

A GUIDE TO ENHANCING YOUR RECOVERY AFTER LAPAROSCOPIC SURGERY

Massachusetts General Hospital
Division of Gynecology Oncology

This pamphlet is designed 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.

**VINCENT OBSTETRICS &
 GYNECOLOGY**

Information about my surgery

<u>Date</u> of Surgery:		
<u>Time</u> of Surgery:		You must arrive 2 hours before scheduled surgery time
	617-724-4800 option 3	
Your Surgeon(s):		

***STOP ALL SOLID FOOD AT 10PM the night before surgery; patients undergoing a bowel prep must stop all solid food after breakfast the day before surgery.**

***You may have clear liquids up to 2 hours before Surgery (see below for details)**

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.

If you have diabetes and your blood sugar is low or 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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VINCENT OBSTETRICS & GYNECOLOGY

Introduction

This pamphlet is part of the Mass General Brigham Healthcare System Gynecology Oncology Surgery ERAS (Enhanced Recovery After Surgery) program which is now the standard practice for all GYN scheduled open 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.

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Before Surgery

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.

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.

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

3. **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.

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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:

❖ **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.

❖ **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 Chlorhexidine wash bath/shower (i.e., Hibiclens, Dyna-Hex)
 - Instructions for Mechanical bowel prep (Golytely)
 - Instructions for eating and drinking on day prior to surgery
 - Instructions for oral antibiotics prior to surgery
 - Instructions for taking a carbohydrate drink on the day of surgery

If you still have additional questions after reviewing these instructions, please contact your surgeon's office.

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Pre-Operative Kit

You will receive a pre-surgical kit either by mail at your home address or from your physician's office with the following included:

- a. Written instructions
- b. One bottle of Chlorhexidine soap
- c. Two bottles of the Carbohydrate Drink

The kit will arrive the week before your procedure.

Carbohydrate Drinks

Please follow the instructions in the pamphlet included in the kit regarding drinking of the carbohydrate drink. **Do NOT** follow the instructions listed on the bottles themselves.

Please remember that this is not a bowel prep, so you do not need to be worried about being close to a bathroom.

If you are diabetic, please follow your recommended diet and do not consume the carbohydrate drink as it may increase your blood sugar.

Morning medications can be taken with a small sip of water on the morning of surgery.

Consume the carbohydrate drink provided starting 4 hours before and complete or stop drinking 2 hours before surgery.

Consuming a carbohydrate 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.

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Chlorhexidine Wash

It is recommended that you shower or bathe daily and thoroughly with the provided Chlorhexidine wash as directed below:

- If you were tested for STAPH and are positive, defer to the instructions provided by your surgeon's office for the use of Chlorhexidine wash and mupirocin nasal ointment. Your doctor will let you know if you need additional testing.

Using this wash 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 soap on your head, face, and genitals.

Do not use if you are allergic to **Chlorhexidine**. If allergic speak to your doctor about using an antibacterial soap instead.

Chlorhexidine shower instructions:

- 1) Use Chlorhexidine soap provided to you instead of regular soap. Do Not Use Both.
- 2) Shampoo/condition your hair as you normally do before use of the Chlorhexidine.
- 3) Rinse your body thoroughly with water.
- 4) Turn the water off to prevent rinsing the Chlorhexidine soap off too soon.
- 5) Wash from the neck downwards. Be especially careful to wash the surgical site of your operation. Be sure to get in your belly button- you can use a Q-Tip as needed to help with this.
- 6) Wash your body gently for 5 minutes.
- 7) Allow the Chlorhexidine to dry on your skin for 1 minute before rinsing off.
- 8) Turn water back on, rinse well, and pat dry with a clean towel.

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For patients WITHOUT a bowel preparation

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. We ask that all patients stop eating at 10 pm the night before your surgery. Please **DO NOT** violate this instruction.

Even if you are not eating solids, you may continue to drink clear liquids until 2 hours before 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 this may jeopardize the effectiveness of your surgery and affect your recovery. In addition, eating or drinking milk within 8 hours of surgery will generally cause your surgery to be cancelled.*

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TASK LIST FOR PATIENTS <u>WITHOUT</u> A BOWEL PREPARATION	
Two Days Before Surgery	
Chlorhexidine Body Wash *If you were tested for STAPH and are positive, please defer to instructions provided by infection control for the use of Chlorhexidine wash and mupirocin nasal ointment. Your doctor will let you know if you need additional testing.	
One Day Before Surgery	
Chlorhexidine Body Wash	
OK to eat breakfast, lunch, and dinner	
At 10 pm: <ul style="list-style-type: none"> ❖ 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 <i>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.</i> Please keep drinking clear liquids throughout the evening, stay hydrated	
<u>ALLOWED</u> Water Juices (Without Pulp) Gatorade ® (no red) Black Tea or Black Coffee (No Milk/Cream)	<u>NOT ALLOWED</u> Solid Foods / Milk / Yogurt Dairy Based Drinks (Smoothies) / Cream Orange Juice / Soy Milk Almond/Nut Milk

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Before going to bed: Drink 20 - 24 ounces of Gatorade® (no red)

Day of Surgery

Chlorhexidine Body Wash

Starting 4 hours before Surgery, you should drink the 2 bottles from your kit mailed to your home or provided by your surgeon's office. You must stop drinking 2 hours before surgery.

Drinking a clear carbohydrate drink before surgery helps your body to respond better to the stress of surgery.

If you are diabetic, please follow your recommended diet and do not consume the carbohydrate drink as it may increase your blood sugar.

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 had your fallopian tubes and ovaries removed in the past)

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On the Day of the Surgery (All patients)

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.
 - ❖ **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 glucose level.
 - You will also meet the nurse who will be in the operating room.
 - ❖ **Anesthesia team:**
 - Will give medications by mouth to help prevent pain, nausea and vomiting.
 - 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.
 - ❖ **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.

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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. 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 up to 72 hours. Occasionally, the catheter may stay longer but only in rare circumstances where bladder surgery occurs.
- c. You will be given anesthetic and put to sleep.
- d. You may also receive an epidural or nerve block, to help with pain management during and after surgery. This will be discussed with you by your anesthesiologist prior to your surgery.

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

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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.
- ❖ You may have an epidural in place for pain control and/or a special nerve block that covers the surgical incision
- ❖ 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.

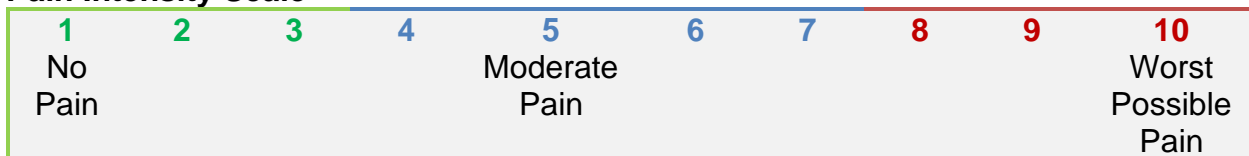
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Pain Control

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 pain, 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. Our goal is for you to have a pain score of 3 or less after surgery (see below)

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



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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.

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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.

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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.

Once the urinary catheter is removed, you are free to go to the bathroom to urinate. You can expect it to take 6-8 hours before you feel the need to urinate, which is normal.

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

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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.

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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.