

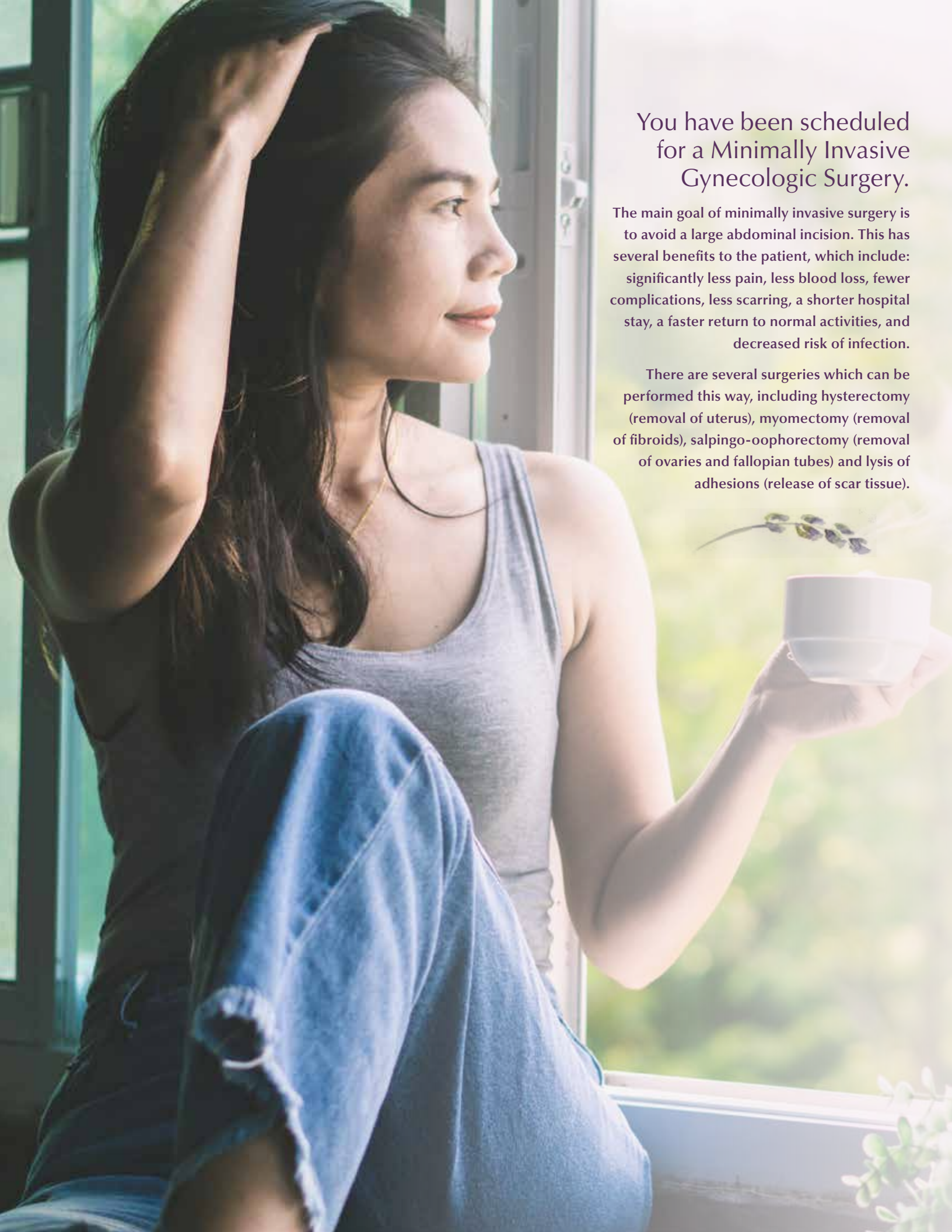
PREPARING FOR SURGERY

# Minimally Invasive Gynecologic Surgery



SARATOGA OB/GYN  
AT MYRTLE STREET

A SERVICE OF SARATOGA REGIONAL MEDICAL, P.C.



## You have been scheduled for a Minimally Invasive Gynecologic Surgery.

The main goal of minimally invasive surgery is to avoid a large abdominal incision. This has several benefits to the patient, which include: significantly less pain, less blood loss, fewer complications, less scarring, a shorter hospital stay, a faster return to normal activities, and decreased risk of infection.

There are several surgeries which can be performed this way, including hysterectomy (removal of uterus), myomectomy (removal of fibroids), salpingo-oophorectomy (removal of ovaries and fallopian tubes) and lysis of adhesions (release of scar tissue).

## What is a Hysterectomy?

A hysterectomy is the surgical removal of the uterus. Hysterectomies are performed for a wide variety of reasons. A hysterectomy is major surgery, but with new technological advances, the discomfort, risk of infection, and recovery time have all been decreased.

There are currently four surgical approaches to hysterectomies. Approaches and treatments depend upon factors such as the size of the uterus, prior abdominal surgery, scar tissue, obesity, and other medical considerations.

- 1. Open, Traditional Hysterectomy:** This involves a six to twelve-inch incision made in the abdominal wall.
- 2. Vaginal Hysterectomy:** This involves removing the uterus through the vagina. This approach is less invasive than the open, traditional hysterectomy, but does not allow the surgeon a full view of the surrounding organs, including the bladder.
- 3. Laparoscopic Hysterectomy:** About four small cuts are made in the abdomen to divide the attachments of uterus, ovaries, and tubes in the pelvis. The uterus is usually then removed through the vagina.
- 4. Robot-assisted Total Laparoscopic Hysterectomy:** Using a state-of-the-art robotic platform allows the surgeon a full view of the surrounding organs and more precise control over all incisions.

Our surgeons are committed to providing the best treatment option for every individual patient. While a hysterectomy performed using robot-assisted surgery is considered safe and effective, these procedures may not be appropriate for every patient. Always ask your doctor about all treatment options, as well as their risks and benefits.

A hysterectomy does not cause menopause unless both of your ovaries are removed.

## What is a Salpingo-Oophorectomy?

A salpingo-oophorectomy is the removal of one or both of your ovaries and fallopian tubes. If both ovaries are removed, you will go into menopause, if you have not already. If you have already gone through menopause, you should not notice any changes. If you have not started menopause, you may experience common symptoms, including night sweats, hot flashes, and vaginal dryness. Speak with your doctor about ways to manage these symptoms.

## What to expect from your surgery

Robot-assisted Total Laparoscopic Hysterectomy usually takes two-three hours under general anesthesia. You may be discharged on the same day, or you may be hospitalized overnight so your physician can monitor your healing progress. Most patients return to normal daily activities within two weeks. Your physician will give you detailed instructions to help you through the recovery process.

You will not be able to become pregnant following a hysterectomy, and your periods will discontinue. Should your surgery include removal of your ovaries, you may also experience symptoms of menopause, such as hot flashes and vaginal dryness. Hormone therapy may be an option for relief following the removal of your ovaries. Your doctor can help you decide what works best for you. If you are not already in menopause, these symptoms may contribute to an unsettled emotional state.

The following will help you know what to expect before, during, and after surgery.

### preparing for surgery

- ▶ Plan ahead; make sure everything is ready for you when you go home after your operation. You may need more help at first from friends or family with meals, laundry, bathing, cleaning, etc.
- ▶ We strongly suggest you stop smoking completely for four weeks before your

surgery, as this will reduce the risk of lung complications afterward.

- ▶ You may have been given a vaginal antibiotic to use prior to your surgery. Use it as directed by your surgeon.
- ▶ Try to do aerobic exercise every day, such as walking at least one mile (1.6 kilometers), swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.
- ▶ Eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your doctor or nurse about meeting with a dietitian.
- ▶ Please tell us if you have sleep apnea, or if you think you might have it. If you use a breathing machine (such as a CPAP) for sleep apnea, bring it with you the day of your surgery.

### preoperative instructions

- ▶ You will receive a phone call with your surgery date.
- ▶ You will be given a preoperative appointment with your surgeon. During this visit, your surgeon will review your medical history and review your instructions for surgery.
- ▶ You will be called by PPT (Pre-Procedure Testing) at Saratoga Hospital to schedule a face-to-face appointment.
- ▶ During your preoperative visit, you may:
  - ▶ Have blood tests,
  - ▶ Have an ECG (electrocardiogram),
  - ▶ Have a CXR (chest x-ray), or
  - ▶ Have pre-procedure testing.
  - ▶ You'll also receive instructions regarding diet and medications.
- ▶ You may be scheduled to see your Primary Care Provider or Specialist (Cardiologist, Endocrinologist, Hematologist) within 30 days of your surgery. This appointment is to make sure you are safe to undergo surgery.



# day of surgery

## at home

- ▶ Don't put on any lotions, creams, deodorants, makeup, powders, perfumes, or scented sprays.
- ▶ Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns where there is metal.
- ▶ Leave valuables, such as credit cards, jewelry, or your checkbook at home (but bring your ID).
- ▶ Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and any religious articles.
- ▶ Wear something comfortable and loose-fitting.
- ▶ If you wear contact lenses, wear your glasses instead.

## when you arrive

- ▶ You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.
- ▶ When it's time to change for surgery, you will get a hospital gown and non-skid socks to wear.
- ▶ **Meet with your nurse.** You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches or creams) you took after midnight and at what time.

- ▶ **Meet with your surgeon.** You may ask any last-minute questions about your surgery. You will both review the proposed procedure one more time.
- ▶ **Meet with your anesthesiologist.** Your anesthesiologist will:
  - ▶ Review your medical history.
  - ▶ Talk with you about your comfort and safety during your surgery.
  - ▶ Talk with you about the kind of anesthesia you will receive.
  - ▶ Answer any questions you may have about your anesthesia.

## before surgery

- ▶ You will have an intravenous line (IV) started so you can receive fluids and medicine to gently make you feel relaxed and sleepy.
- ▶ One or two visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area.
- ▶ You will be taken into the operating room on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs. You will also have a blood pressure cuff and electrocardiogram (ECG) pads placed to monitor you during surgery.
- ▶ Your anesthesiologist will give you fluids and anesthesia (medication to make you sleep) during your surgery.
- ▶ Once you are fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You may also have a urinary catheter placed to drain your urine.

- ▶ Once your surgery is finished, your incisions will be closed with stitches and surgical glue.
- ▶ Your breathing tube is usually taken out while you are still in the operating room.

## after surgery

- ▶ When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU).
- ▶ A nurse will be monitoring your body temperature, blood pressure, pulse, and oxygen levels.
- ▶ You will have a urinary catheter in your bladder to help monitor the amount of urine you are making. It should be removed before you go home. You will also have compression boots on your lower legs to help your circulation.
- ▶ Your pain medication will be given through an IV line or in tablet form. If you are having pain, tell your nurse.
- ▶ You will be encouraged to walk with the help of your nurse. Walking helps reduce the risk of blood clots and pneumonia. It also stimulates your bowels so they begin working again.
- ▶ You will be discharged home when you are able to take in clear liquids, urinate, and walk without difficulty.

## risk & safety

Although the risks associated with hysterectomy are low, you should be aware that every surgical procedure has some risk. These risks may vary according to the type of surgery you have. To help minimize risk, it is *important* to talk openly and honestly with your doctor.

## specific risks

- ▶ Bleeding from large blood vessels around the uterus or top of the vagina. This is not common. Emergency surgery may be required to repair the damaged blood vessels, or a blood transfusion may be required to replace blood loss. A vaginal pack may also be used to control the bleeding.
- ▶ Infection in the operation site, pelvis, or urinary tract. Treatment may include antibiotics and ongoing wound care with dressings.
- ▶ Nearby organs, such as the ureter (tube leading from kidney to bladder), bladder, or bowel, may be injured. Additional surgery may be needed to repair the injuries. For bladder injuries, a catheter may be put into the bladder to drain the urine away until the bladder is healed. For a ureter injury, a plastic tube (stent) is placed in the ureter for several weeks. If the bowel is injured, part of the bowel may be removed with a possibility of a temporary or permanent colostomy (bag on the abdomen to collect feces).
- ▶ The bowel may not work immediately after the operation; this is usually temporary. Treatment may include an IV (intravenous) line to give fluids into the vein as well as no food or fluids by mouth.
- ▶ Rarely, a connection (fistula) may develop between the bladder and the vagina. This causes uncontrollable leakage of urine into the vagina and requires further corrective surgery.
- ▶ A change in the sensory nerves of the bladder and bowel may occur, as well as constipation and bladder problems.
- ▶ Psychological changes may occur after

surgery. Feelings of depression and anxiety can be prolonged after surgery. Counseling may be beneficial.

- ▶ The layers of the wound may not heal well, and the wound may open up. A weakness/hole in the deeper tissues (hernia) may form in the long term, which may require repair by surgery.
- ▶ The scars can be thickened, red, and may be painful. This can be disfiguring and may be permanent.
- ▶ Numbness under or around the wound is relatively common and, while it normally resolves, it may be permanent.
- ▶ In the case of a large uterus, a myomectomy (removal of fibroid) may be necessary to complete the surgery. Very rarely, hidden cancer may be present in the uterus, and a myomectomy could cause spillage of cancer cells into the abdomen.

## general risks of any surgery

- ▶ Small areas of the lungs may collapse, increasing the risk of lung infection. This may require antibiotics and physiotherapy.
- ▶ Clots may occur in the legs with pain and swelling. Very rarely, part of this clot may break off and go to the lungs, which can be fatal.
- ▶ Chronic abdominal pain related to internal scarring (adhesions) may occur.
- ▶ A heart attack may occur due to strain on the heart or a stroke. In extremely rare cases, death is a possibility for anyone undergoing surgeries.

## increased risk

Women who are overweight, obese, or who smoke may have an increased

risk of wound infection, chest infection, heart and lung complications, and blood clots. Talk to your doctor if any of these circumstances apply to you.

## surgical safety

Help us keep you safe during your surgery by telling us if any of the following apply to you, even if you aren't sure. It is important that you let us know:

- ▶ If you take a blood thinner. Some examples, among others, include aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®).
- ▶ All of the prescription and over-the-counter medications, including patches and creams, and all herbs, vitamins, minerals, or natural or home remedies you take.
- ▶ Whether you drink alcohol, smoke, or use recreational drugs.
- ▶ Whether you have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other implanted heart device.
- ▶ If you have sleep apnea.
- ▶ Whether you, or a family member, have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- ▶ If you are allergic to certain medication(s) or materials, such as latex.
- ▶ If you are not willing to receive a blood transfusion.



## once you go home

At home, it's important to follow all of your surgeon's instructions and keep your follow-up appointments. Take any medicine as directed. Some pain during early recovery is normal. Ask your surgeon what to take for pain. Here is what you can expect during your recovery at home:

- ▶ You should be able to gradually return to your normal diet.
- ▶ You may shower, but your incision areas should be kept dry.
- ▶ Keep walking. You should gradually be able to resume normal activities in a few days. Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed.
- ▶ Avoid heavy lifting (>15 lbs.) for eight weeks after surgery.
- ▶ Ask your surgeon when you can return to specific activities.
- ▶ You may continue to have light bleeding from your vagina for several days or a couple of weeks.
- ▶ You may be instructed not to put anything into your vagina for up to eight weeks. (This means no sex, use of tampons, or vaginal douching).
- ▶ You may resume driving two weeks after surgery, as long as you are not taking pain medication that may make you drowsy.
- ▶ The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals. Most people can return to work about two to four weeks after the surgery.

- ▶ Your first appointment will be scheduled for six weeks after surgery.
- ▶ Complete recovery may take anywhere from a few weeks to a few months.

### please call your doctor if you:

- ▶ Have a temperature of 101° F (38.3° C) or higher,
- ▶ Have pain that does not get better with pain medication,
- ▶ Have redness, drainage, or swelling from your incisions,
- ▶ Have swelling or tenderness in your calves or thighs,
- ▶ Cough up blood,
- ▶ Have heavy vaginal bleeding,
- ▶ Have any shortness of breath or difficulty breathing,
- ▶ Do not have any bowel movement for three days or longer,
- ▶ Have nausea, vomiting, or diarrhea, or
- ▶ Have any questions or concerns.

### how can I cope with my feelings?

You may experience distressing emotions, such as sorrow, nervousness, and irritability. Feelings of depression and anxiety can be prolonged after surgery. Many resources are available to patients and their families for emotional support. Talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can help reassure, support, and guide you. Whether you're in the hospital or at home, these professionals are here to help you, your family, and your friends handle the emotional aspects of your illness.

### what if I have other questions?

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9 a.m. to 5 p.m. After 5 p.m., during the weekend, and on holidays, ask for the doctor on call for any urgent issues.

**Please call Saratoga OB/GYN at 518.587.2400 for questions or concerns.**

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