

Information for
patients & families

Gynecologic Surgery

Cross Cancer Institute



Tumor Teams – Gynecologic

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My Surgery Information

Use this space to write notes and reminders, or to help you plan.

My surgery:	Date: Time: Surgeon:
Hospital arrival time:	3 hours before my surgery:
When I get to the hospital, I will go to:	
My driver and support person are:	
Medication notes: (see page 10)	
Other notes:	

After your surgery, go to the Emergency Department if you have:

- Chills or a fever (temperature greater than 38.5°C (101.3°F) lasting more than 1 hour. **If you are on chemotherapy**, the temperature for a fever is different (see your Systemic Therapy Treatment booklet).
- Trouble passing urine (pee) or no bowel movement (poop) for 3 days.
- Discharge from your vagina that has large blood clots (larger than a toonie or walnut) or you soak more than 1 large feminine pad in 1 hour.
- Your surgical incision has:
 - increasing redness, swelling, yellow or green discharge, or a bad smell
 - bleeding (bright red)
- Increased pain or swelling in your abdomen.
- Nausea that doesn't go away with medication or throwing up longer than 24 hours.

Chest pain, chest tightness, or shortness of breath—call 911 or go to Emergency Department!

General Information

You have been referred to the cancer centre to see a gynecologic oncology specialist (a pelvic cancer doctor). Although you are assigned to a doctor, they all work together to look after your care and share responsibilities with other specialists on the team. The cancer centres partner with medical schools, so doctors-in-training may be involved in your care. They are supervised by your gynecologic oncology specialist.

Your main team includes: administrative assistants, unit clerks, nurses (RNs and LPNs), a nurse practitioner (advanced practice nurse), and clinical trials nurse.

Other healthcare resources available to you include:

- Social workers
- Support groups
- Psychologists
- Education classes

The kind of patients we see include those who:

- May not have cancer but need the surgical knowledge of these specialists.
- Have cancer and need surgery and/or treatment.
- Need surgery to check if cancer is present or not.



Use the free AHS **My Care Conversations** app to prepare for your next appointment and to

record conversations with your healthcare team. You can listen to your recordings at home and share with family or trusted friends.

Download it from the App Store or Google Play.

Your appointment locations will be:

Consultation	Surgery
Cross Cancer Institute 11560 University Ave Edmonton, Alberta T6G 1Z2 1-780-432-8771	Lois Hole Hospital for Women at the Royal Alexandra Hospital 10245-111th Ave NW, Edmonton, Alberta T5H 3V9 1-833-970-6904

We hope this book will give you the information you need during your time with us. We are all here doing our best to help you!

~Your Gynecologic Oncology Team

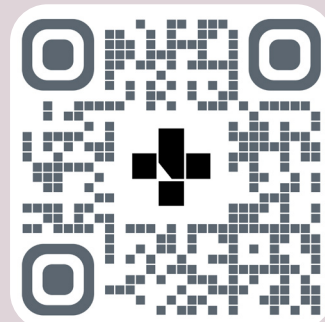
Connect Care — MyAHS Connect Patient Portal

MyAHS Connect is a secure, online, interactive patient portal for Alberta Health Services (AHS). It gives you access to your Connect Care health information.

MyAHS Connect will allow you to:

- Share general information with your AHS cancer care team.
- See the appointments we schedule for you.
- Fill out questionnaires before your visits.
- Add medications you are taking and let your healthcare team verify them with you.

To learn more scan the QR code or visit: bit.ly/myahsconnect



Understanding My Gynecologic Surgery

Anatomy (Body Parts)

Internal (inside) Organs

Your gynecologic organs include the uterus, ovaries, fallopian tubes and vagina. These organs are inside your pelvis.

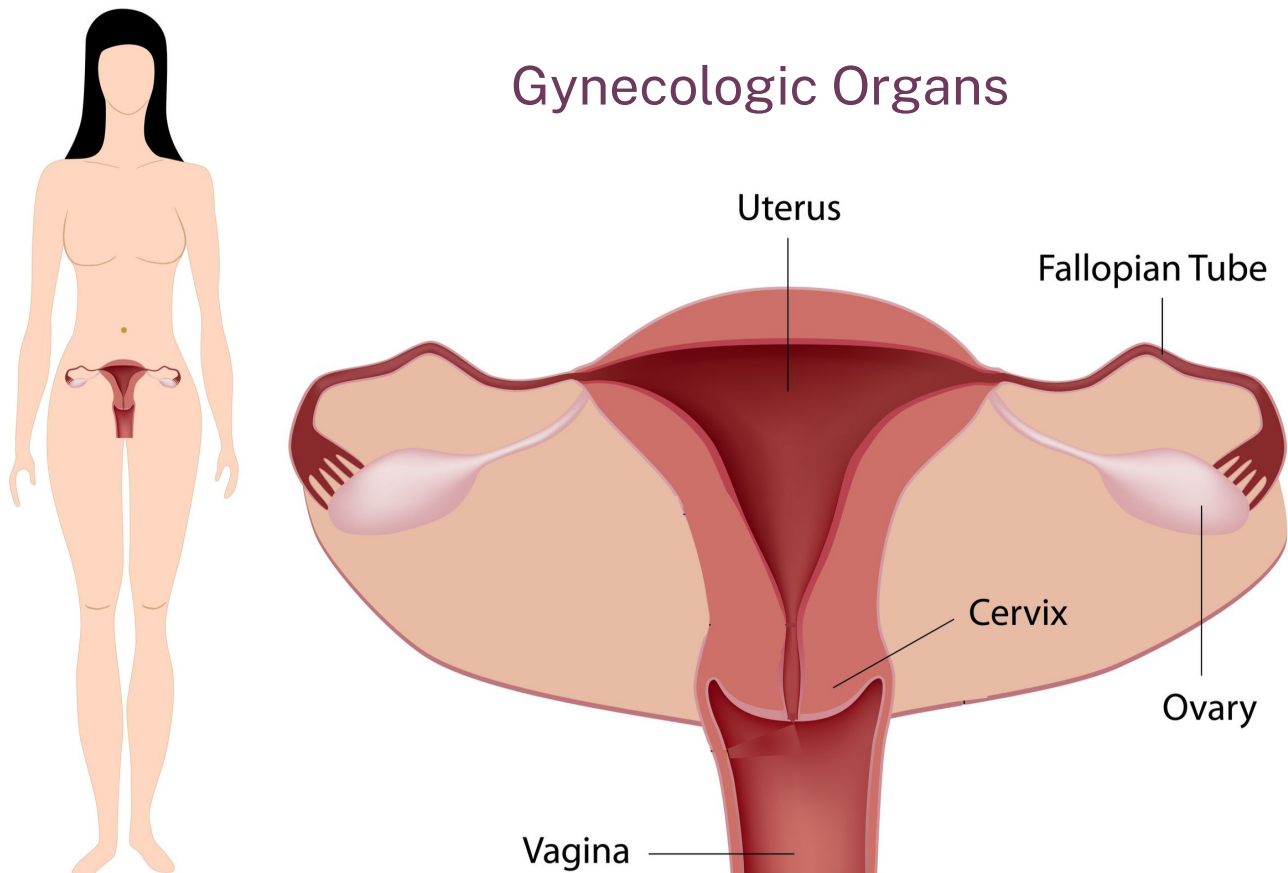
Uterus – shaped like an upside-down pear. The uterus has thick walls and is about the size of your fist. During pregnancy, the uterus holds the fertilized egg as it grows into a baby. When a woman is not pregnant, the lining of the uterus passes out of the vagina as menstrual flow (period).

Cervix – the opening at the bottom of the uterus. The cervix opens during childbirth to let the baby come out of the uterus.

Fallopian Tubes – a pair of hollow tubes that connect the uterus to the ovaries.

Ovaries – shaped like walnuts, there is 1 ovary on each side of the uterus, just below the fallopian tube. The ovaries make female sex hormones (estrogen and progesterone). They also release egg(s) every month (ovulation) until a woman reaches menopause. The eggs pass into the fallopian tubes and then to the uterus where they are passed out of the vagina with menstrual flow or become fertilized and begin to grow into a baby.

Vagina – is a tube-like passage that leads from the uterus to the outside of the body. It is the birth canal (a baby passes through the vagina) and is the organ for sexual intercourse.



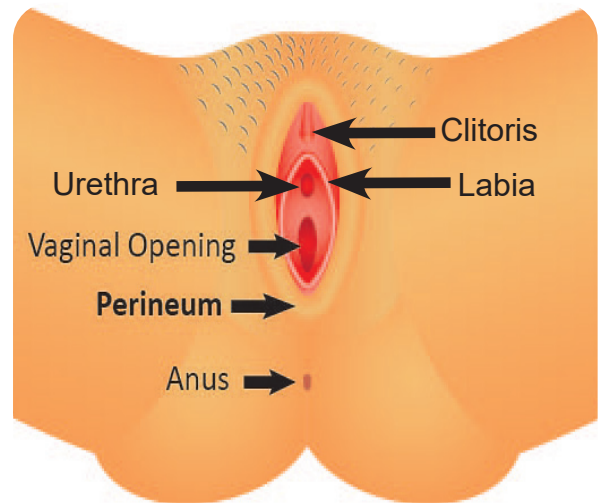
External (outside) Genital

Clitoris – small, sensitive organ that plays a role in sexual stimulation.

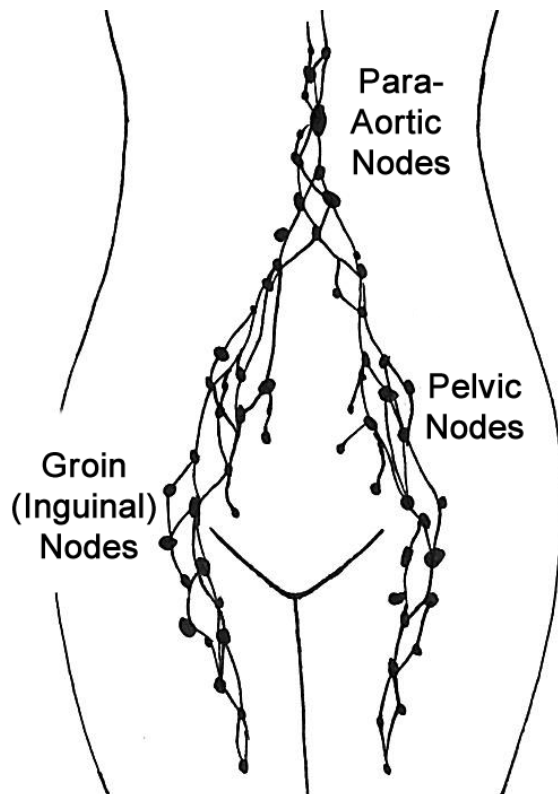
Labia – folds of skin that are on both sides of the vaginal opening (labia majora and labia minora).

Anus – outside opening of the rectum, the lowest part of the large bowel.

Vulva – all of the female external genitals together (clitoris, labia, and vaginal opening).



Lymph Nodes



Your lymph nodes are small, bean-shaped glands connected by lymphatic vessels. They make up the lymphatic system which carries fluid, nutrients, and waste material between the body tissues and the bloodstream.

Sometimes lymph node samples are removed during surgery. This is called a lymphadenectomy. There are 3 areas of lymph nodes that may be removed during gynecologic surgery:

- Pelvic nodes
- Para-aortic nodes
- Groin (inguinal) nodes

*For most people, only a few lymph nodes are removed.

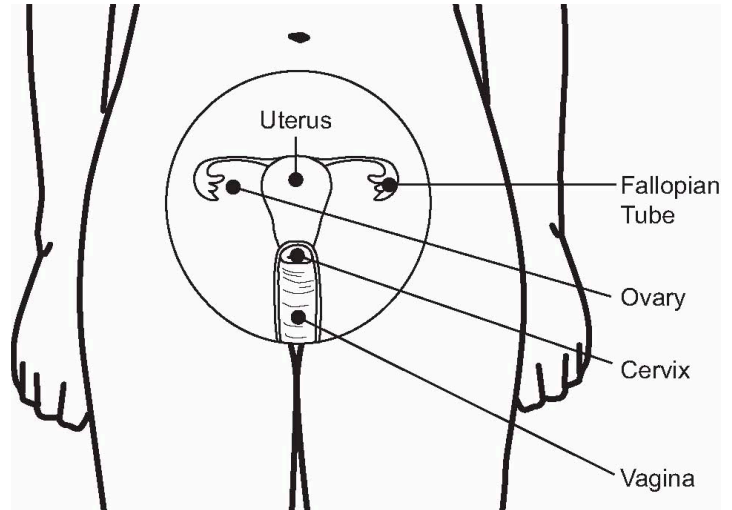
Circle or mark which body parts will be affected by your surgery.

Types of Surgeries

Gynecologic surgery can include removing the:

- uterus
- cervix
- fallopian tubes
- ovaries
- lymph nodes (page 6)

Your surgical team will talk to you about your surgery and options.



Types of Surgeries:

Hysterectomy – removal of the uterus.

Radical Hysterectomy – removal of the uterus, the cervix, the upper part of the vagina, and tissue around the cervix. You may have trouble peeing or pooping for a while after this surgery.

Bilateral Salpingo-oophorectomy – removal of the fallopian tubes and ovaries. Because the ovaries produce sex hormones, removing the ovaries will cause “surgical menopause.” This means you will no longer have your period and your ovaries will no longer produce the hormones estrogen and progesterone. You may have menopause symptoms such as hot flashes (when you feel intense heat in your face, neck and chest), night sweats and emotional changes. Hormone replacement therapy will be discussed 3–6 months after surgery, if you need it.

Vulvectomy – removal of some parts of the vulva.

Other Words Your Healthcare Team May Use:

Lymphadenectomy – removal of the lymph nodes. This may be a:

- Sample lymphadenectomy — 1 or 2 lymph nodes are taken in the area
- Regional lymphadenectomy — many lymph nodes are taken in the area
- Radical lymphadenectomy — all of the lymph nodes are taken in the area

De-bulking – the surgical removal of as much of a tumour as possible. De-bulking may increase the chance that chemotherapy or radiation therapy will kill all of the tumour cells. Sometimes it is done to relieve symptoms.

Staging – this is a way to describe how much cancer is in the body. It is usually based on the size of the tumour and if the cancer has spread from where it started to other areas nearby, lymph nodes, or parts of the body farther away.

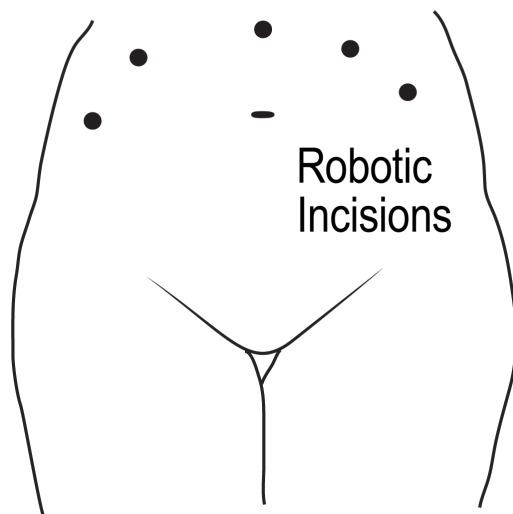
Metastasis – cancer has spread to a different part of your body than where it started.

Types of Incisions

Surgery is done by (a) or (b):

(a) Robotic or Laparoscopic Surgery:

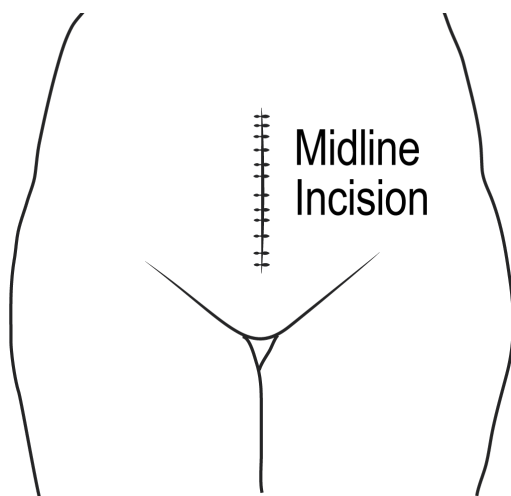
A minimally invasive surgery that uses 5–6 small (0.5–1.5 cm) incisions around the abdomen. This type of surgery may involve removing organs through your vagina. For this surgery, the average time in hospital is 1 day or less. You are usually discharged the same day as your surgery.



(b) Open Abdominal Surgery (Laparotomy):

An incision (cut) into the abdomen, usually made from the belly button to the pubic bone.

Sometimes incisions are made from left to right near the bikini or pubic hair-line. For this surgery, the average time in hospital is 1–2 days.



Pre-Admission Clinic

Not everyone needs to go to the Pre-Admission Clinic (PAC). If your doctor would like you to go, the staff at PAC will call you. A few things to know:

The Pre-Admission Clinic (PAC) will call you. A nurse will talk with you over the phone. They will tell you if you need an in-person visit, and how to prepare for that appointment.

☐ Ask the nurse:

1. What medications you can take.
2. What medications you should hold for surgery or stop. **Write these instructions on page 3 of this book.**

Tests Before Surgery

Your medical team may order some tests before your surgery date. These may include:

- ☐ Blood work
- ☐ Chest X-ray
- ☐ Electrocardiogram (ECG)
- ☐ CT or PET or MRI Scan
- ☐ Other special tests or consults if needed

Your Surgery Time

At your clinic visit, you will discuss the surgery with your specialists. If you agree to have the surgery (give consent), it will take some time to get your surgery date.

- We will call you within 4 weeks after that appointment to tell you the date of **your surgery**.
- You will find out the **time of your surgery** 1 business day before your surgical date.

Surgeries are done at:

- **Edmonton:** Lois Hole Hospital for Women at the Royal Alex Hospital (RAH)
10245-111th Ave NW, Edmonton, Alberta T5H 3V9, 1-833-970-6904

Videos

View the video series "Your Surgery Journey" on MyHealth Alberta.

For some helpful tips on how to recover after surgery, watch [Enhanced Recovery After Surgery \(ERAS\)](#).

You can find this video by carefully typing **bit.ly/eras-bisch** online.

Medication Instructions



Before your surgery, follow the instructions below unless you were given different instructions by the Internal Medicine doctor, Anesthesiologist or Surgeon during your Pre-Admission Consultation appointment.

Can I take my regular medication?

Your surgeon, or the Pre-Admission Clinic nurses or doctors will tell you what medication you can take on the day of surgery.

- **Diabetes Management:** If you are diabetic, get instructions from your doctor or from the doctors at that appointment for your insulin and/or diabetic pills (metformin).
- **Blood Thinners** (Warfarin, Heparin or Aspirin® 325mg): Follow the directions given to you by your Internal Medicine specialist or Surgeon at your PAC appointment.
- **Celebrex:** continue this medication unless your doctor tells you differently.

14 Days Before

- If surgery is less than 14 days away, stop these immediately.
- Stop Herbal products.
- Stop all vitamins and minerals unless directed by your surgeon.
- Stop Ozempic®.

10 Days Before

- Stop Aspirin® (ASA 325mg Acetylsalicylic acid, Anacin®, Bufferin®, Alka Seltzer®, Midol®, Dristan®, Percodan®, Robaxisal®).
- You can keep taking the low dose (ASA 81mg) tablets unless your surgeon has told you to stop.

7 Days Before

- Stop Megace.
- Stop oral contraceptive pills (birth control pill, 'the pill').

5 Days Before

- Stop NSAIDS (non-steroidal anti-inflammatory drugs) such as Aleve®, Advil®, Ibuprofen, Motrin®, Naproxen®, Toradol®, Orudis®, Voltaren®, Arthrotec®, Dolobid®, Actiprofen®, Nitradol®.
- Okay to Take Acetaminophen (Tylenol®) and other pain medication prescribed by a doctor until the day of surgery (Tylenol®, Tylenol Extra-Strength®, Tylenol Arthritis®, or Tylenol #3®). Take these medications only as directed.

1 Day Before

- Stop smoking and/or drinking alcohol.
- Stop medicinal marijuana unless your surgeon tells you differently.

Day of Surgery

- Certain blood pressure medications must be stopped. Your surgeon or healthcare team will let you know.
- Take permitted medications with a sip of water.
- Stop Tamoxifen.

Planning for Your Surgery

Practical Help and Support



Make sure you have someone to drive you to and from the hospital. If you can, have someone stay with you for the first 1–2 weeks after you go home.

You'll need help with activities such as lifting (anything over 10 pounds), laundry, housework, grocery shopping, and heavy or physical work for 4–6 weeks.

Stop smoking

It prevents problems with your lungs after surgery and helps you heal faster.



Talk to your doctor about ways to stop smoking.



Food Preparation

Prepare and freeze meals ahead of time so that all you'll need to do is re-heat the food once you're home.



Stop drinking alcohol

Don't drink alcohol 24 hours before surgery. Talk to your doctor if you need help cutting down or stopping.



Exercise

Try to be in the best shape possible before surgery. If you don't exercise or exercise regularly, start slowly.

Short walks help to build strength.



Work or Insurance Forms

Think about forms: Make sure your nurse or doctor knows about forms for your work or insurance purposes before your hospital stay (page 26).

Pain Medication

If you already take prescription pain medication, tell your nurse and/or anesthesiologist.

Keep taking your prescription pain medication as usual up to the morning of surgery, unless the Pre Admission Clinic (PAC) medical team gave you different instructions.



After surgery, the pain medication or dose may have to be changed. Your body may be used to a certain level of pain medication, so the amount needed to deal with your pain will need to be adjusted after surgery.



Recreational Drugs

Stop using recreational drugs such as marijuana, "uppers" like cocaine, crack, and PCP before surgery. These drugs can have serious side effects when mixed with the medication used during surgery or the pain medication used after surgery.

Your surgeon, nurse, and/or anesthesiologist need to know if you use recreational drugs—they are not there to judge you.



Immunizations (including flu shots)

No immunizations within 14 days of your surgery.



Overnight Support

If you are scheduled for surgery, someone needs to stay at home with you the night after your surgery.

Before and During Surgery

Day and Night Before Surgery

Eating and Drinking

Follow the **Eating and Drinking Before Surgery: Patient Instructions AHS** handout you were given:

- ☐ Non-diabetic instructions
- ☐ Diabetic instructions

24 hours before surgery: no smoking or drinking alcohol



Follow the instructions on your handout to make sure that your surgery is not **cancelled**. This is to prevent food or fluid going into your lungs (aspiration) during your surgery. Aspiration can be life-threatening!

What is a clear fluid?

- Jello®, strained broth/consommé soup; clear fruit juices with no pulp (like apple juice)
- Black tea or coffee (no milk or cream but sugar or sweeteners are okay)
- Pop, sports drinks such as Gatorade®, or water

It does **not** include milk, cream, butter, cream soups or orange juice.

Bowel Preparation

Most people **do not** need bowel preparation before surgery. If your nurse or doctor told you to empty your bowels, follow the instructions they gave you.

Clean Laundry

- Put clean bed sheets and bedding on your bed.
- Have clean pajamas or clothes to sleep in.

Night Before or Morning of Surgery

Before you go to bed:

- Take a shower or bath using the **Chlorhexidine (CHG) 4% (EZ Scrub)** sponge (instructions below).
- **Do not** shave your belly (the area where your surgery will be).
- **Do not** use any creams, deodorants or lotions.
- Wear clean pajamas or clothes after showering.

It is okay to leave nail polish, gel or acrylic nails on.

Preparing Your Skin

Showering the night before your surgery and washing well is very important to prevent infection. Even though the team will clean the area of your incision right before surgery, the products they use will work even better if your skin is already clean.

Instructions for cleaning your skin

Read carefully before you start:

- Shower with warm (not hot) water.
- **Do not** shave.
- Use regular soap if you have an allergy to CHG 4% or if you do not have the sponge.
- Try to leave the soap on for 3 minutes without rinsing. Then rinse well.
- Wash your face and hair as you normally would. Rinse.
- Use the **CHG 4% (EZ Scrub)** sponge to **gently** wash your abdomen.

Day of Surgery

Follow the medication instructions on **page 10**.

All patients getting surgery need to arrive 2–3 hours before surgery with a support person. Please note that the surgery unit cannot store your belongings. Your support person will need to take care of your personal belongings and give them to you after surgery.

What do I bring (on your Operating Room day)?

- ☐ Alberta Health card, Blue Cross or other insurance card
- ☐ Proof of medical coverage (if out-of-province)
- ☐ Photo identification (please make sure the information is correct)
- ☐ **This book**, along with any handouts you were given about your condition or surgery
- ☐ All your **medication (in original containers)** including inhalers, aspirin, vitamins, herbal and over-the-counter medications (a list from your pharmacy would be helpful)
- ☐ CPAP machine (if you use it, as it may be sent to the recovery room during your surgery)
- ☐ Chewing gum or hard candies (if you have been told to)

If you are staying overnight in the hospital, you may also want to bring:

Personal care items to bring:	Do not bring:
<ul style="list-style-type: none"> • Items your surgeon has requested • Housecoat • Your walking aids such as a walker or cane • Comfortable shoes that fit well and are easy to put on (they should have a back or strap if possible) • Ear plugs • Hearing aids, eyeglasses, dentures and denture case • Book, magazine or something else to keep you busy 	<ul style="list-style-type: none"> • Anything of value (jewelry, credit cards) • More than \$20 cash • Electrical appliance (curling irons)

Bring these items in 1 small bag that has your name on it. Leave the items with your support person who can give these to you after surgery. The hospital is not responsible for lost items.

Where do I go?

Edmonton - Lois Hole Hospital for Women at the Royal Alexandra Hospital and check in at the Main Reception.

For parking information see **page 27**, or visit www.albertahealthservices.ca/parking.

What Else Do I Need to Know?

- If a band is put on your wrist, **do not take it off**.
- Only 1 person can stay with you until you go to surgery.

Procedures Before and During Surgery



Staying warm — We want to make sure you are warm before and during surgery. If your temperature is low, we will give you a special warming gown.



Intravenous (IV) —An IV is started in your hand or arm by the nurse before you go to the operating room, or by the anesthesiologist in the operating room. It's used to give the anesthetic and other medication you may need such as antibiotics. The IV is usually taken out once you are able to drink well after surgery.



Blood Work —You may need to have more blood work done. If needed, a person from the lab will come to you.



Medication — You'll be given medication before you go to the operating room or in the operating room before the surgery begins. You may need to continue taking this medication after surgery:

- IV antibiotics to protect against infection
- medications to prevent nausea and pain
- possibly a small dose of a blood thinner (anti-coagulant) to prevent blood clots during and after surgery



Air-Filled Stockings (Sequential Compression Device) — You will wear vinyl compression stockings on your legs during and after your operation to help blood flow in your legs and help to prevent blood clots. A machine inflates and deflates the stockings with air. They are taken off once you are walking around.



Bladder Catheter — A small tube (catheter) will be put into your bladder, through the urethra. It drains urine (pee) from your bladder so your bladder stays empty. The catheter is taken out soon after surgery. If you have trouble urinating after, you may need a catheter for a while longer.



Blood Transfusion — Not many people need a blood transfusion. Your surgeon will talk with you about this and get your consent before surgery.

Can I bank my own blood in case I need a blood transfusion?

No. We cannot bank or store your blood.

After Surgery

After surgery, we will move you to the Recovery Room, where you will stay for 1–3 hours. The recovery room nurse will tell you when you are ready to go to your hospital unit.



- On the unit, your nurse will watch you closely for a few hours.
- You will probably feel sleepy. This is normal.
- Your throat may feel sore from the tube that was placed in it while you were asleep.
- You may be wearing a sanitary pad to absorb any vaginal flow.

Length of Stay

Your hospital stay will depend on your health condition and type of surgery. Usually:

- Robotic or laparoscopic surgery: same day, or next day discharge
- Open abdominal surgery (laparotomy): 1–2 days

Managing After Surgery

Pain

We will give you pain medication to help manage your pain during your surgery. You **may be** given a pain medication prescription when you are ready to leave the hospital.

Some pain is normal. Most people only need **acetaminophen (Tylenol®)** or **ibuprofen (Advil®)** after surgery.

Along with pills, you may also get medication by injection, IV, PCA pump, or epidural:

- **Epidural analgesia** is a pain medication you get through a small, soft tube put into your back. The tube is connected to a pump that gives you the medication continuously. You can also press a button to get an extra dose if you need it. It's normal for your back to feel numb when you have an epidural. These are used only in special cases.

We will start your pain management early to help you recover and heal more quickly.

We will ask you to rate your pain on a scale of 0–10, where 0 is no pain and 10 is the worst possible pain. **If your pain is stopping you from moving or eating, tell your nurse right away.**

0	1	2	3	4	5	6	7	8	9	10

Nausea

This is a common symptom from anesthetic and pain medication that we can help with. If you have nausea, talk to your doctor or nurse. Try:

- Nibbling on dry crackers or dry toast.
- Sipping flat ginger ale.
- At home, using medications like over-the-counter Gravol® (as directed) or other anti-nausea medications. If this is not helping, call the Nurse Coordinator. Do not drive while taking these medications.

Constipation

Painkillers or other medications can cause constipation.

Most people do not pass gas until 2–3 days after surgery. Many people do not have a bowel movement (poop) for 5–6 days after surgery. After your first bowel movement, make sure you are having 1 at least every 3 days. To help have a bowel movement more often:

- See **page 23** for list of foods containing fibre that you can add to your diet.
- You may use bowel medication (such as Lax-A-Day®, Senokot® or RestoraLAX®). Follow the routine that was started at the hospital. You may use bowel medication up to 1 month after surgery, as needed. Drink lots of fluids (2 or more liters of fluid per day) to help the medications work.

Eating

Food is important to help you recover. You can usually eat solid foods right after your surgery. We may give you nutrition supplements such as Ensure® for extra protein and calories to help you heal. Think of these supplements like medications and take them as directed. See more information on **page 23**.

Breathing Exercises

Deep breathing and coughing exercises are important to help you recover and prevent lung infections, like pneumonia:

- Use the Incentive Spirometer (IS) every hour when awake to keep your lungs clear (you will be shown how to use this).
- Follow your handout “Deep Breathing, Coughing and Moving After Abdominal Surgery.”
- Take your IS device home with you and **continue your breathing exercises at home**.

Using the Incentive Spirometer :



1. Slide the pointer on the side of the unit to the selected volume level.
2. Breathe out normally.
3. Place your lips tightly around the mouth piece, making a firm seal.
4. Breathe in slowly, raising the yellow float as high as possible.
5. When the float is at the pointer, remove the mouthpiece and breathe out slowly. Let the white piston return to the starting position.

Gas Pain and Bloating

Gas pain or bloating can happen because gas builds up in your intestines (bowels) during surgery. Try walking, chewing gum or drinking peppermint tea.

Moving and Doing Leg Exercises

Moving and doing leg exercises will help you build strength, increase blood flow, prevent blood clots from forming and keep your lungs clear. It's important to listen to your body as you exercise. See **page 25** for more information.

Be active as soon as possible. We will encourage you to get up and/or walk around the day of your surgery.

- Some ways to start your recovery are to move your legs, wiggle your toes, change position in bed, get up to sit in a chair, stretch your legs, do basic leg exercises and walk.
- Get out of bed to eat your meals.
- Take blood thinning medications (if prescribed) as directed for the entire time. Ask your nurse for the booklet **Blood Clots and Cancer** for more information.
- Increase your activity level slowly after surgery.

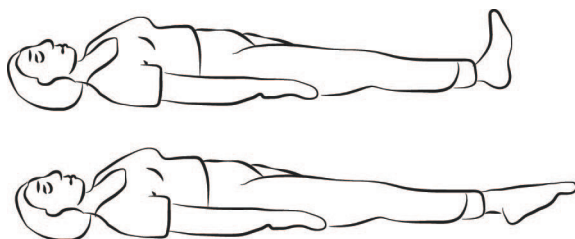
Watch for signs of a blood clot:

- Swelling
- Redness
- Warmth to skin
- Pain in 1 or both legs
- Shortness of breath

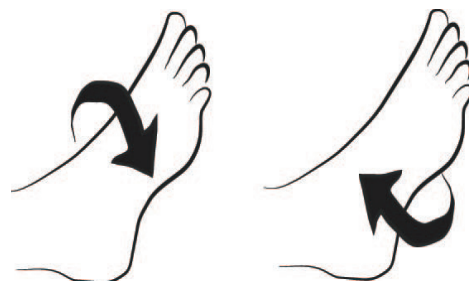
Tell your healthcare team right away if you have any of these symptoms.

Leg Exercises

Do these exercises 5 times each hour you are awake. These can be done lying in bed or sitting in a chair.



Flex your feet up and down for 1 minute. Relax. Repeat.



Make circles with your feet. Repeat in the other direction.

Blood Thinner Medications

- You may be given a blood thinner (anti-coagulant) to help prevent blood clots.
- Your greatest risk for clotting is in the first 28 days after surgery.
- This medication is injected under the skin at least 1 time a day.
- You may have to keep taking this blood thinner after you go home. If that happens, you or a support person will be shown how to give the injection. It is important to take it as long as it has been prescribed for.
- This medication is expensive. Talk with your healthcare team if you have concerns or if you don't have a drug or health benefit plan.
- Ask your nurse for the handouts "Self-Injection" and "Blood Clots and Cancer" for more information.

Bladder and Urinary Problems

- You may have a catheter (thin tube) draining your bladder. This is usually taken out in the operating room.
- If you have problems urinating after your catheter is removed, let your nurse know right away.
- You need to measure your urine (pee) the first few times you get up to go to the bathroom. You will put a container in the toilet to collect and measure the urine.
- Keep track of how many cups (250mL) of fluid you are drinking in hospital and at home. Use a notebook or paper. Drink enough water each day to keep your urine pale yellow.

Watch for signs of a urinary tract infection:

- Pain and burning when you pee
- Cloudy or foul-smelling pee
- Red/brown coloured pee
- Feeling an urgent need to pee
- Feeling like you need to pee even after you have already gone to the bathroom



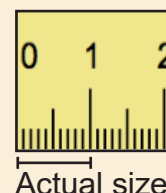
Wound Care and Incisions

Your incision is closed and covered differently, depending on the type of surgery you had.

Robotic Surgery	Open Abdominal Surgery
<ul style="list-style-type: none"> Dissolvable stitches (sutures) or small paper tapes (Steri-strips™). May be covered with a small gauze dressing or left open to the air. 	<ul style="list-style-type: none"> Metal staples covered by a dressing. Most dressings are taken off 24–48 hours after surgery. There is a type of dressing that will stay on and be removed after 10–14 days—your nurse will tell you if you have this type of bandage.
<ul style="list-style-type: none"> External stitches will dissolve in 6–8 weeks. Internal stitches will dissolve in several weeks. If you feel the stitch inside or can see it, do not pull on it or remove it. Leave the stitch alone and it will slowly dissolve over time. 	<ul style="list-style-type: none"> Staples will be removed 10–14 days after surgery. Make an appointment with your family doctor or walk-in clinic, unless you have been told to come to the cancer centre. Ask for a removal kit from the nurse before you go home. Paper tapes (Steri-strips™) may be used to keep the incision closed after the staples are taken out.

What to do if your incision comes open:

- Small gaps of less than 1 cm — make an appointment with your family doctor.
- Large gaps of greater than 1 cm — call the surgeon.



Dressings and Bandages

Before you are discharged from the hospital, ask for instructions on how to care for the type of bandage you have.

- Review the table above. Most incisions will be covered with a dressing (bandage) after surgery for 1–2 days and then left open to the air.
- If you have staples, the dressing will be taken off when the staples are taken out, by your family doctor.

Fluid Leakage

As your incision heals, the swelling will go down and fluid might leak from it.

As long as there are no signs of infection, this is normal.

Washing Your Body

No baths until after your follow-up visit.

You can shower:

- If your incision is not covered with a dressing, shower as usual and carefully pat it dry.
- If your incision is covered by a dressing, do **not** get it wet. To protect the dressing, use a large piece of plastic wrap to cover it and secure it to your skin using waterproof tape (available at pharmacies and drug stores). After the shower, remove the plastic wrap. If it gets wet, remove the wet dressing and place a new dressing over the site.

Watch for signs of an infection:

- Chills or a fever (temperature greater than 38.5°C or 101.3°F lasting more than 1 hour or 60 minutes).
- Increasing redness, swelling, yellow or green discharge, or a bad smell at the incision site.
- Increased pain or swelling in your abdomen.



Staying Comfortable:

The area around your incision(s) can be tender and sensitive for weeks. To stay comfortable:

- Wear soft, loose clothing
- Sit on a cushion or pillow

Wound Pressure Dressing

You may have a thick pressure dressing on 1 wrist. This covers the site of 1 of the lines that was put in during surgery. Your nurse will remove this dressing 24 hours after your surgery.

Drain

If you have a drain in place, you will be taught how to take care of it. Once the fluid in the bulb slows down, your medical team will decide when to remove the drain.

Steri-Strip™ Care

If your incision has Steri-strips™ on it, leave them on. As the incision starts to heal:

- The Steri-strips™ edges will start to curl up. You can carefully trim the curled edges.
- Leave the Steri-strips™ on until they come off on their own or you may remove them in the shower on day 10 (10 days after surgery).

Vaginal Flow

- It's normal to have reddish vaginal flow that comes and goes for up to 6 weeks.

Recovery Time

It can take time to recover from your surgery. Wait until you have had your follow-up appointment before going back to your normal activities. For many patients recovery time is:

- Robotic or laparoscopic surgery: 3–4 weeks
- Open abdominal surgery: 6–8 weeks
- Vulvectomy: 4–12 weeks

Watch for vaginal flow that has **large clots** (larger than a toonie or walnut) or soaks a feminine pad in less than 1 hour.

If this happens, go to your nearest Emergency Department or urgent care centre.

Returning to Work

You should expect to be off work for 4–8 weeks, or longer if you need more treatment.

Emotions and Coping

Many people are emotional after surgery and sometimes have trouble coping with their emotions. This is common because of:

- The results of the surgery are unknown
- Fear, anger, and lack of control of what comes next
- Worry about upcoming treatment(s) (if this applies to you)
- Hormonal changes (talk with your doctor if you had your ovaries removed)

Feeling depressed, isolated and withdrawn from friends and family is a concern. Talk to your healthcare team about your feelings and ask for resources on coping and support.

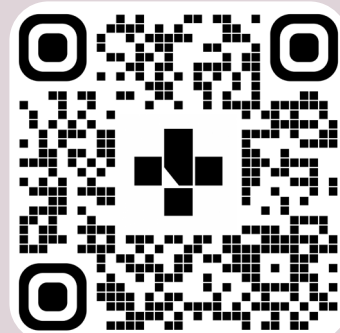
There are many resources available to help you after surgery such as counselors or menopause specialists. Some patients also find acupuncture and massage helpful.

Cancer Care Alberta – Supportive Care and Living Well

A cancer diagnosis can affect not only your physical health but also your mental, emotional, spiritual and physical well-being. It can change how you feel about yourself and sometimes changes your relationships with family and friends. This can be challenging and normal.

Psychosocial and Rehabilitation Oncology services are available to help you and your family cope with all of the different feelings and practical challenges that can happen. From the point of diagnosis, throughout treatment and beyond, we can help.

Scan the QR code or visit cancercarealberta.ca.



Getting Ready to Go Home

Recovering from this surgery can be slow. Other health conditions like diabetes can affect your recovery time. It's also common to have setbacks that slow your recovery. Don't let it get you down if you feel you're not making progress each day.

The “Do Nots” After Surgery

- No lifting anything over **10 pounds** (4.5 kg) for 4–6 weeks. It increases blood pressure and might cause your incision to open.
- No driving while taking pain medication
- No swimming, bathing, or hot tubs (shower's)
- No sexual intercourse
- No vacuuming
- No tampons
- No work

For heavy work around the home, ask family and friends for help, or look up homemaking services in the Yellow Pages under “Nurses or Nurses’ Registries” or online.

If you have concerns about managing at home:

- Talk with your nurse to see if Home Care can help.

A dietitian may meet with you to go over your nutritional status and speak about your diet.

If you go home with a:

- Drain or a bladder catheter, you will be shown how to care for it.

Questions to Ask Before You Leave the Hospital

Your surgeon or nurse will answer your questions before you go home. Some common questions you should have answers to include:

- Is there any medication I should stop taking now?
- Are there any medication prescriptions I need?
- When can I get back to my normal activities like work, travel, or exercise?
- When can I do housework, laundry, and other activities around the house?

How much is 10 pounds?

- Full basket of laundry
- Medium sized cat or a small dog
- Large bag of garbage
- Most vacuum cleaners
- Large watermelon
- Large bag of sugar or flour
- Bag of potatoes
- Two 4-liter jugs of milk
- Three 2-liter bottles of pop

The First Few Weeks at Home

Non-Surgery or Non-Cancer Health Concerns

See your family doctor for any health concerns that are not related to your surgery or cancer.

Nutrition

Your body needs extra calories and protein after surgery to help you heal. Try eating meat, chicken, fish, eggs, dairy products, nut butters such as peanut butter, nuts, tofu, and dried, cooked beans such as chickpeas.

Canada's Food Guide is a resource to help you choose nutrient-rich foods. Ask your dietitian for a copy or visit: <https://food-guide.canada.ca/en/>

Losing Weight

You **may** lose weight before and after surgery. Losing weight can affect how fast you heal after surgery. If you're losing weight, try increasing your calories.

Nutrition supplement drinks (like Ensure®) can add more calories and protein. You can buy them at grocery and drug stores.

If you keep losing weight or are have problems with appetite or eating, ask for a referral to a dietitian.

High blood sugar

Ask your healthcare provider about supplements that are lower in sugar.

Alcohol

Don't drink alcohol during your recovery from surgery.

Constipation

It's important to prevent straining when you have a bowel movement. Taking pain pills with codeine like Tylenol # 3®, can make you constipated. Try:

- Getting more fibre in your diet by eating whole-grain breads and cereals.
- Drinking plenty of fluid to make the fibre work, and keep your urine pale.
- Exercising each day — like walking.
- Asking your doctor about bowel routines to prevent constipation, or read the "Cancer and Constipation" handout. Visit ahs.ca/cancertreatment, go to "Managing Side Effects".

Foods to Eat	Foods to Limit or Avoid
<ul style="list-style-type: none"> • whole grains (barley, bulgur) • brown rice • fresh fruits and vegetables • dried beans and peas • prunes or prune juice • raisins or dates • grapes 	<ul style="list-style-type: none"> • white rice • white pasta • dairy products like milk, cheese and ice cream • bananas

Showering and Personal Care

Washing

You can shower. **Do not** take baths until you're told it's okay. The skin around your incision may be numb — use warm water so you don't burn yourself.

Vaginal Flow

You can expect some vaginal flow or discharge that comes and goes for 6 weeks after surgery. Use sanitary pads. **Do not** use tampons — they may cause vaginal irritation or infection.

Caring for Your Incision

If your incision is not covered, gently wash your incision with mild soap and water then pat it dry.

- Do not use products with alcohol or hydrogen peroxide in them to clean the incision.
- Do not use Vitamin E or BioOil® until after your follow-up visit.

If you have a dressing (if your incision is oozing), change your dressing every 4–6 hours, or as often as you need to keep it as clean and dry as possible.

You will likely go home before the staples come out. Please read the section on **Wound Care and Incisions** on **page 19** for information about staples, stitches and paper tape.

Check your incision for the signs of infection every day **for the first 2–3 weeks** (see **page 20**). A little redness from the staples is normal and will go away over time once the staples are removed.

Rest and Exercise

Rest and exercise are important to your recovery. You will probably feel weak and will tire easily during the first few weeks at home. During this time, limit your exercise to short walks. Let the way you feel be your guide. When you start to feel tired, stop whatever you are doing and rest. In time, you should be able to walk further and become more active.

- Do not climb stairs too often during the day as it is tiring.
- Do not stand still for long periods of time. Try shifting your weight from 1 leg to the other.
- Do not sit in one place for more than 1 hour at a time without getting up.
- Rest when you feel tired. Rest often throughout the day. This is better than 1 long rest. Take a nap if you need to, but get at least 8–10 hours of sleep at night.
- Do not lift anything over 10 pounds (4.5 kg) for at least 6 weeks after surgery. Check with your doctor before you try any strength exercises.

Driving

You may be advised not drive for 1–2 weeks after you come home from the hospital. Do not drive until you:

- Are no longer taking pain medications that make you feel sleepy.
- Can hit the brake pedal for an emergency stop without pain.
- Can shoulder check without pain.
- Feel stronger and comfortable.

For more information, speak with your healthcare team.

Follow-Up Appointment

A post-operative follow-up appointment will be booked 8 weeks after your surgery. At this appointment you will talk about:

- Results of your surgery and tests
- Bathing and showering instructions
- Hormone replacement therapy (if needed)
- Concerns you are having — your care team can connect you with resources that can help

If you **do not** get your follow-up appointment time by 6 weeks after your surgery, please call the cancer clinic to organize.

Sexual Health

Questions about sexuality and femininity are very common. Talking with your nurse, doctor, or a cancer centre counselor may be helpful. Here are a few important things to know:

- **Removal of the uterus** (hysterectomy) will NOT cause menopause. But it does mean you will no longer have menstrual periods or be able to become pregnant.
- **Removal of the ovaries** will cause symptoms of menopause such as hot flashes, night sweats, mood swings, or vaginal dryness.
- Sometimes, even if your ovaries are not removed and you have not reached menopause, your ovaries may still be “shocked” by the surgery and may slow down the production of estrogen for a short time.

You may notice some changes in sexual desire and response after surgery. These changes are different for everyone.

Having sexual intercourse

- **Do not** have intercourse before your follow-up appointment with the surgeon (usually 8 weeks after you leave the hospital). It takes 8-12 weeks to let your incisions heal completely.
- At first, you and your partner should start to have intercourse slowly and gently — your abdominal muscles may still be sore and your vagina may be tender. This will improve with time. Use vaginal moisture products such as Replens® to help increase your comfort. Ask your nurse for the "**Choosing a Personal Lubricant**" handout.
- There are many sexual health resources available. Ask your nurse about sexual health resources.

Treatment After Gynecologic Surgery

If you are diagnosed with cancer, you may be offered chemotherapy or radiation treatment. If this is the case, our doctors and nurses who specialize in these areas will meet with you to talk about possible treatment options.

Forms

Completing Forms and Paperwork

Disability Insurance Forms

Contact the Human Resources department at your workplace if you want to make a claim to either:

- Your work's disability insurance provider
- Service Canada (Canada Pension Plan Disability Benefits)

Time Off From Work

Most people are usually off work for **4–8 weeks** after this type of surgery. At the end of this time, you will come for a follow-up appointment. During that visit, you and your doctor will decide if you need more time off.

Need a letter from your doctor?

Make sure you:

- Tell us who the letter should be addressed to and where the letter should be sent.
- Tell us the exact dates you will be off work.
- Complete the AHS **Consent to Disclose Health Information**. You may be given it, or print one yourself. You can get the form by scanning the QR Code, or visiting www.albertahealthservices.ca/frm-18028.pdf.

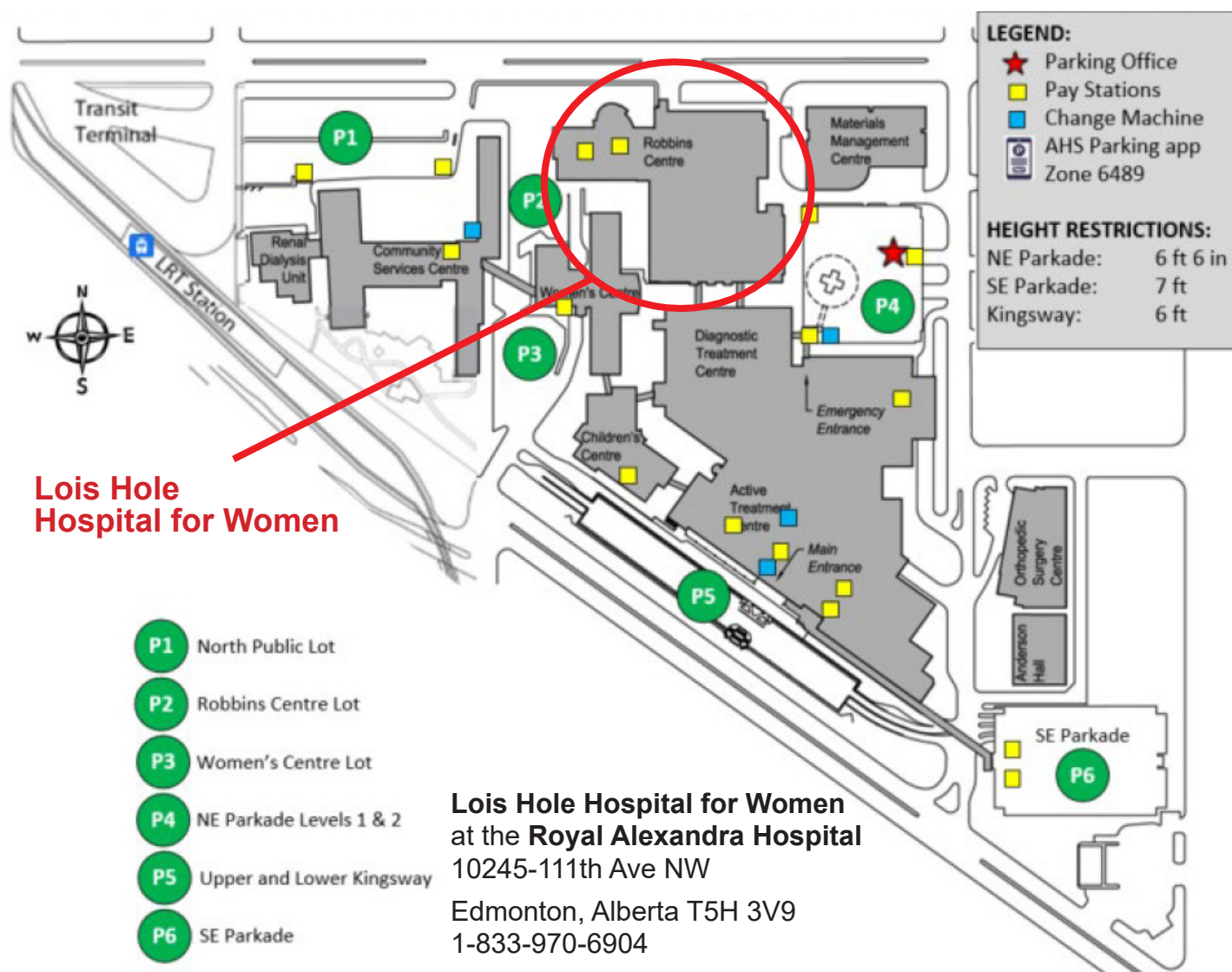


What else do I need to know?

- Give these forms to your doctor's Admin to fill out and have the doctor sign.
 - **Do not** give documents or forms to clinic staff (such as nurses, doctors).
 - Doctors **cannot** complete these forms during clinic hours.
- Forms will take up to **4 weeks** to be completed. Call the doctor's office after the 4 weeks have passed.
- Tell the doctor at **every visit** if you need ongoing documentation for insurance, disability or work claims.
- Review the forms to make sure all the required information is filled out.

Parking Map

Royal Alexandra Hospital and the Lois Hole Hospital for Women



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The information is to be updated every 3 years, or as new clinical evidence emerges. If there are any concerns or updates with this information, please email cancerpatienteducation@ahs.ca.

For your surgery appointment



Have someone who can drive you



Arrive 2–3 hours early for surgery



Have someone who can stay with you



Bring a list of questions

For other Cancer Care Alberta
Resources, visit cancercarealberta.ca

