day of the surgery.
# Information about my surgery

**Date of Surgery:**

**Time of Surgery:**
You must arrive 2 hours before scheduled surgery time

**Office Number:**
617-724-4800 option 5

**Your Surgeon(s):**

*STOP ALL SOLID FOOD AT 10PM the night before surgery*

*You may have clear liquids up to 3 hours before surgery*

*Drink Gatorade ® (ClearFast ® or Ensure Clear ® are optional) on your way to the hospital; the Gatorade (ClearFast®/Ensure Clear®) must be finished 3 hours prior to surgery*

**Notes:**

The day before surgery, please follow your surgeon’s prescribed diet. If you do not have one, please eat and drink as you normally would. Please be sure you are well hydrated.

You may have any of the following drinks: Gatorade®, Powerade ®, ClearFast ®, Ensure Clear®, Pedialyte ®, apple juice, cranberry juice, grape juice, and water.

1 hour before you check in to the hospital (3 hours before your surgery) you must stop drinking completely. Do not have anything to drink at all.

If you have diabetes and your blood sugar is low or you start to feel symptoms of low blood sugar, please drink a clear liquid with sugar, such as apple juice, grape juice or regular soda. If this does not help, please drink or eat any liquid or fluid that will raise your blood sugar. No matter what, it is better to delay your surgery than to ignore a low blood sugar.
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Introduction

This pamphlet is part of the Partners Healthcare System GYN Oncology Surgery ERAS (Enhanced Recovery After Surgery) program which is now the standard practice for all GYN scheduled hysterectomy patients in the Partners Healthcare System and affiliated hospitals.

What is the ERAS Program?

This program is different from the traditional approach to surgery and has been shown to improve patient recovery after surgery along with reducing complications; reducing the number of days you stay in the hospital, and reducing readmissions to the hospital after surgery. We want you, the patient, to also be an active participant in the recovery process. The overall goal is for you to have a better surgical experience and get back to normal as soon as possible. With your help, we can achieve these goals.

This program is designed to keep you actively involved in your recovery prior to and after your surgery. This guide is divided into two stages:

1. Before Your Surgery
2. After Your Surgery

Each stage of this program is tailored to minimize your pain, avoid complications, and allow for earlier resumption of food and activity.

How long will I be in the hospital?

If you are having a laparoscopic hysterectomy you will almost always go home the day of your surgery.

Even if you receive a letter from your insurance company approving a one-night stay, you will be discharged the same day. You will only stay in the hospital if there is a medical need (indication) to keep you in the hospital over-night.

The goal is to be discharged as soon as possible, as increased length of stay in the hospital is linked to increased postoperative complications.
How can I prepare for my surgery?

**Prior to Surgery**

1. **Exercise** improves the body’s response to stress and improves fitness, which aids in recovery. If you do not exercise regularly, it is advised to start slowly. Exercise does not need to be strenuous, even 15-30 minute walks daily are better than not exercising.

2. Eating a mixed healthy **diet** is advised in the weeks leading up to the surgery. However, in the days leading up to surgery, you may include high carbohydrate foods (potatoes, pasta, rice etc. which allow your body to “carbo load”, and have an energy reserve, just like marathon runners do prior to a race.

3. It is strongly suggested that you **stop smoking** completely at least 3 weeks before your surgery, as it will reduce the chances of lung complications during and after surgery and improve your recovery. If you would like more information on how to quit smoking please speak to your doctor, nurse or pharmacist.

4. Avoid consumption of **alcohol** at least 24 hours (ideally a month) before your surgery.

5. **Plan ahead.** Arrange for someone to accompany you at the time of admission and at the time of discharge. Make prior preparations at home for your arrival after surgery, make sure there is enough food and supplies. You should be able to walk and eat and care for yourself as usual, but you might need some extra assistance initially from family or friends, especially to avoid strenuous tasks immediately after your surgery like laundry, cleaning, grocery shopping, etc.
Pre-Op Phone Calls

Before your surgery, you will be receiving **2 phone calls** by different members of the surgical team who will be going over different parts of your care:

1. **Phone call from a member of the anesthesia team:**
   - This phone call will be scheduled ahead of time to ensure that you are available to take this call.

   During this call, a provider will:
   - Review which medications you should take on the day of your surgery and which, if any, need to be stopped prior to surgery.
   - Ask questions to assess your health, and explain the surgery process.

2. **Phone call from Surgeon’s Surgical Coordinator:**
   - 1-3 days prior to surgery you will receive a call to:
     - Finalize your surgery time and confirm exactly what time you need to arrive to check in.

*Please make sure you look over the task list that is included in this packet.*

This includes:
- Instructions for Antibacterial bath/shower (Hibiclens)
- Instructions for eating and drinking on day prior to surgery
- Instructions for taking a carbohydrate drink (Clearfast ®/Ensure Clear ®/Gatorade ®) on the day of surgery

If you still have additional questions after reviewing these instructions please contact your surgeon's office.
Pre-Operative Kit:

At your pre-operative visit, you should receive a small bag with the following included:

1. Written instructions
2. Hibiclens wash
3. Gatorade®

All patients will receive this bag. We also encourage you to purchase at least two additional bottles of Gatorade®. Please purchase the original Gatorade “Thirst Quencher” formula as opposed to some of the other types such as G2. The original Gatorade has more complex carbohydrates which help maintain normal sugars after surgery.

Hibiclens

It is recommended that you shower or bathe daily and thoroughly with the provided antibacterial soap (Hibiclens) starting 2 days before, the day before, and on the morning of the surgery (i.e. once daily for 3 days). Using this soap will help prevent infections from occurring after surgery. Avoid shaving the abdomen or groin area. Do not apply powder, lotion, deodorant, or hair products after the third shower (i.e. on the day of your surgery).

Do not use Hibiclens on your face, head or groin area.

Do not use if you are allergic to Hibiclens. Please notify your surgeon if you are allergic, or develop a reaction.

**Antibacterial shower instructions:**

1) Rinse your body thoroughly with water.
2) Turn the water off to prevent rinsing the Hibiclens soap off too soon.
3) Wash from the neck downwards. Be especially careful to wash the abdomen.
4) Wash your body gently for 5 minutes.
5) Turn water back on, rinse well, and pat dry with a clean towel.
Can I eat or drink the day before my surgery?

Eat a healthy well-balanced breakfast, lunch and dinner on the day before surgery.

It is critical that you not eat any solid foods within 8 hours of your surgical start time. This minimizes your chance of anesthesia complications. To ensure this, we ask that all patients stop eating at 10 pm the night before your surgery. It is very important to follow these instructions.

Even if you are not eating solids, you may continue to drink clear liquids until 3 hours before your surgery. A clear liquid is any liquid you can see through (Dairy drinks, including milk and yogurt-based, and orange juice are NOT clear fluids.)

NOTE: Please follow these instructions carefully, if you consume solid foods or non-clear liquids during this period it increases your chance of a surgical complication.

In addition, we specifically ask that you drink 20-24 oz of Gatorade Thirst Quencher prior to midnight the day before surgery.

See the following table for examples of clear liquids as well as what to avoid:

<table>
<thead>
<tr>
<th>Allowed</th>
<th>Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Solid foods</td>
</tr>
<tr>
<td>Juices (without pulp)</td>
<td>Milk</td>
</tr>
<tr>
<td>Soft Drinks</td>
<td>Yogurt</td>
</tr>
<tr>
<td>Gelatin (Jell-O)</td>
<td>Dairy-based drinks (Smoothies, Milkshakes)</td>
</tr>
<tr>
<td>Clear broth or soup</td>
<td>Orange Juice</td>
</tr>
<tr>
<td>Tea or Coffee (without Milk)</td>
<td>Cream</td>
</tr>
<tr>
<td>Frozen clear liquids like Popsicles</td>
<td>Soy or Almond milk</td>
</tr>
</tbody>
</table>
Pre-hydration

There are three acceptable pre-hydration drinks for the day of surgery:
1. ClearFast ® (can be ordered on Amazon.com)
2. Ensure Clear (can be ordered on Amazon.com/check your local pharmacy for availability)
3. Gatorade Thirst Quencher ® (original formulation; do not use newer formulations such as G2)

Gatorade ® is less expensive, and it is provided for free in your pre-op bags. ClearFast ® and Ensure Clear ® do have slightly more healthy calories, but are more expensive. ClearFast ®, Ensure Clear ® and Gatorade ® are all acceptable.

Most patients like to start drinking this on their way into the hospital, but the beverage needs to be completed 3 hours prior to your surgical start time.

Consuming a Pre-hydration drink before surgery will make sure the sugar level in your blood is more consistent during the surgery which allows you and your bowel to recover faster and heal more quickly.

Medications

Please take only the medications that were approved by the anesthesia team during your pre-op phone call. It is okay to take medications with a sip of water/Gatorade ®/ClearFast ®/Ensure Clear ® the morning of surgery.
Two Days Before Surgery

Hibiclens Body Wash

One Day Before Surgery

Hibiclens Body Wash

OK to eat breakfast, lunch and dinner

At 10 pm

- Stop eating all solid foods or dairy products
- Stop chewing gum and stop eating candy

Please then consume CLEAR LIQUIDS ONLY- See allowed Clear Liquids Below

If your surgeon has provided you with specific diet instructions in preparation for your surgery/procedure such as, bowel prep instructions, please follow them carefully.

Please keep drinking clear liquids throughout the evening, stay hydrated

<table>
<thead>
<tr>
<th>ALLOWED</th>
<th>NOT ALLOWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water / Juices (Without Pulp)</td>
<td>Solid Foods / Milk / Yogurt</td>
</tr>
<tr>
<td>Gatorade ® / Powerade ® / ClearFast ® / Pedialyte ®</td>
<td>Dairy Based Drinks (Smoothies) / Cream</td>
</tr>
<tr>
<td>Clear Soft Drinks (i.e. ginger ale)</td>
<td>Orange Juice / Soy Milk</td>
</tr>
<tr>
<td>Gelatin (Jell-O ®)</td>
<td>Almond/Nut Milk</td>
</tr>
<tr>
<td>Clear Broth or Soup (No Noodles/Rice)</td>
<td></td>
</tr>
<tr>
<td>Black Tea or Black Coffee (No Milk/Cream)</td>
<td></td>
</tr>
<tr>
<td>Frozen Clear Liquids (i.e. Popsicles)</td>
<td></td>
</tr>
</tbody>
</table>

Before Midnight  
Drink 20 - 24 ounces of Gatorade Thirst Quencher ®

Day of Surgery

Hibiclens Body Wash

Starting 4-5 Hours Before Surgery  
Drink 20-24 ounces of Gatorade Thirst Quencher ®

1 hour before your scheduled check-in to the hospital (3 hours before your surgical start time):

1. You must stop drinking completely. Do not have anything to drink at all within 60 minutes of your scheduled time to check-in to the hospital
2. If you have forgotten to drink clear liquids, that is OK. Do not drink anything at this time, we will give you clear liquids through an IV when you arrive to the hospital

Do not void before you check in for your surgery. You may be asked to give a urine sample if you are younger than 55 year old. (You will not be asked for a urine sample if you have had a hysterectomy and/or you have had your fallopian tubes and ovaries removed in the past)
On the Day of the Surgery

When you arrive at the hospital:

- **Admission process**: Please enter through the main hospital entrance or Wang Ambulatory Care Center entrance. Proceed to the 3rd floor of the Wang building. You will be checking in at the Center for Peri-operative Care (CPC). Once you have checked in a liaison will bring you to the pre-operative holding area.

- **Pre-Operative area**: Here you will meet several members from the surgical team.
  1. **Nursing**:
     - A nurse in the pre-operative area will help you prepare for surgery by going through this pamphlet with you and reviewing your checklist items
     - The nurse will also measure your vital signs and if reproductive aged, check a pregnancy test. You may have a glucose check.
     - You will also meet the nurse who will be in the operating room.
  2. **Anesthesia team**:
     - Will give medications by mouth to help prevent pain, nausea and vomiting. Sometimes, this is also done by the nurse in the CPC.
     - Insert an IV line into your vein to give fluids, medications or blood needed during or after surgery.
     - Review options for pain management during and after surgery.
  3. **Surgical team**:
     - Discuss your procedure and answer any questions or concerns.
     - Finalize consent forms.

The Anesthesiologist is responsible for looking after your vitals (heart rate, blood pressure, temperature and breathing), fluid and blood replacement if needed, as well as your general comfort, pain level during and after your surgery.
When you arrive at the hospital (cont.):

- **Operating room**: You will be helped onto the operating room table by the team and made comfortable as we continue to prepare you for surgery.
  
  a. **IV lines** – another IV may be placed to help with administration of medications needed for surgery. These medications include: antibiotics, pain medication and nausea medication etc.
  
  b. **Urinary catheter** - A urinary catheter will be inserted into your bladder to drain urine during your surgery. This catheter is usually removed in the operating room before you wake up. If you are having a more complex surgery, the catheter may stay in place for longer.
  
  c. You will be given anesthetic and put to sleep.

*During your surgery, your team will never leave your side. In the room at all times is your surgeon, a member of the anesthesia team, a surgical technician who passes instruments, and a nurse. We are all there to take excellent care of you*
After Surgery

Recovery Room/ PACU

When your surgery is over you will be transported by the team to the post anesthesia recovery unit (PACU). You will likely still feel quite sleepy and disoriented. This is normal and related to the anesthesia you received during surgery. It will take some time for these medications to wear off.

You will spend at least 2 hours in the recovery room being monitored after surgery. During this time, you can expect most of the following:

- Nurses checking your vital signs frequently – blood pressure, heart rate, breathing and temperature, blood glucose level as well as your wound and dressing.
- Anesthesia team checking on your pain level.
- Being kept on oxygen – either through your nose or a face mask
- Being attached to an IV for fluids and pain medications

Once you are settled in the PACU, 1-2 family members/friends may be allowed to visit for a short time. When the team feels that you are stable and your pain is controlled, you will be transferred out of the recovery room back to the CPC (the same location that you checked into) for discharge, or for some patients, to the floor for admission.
Good pain control is an important part of the recovery process. You should expect to encounter some pain after surgery. There is no way to eliminate your pain completely, but there are a variety of ways to help manage your pain. Please let your nurse or doctor know if you are in any pain or discomfort. Generally, our goal for pain control is a 3-4 out of 10 or less on the chart below. Of note, it is impossible to make your recovery pain free, but our goal is for the pain to be manageable.

Our goal is to keep your pain at a level that allows you to sleep and rest better, breathe more easily, start moving quickly after surgery, start eating sooner. This is important as it helps to prevent complications like blood clots and pneumonia. Walking can also be helpful for the return of bowel function, and puts you on the road to recovery.

Pain Intensity Scale

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 Moderate Pain</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 Worst Possible Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
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Activity after surgery: When can I start moving, sitting, and walking?

You can start moving as soon as you wake up, however it is best to always progress slowly. Therefore, you should initially start with some basic leg exercises like wiggling your toes, stretching your legs out straight and rotating your feet. Do these for a few minutes every half hour, and it will help you get on your feet sooner. Stop doing this if it causes pain and let your nurse or doctor know.

Avoiding movement and lying in bed for an extended period can lead to complications like clots, bed sores and muscle weakness. This will impede your recovery.

- **1-6 hours after surgery:** Soon after your surgery we will ask you to sit at the edge of the bed or a chair. Your nurse will help you, especially the first time you are getting up. As you become more alert, you will be taken to the CPC (where you initially arrived). There, you will change clothes and likely go home.

- **On the day after surgery:** Starting the day after surgery, the goal will be for you to be out of bed at least 3 or 4 times a day and to take walks around your house or in the hallway (if admitted). We also expect you to be sitting in a chair for meals. This is important because early walking helps prevent blood clots as well as return of normal bowel function.

After surgery, your bowel may stop moving for a short time. If this happens, you may feel nauseous and bloated and it may prolong your recovery. You can avoid this by walking frequently and chewing gum.

- **Breathing exercises:** It is important to be able to take deep breaths after surgery to prevent lung infections. The nursing staff will show you some breathing exercises that are helpful. It is also a good tip to take a few deep breaths during each commercial break while you are watching TV. Do these brief breathing exercises at least 5-10 times an hour while awake.
Diet after surgery: When can I start eating?

With the ERAS program, we are able to advance your diet starting the same day of surgery. As soon as you are awake and alert in the PACU/Recovery room you will be allowed to take clear liquids by mouth.

1. Your physician will decide when it is appropriate to allow you to start drinking fluids. As a general rule, your IV fluids will be stopped within 6 hours after your surgery or as soon as you can tolerate at least 10 ounces of clear liquid by mouth.

2. If you are discharged home on the same day, you can resume your normal diet. It is worth keeping in mind that many women are nauseated while taking narcotics, so if this is you, please eat frequent, small meals rather than forcing yourself to eat large meals. You do not need to eat if you feel full or bloated. It is more important to keep yourself hydrated with fluids.

3. If you are admitted, your diet is per your surgeon’s discretion. Most patients will receive a full menu to select from the day of surgery. It is generally best to start with something light, like toast, before advancing to heavier meals.

4. Your physician may also ask you to bring gum from home to chew for 30 minutes three times per day after your surgery. This can help your bowels go back to normal after the anesthesia.

Urinary catheters: When will my urinary catheter be removed?

- For most patients, your catheter will be removed in the operating room, before you wake up from surgery.
- For more complex surgeries, your catheter will be removed the next morning.
- Very rarely, there are radical procedures that will require you to go home with a urinary catheter. Your surgeon will let you know if this applies to you. Patients do quite well with catheters at home, if that is required.

The urinary catheter will be removed via something called the “backfill voiding trial”. The nurse will instill a measured amount of saline into your bladder through
a channel in the catheter. This is painless. They will then remove the catheter and ask you to urinate. If you can urinate a large portion of the fluid, that means your bladder is working well and the catheter can stay out.

**Leaving the catheter in longer than necessary can lead to a urinary tract infection.**

*Symptoms of a urinary tract infection include:*

- Pain with urination,
- Frequent urination,
- Feeling the need to urinate despite having an empty bladder,
- Fever,
- and pain in your side.

*Let your nurse or physician know immediately if you experience any of these*
Discharge from Hospital

When can I go home?

In order to be ready for discharge from the hospital, you must be doing all things listed below:

- Pain well controlled with pain medication by mouth
- Able to take in enough fluids to keep hydrated

If your pain is well controlled and you are drinking enough, you will be discharged to home, possibly on the day after surgery. Otherwise you will be observed in the hospital until these goals are achieved.

It is NOT required for you to pass gas or have a bowel movement before you are discharged.

Note: Please plan appropriate arrangements for transportation from the hospital and care at home. For us to help the largest number of patients, for patients who are admitted check out time is at 10:00 am. If your ride cannot be at MGH at that time, please do not worry. We can help you get comfortable in one of our waiting rooms until they can arrive.

What happens after I go home?

On post discharge day 1, your surgeon’s nurse will give you a call to check in and see how you are doing.

Your discharge paperwork will include your prescriptions, how to take them, things to watch for, and all the relevant contact information. If you have a question during routine business hours, please call the clinic number provided and ask to speak to a nurse. If you have an emergency and it is after hours, you can either page the physician on call or come to the emergency room to be seen.
Pathology reports come back generally 7-10 business days after your surgery. The office will be in contact with you as soon as we have these and your treatment plan.

While we know that having surgery can be a stressful event, we are honored to be your care team. We look forward to working with you to make your surgery the best experience possible. Should you have any concerns or questions after reading this book, please contact your surgeon’s office.