Preparing for your Delivery and Cesarean Hysterectomy

Michigan Medicine
Placenta Accreta Spectrum Program

VON VOIGTLANDER
WOMEN'S HOSPITAL
MICHIGAN MEDICINE

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Welcome to Von Voigtlander Women's Hospital at Michigan Medicine.

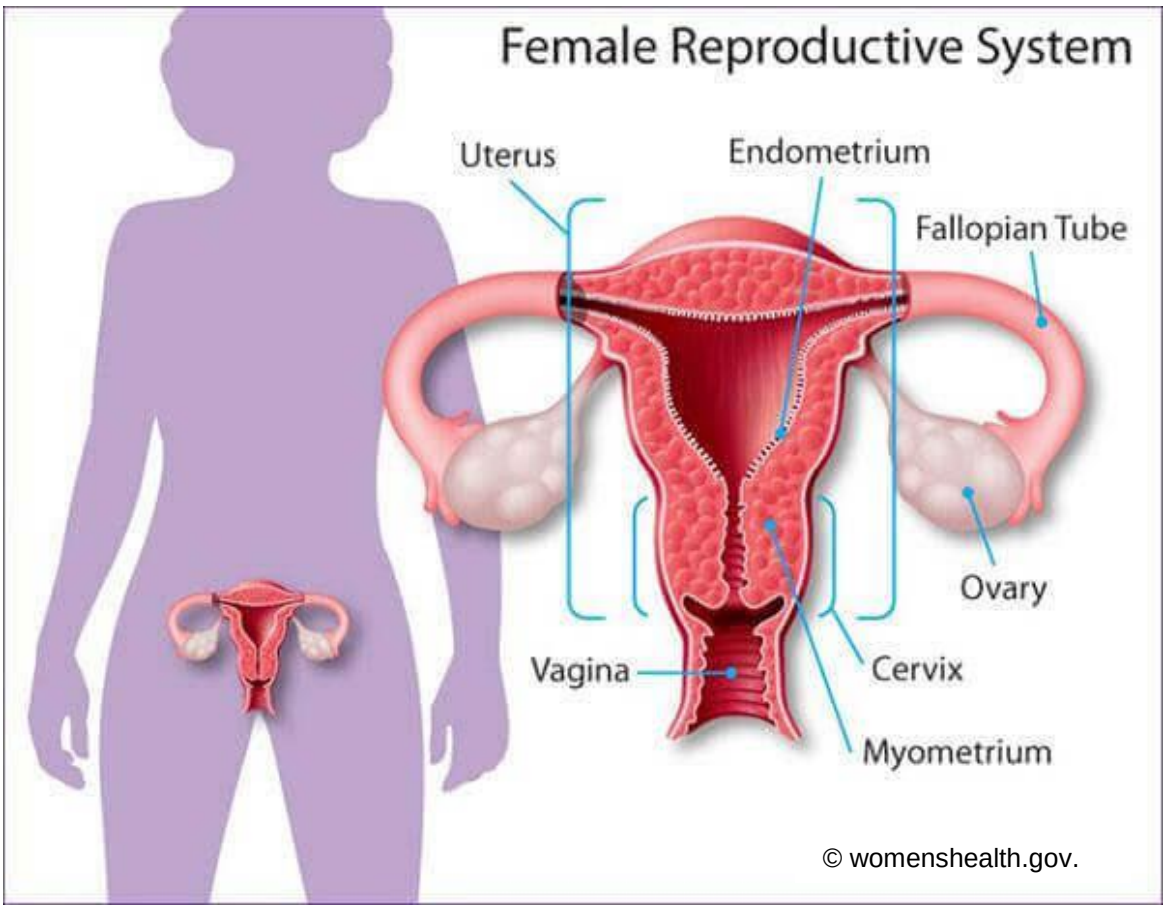
We look forward to partnering with you in your care.

What is placenta accreta spectrum (PAS)?

The placenta is the organ through which your baby gets nourishment and gets rid of waste. Sometimes, the placenta grows into or through the wall of the uterus. It can even grow beyond the uterus and put you at risk for blood loss or organ injury. This is more common when women have had surgery on the uterus before, such as a cesarean section (c-section). Because PAS may cause excessive, and possibly dangerous bleeding women with this condition may need surgery to fully remove the placenta and uterus. This procedure is called a hysterectomy. If your doctor has told you that you may have a PAS, you will likely have a hysterectomy at the time of your c-section.

What is a cesarean hysterectomy?

This is a procedure that combines the delivery of your baby or babies by c-section with a surgery that removes your uterus and usually your fallopian tubes and cervix. The ovaries are not removed.



What are the possible risks from this surgery?

We work very hard to make sure you are safe during and after your surgery. However, with PAS, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them.

Possible risks during surgery include:

- **Bleeding**: Average blood loss is 2-3 liters, which is far more than normal for childbirth. Nearly half of women with placenta accreta spectrum require multiple transfusions. If you have personal or religious reasons for not wanting a transfusion, you must discuss this with your doctor **prior to surgery.**
- **Damage to the bladder, ureters (the tubes that drain the kidneys into the bladder), and to the bowel:** Damage to the bladder related to placenta accreta invasion occurs in up to half of cases. Bowel and ureteral injury are less common. If there is organ damage, this will ideally be repaired while you are in surgery.
- **Additional Procedures:** Depending on the severity of PAS, additional procedures may be required on the day of your delivery or at a later time. Your doctors will discuss and explain the specifics of your case to you.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others. Your doctor will discuss all your risks with you prior to surgery.

Possible risks that can occur days to weeks after surgery:

- **Deep Vein Thrombosis (DVT)** or **Pulmonary Embolism (PE):** A blood clot in the legs or lungs. Signs of DVT and PE include leg swelling with or without pain, shortness of breath, and chest pain. If diagnosed, these are treated with blood-thinners.

- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea, and/or vomiting. Anesthesia, surgery, and pain medications may cause this condition. It typically resolves over time with patience and limiting food intake until bowels are moving. Rarely, a tube may be inserted into the stomach to remove gas and fluids while the patient is receiving hydration through an IV until the bowels are moving.
- **Incision complications:** The abdominal incision opens and/or requires another procedure or process to heal together.
- **Infection** (including bladder or surgical site infections): This may cause fever, redness, swelling, or pain. Practice good handwashing and avoid touching your dressing or incision. You will receive instructions on how to clean your incision every day with water and the signs of infection you need to watch for such as redness, swelling, or warmth. If an infection occurs, you may need antibiotics and/or additional procedures to ensure good healing.
- **Scar tissue:** Tissue thicker than normal skin forms as part of normal healing. Some people are prone to thicker scar tissue than others. How scar tissue forms inside the body is not predictable but can affect future health.

How do I prepare for surgery?

- Before surgery, you will meet with the following people:
  - Your Maternal-Fetal Medicine team to discuss your diagnosis and surgery
  - The Gynecologic Oncology doctor who will provide advanced surgical support during your surgery
  - An anesthesiologist to discuss the anesthesia for surgery. Often it is general anesthesia, meaning you will be put to sleep. This appointment may be either by phone or in person.

- Depending on your overall health, we may ask you to see your primary doctor to make sure you are safely prepared for surgery.

- Coordinate a family member or a friend to help with your day-to-day activities for a few days after surgery. Most women recover and are back to most activities in 4-6 weeks.
- Tell your doctor about all of the medications you take, including over-the-counter medications and supplements Some of your medications may need to be adjusted around your surgery.
- Stop smoking. Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery. Your doctor or nurse can give you resources to help you quit. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital. Smoking is not allowed anywhere in the hospital.
- Get your lab work done prior to your surgery
  - It must be done within 3 days of your surgery
  - You will receive instructions on where to go for your labs

The night before surgery:

- You will need to shower at home the night before and the morning of surgery. Use an antibacterial soap and shampoo your hair.

The day of surgery:

- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercing jewelry and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.

What can I expect on the day of surgery?

- When you arrive at the hospital, you will register and our staff will take you to the pre-op (before surgery) area. You may have 1 support person with you in pre-op.
- We will connect you to the fetal monitor so we can see your baby's heartbeat and any contractions you may be having.
- A nurse will place 2 IVs placed in your arms. These are needed to give you fluids, medications, and sometimes blood, during your surgery.
- We will place compression stockings on your legs to prevent blood clots in your legs and lungs during surgery. You will use these for the first few days after surgery, too.
- You will meet the people on your team for the surgery. You will have a nurse assigned to you, and there will be a nurse assigned to your baby/babies.

What can I expect in the Operating Room (OR)?

- When you move to the OR, your support person will go to the waiting room. If they leave the floor, they will receive a pager, so they can be called back if needed.
- Your team will help make sure you are comfortable. You will be positioned on your back but turned slightly to the left. This position helps your baby during surgery.
- Some patients may get an epidural so that they will be awake when their baby is born and maybe put to sleep (general anesthesia) for the hysterectomy. Others will go to sleep before delivery.
- For patients undergoing general anesthesia, the anesthesia team will give you medications to help you go to sleep and place a tube in your throat to help you breathe. The tube is usually removed before you wake up.

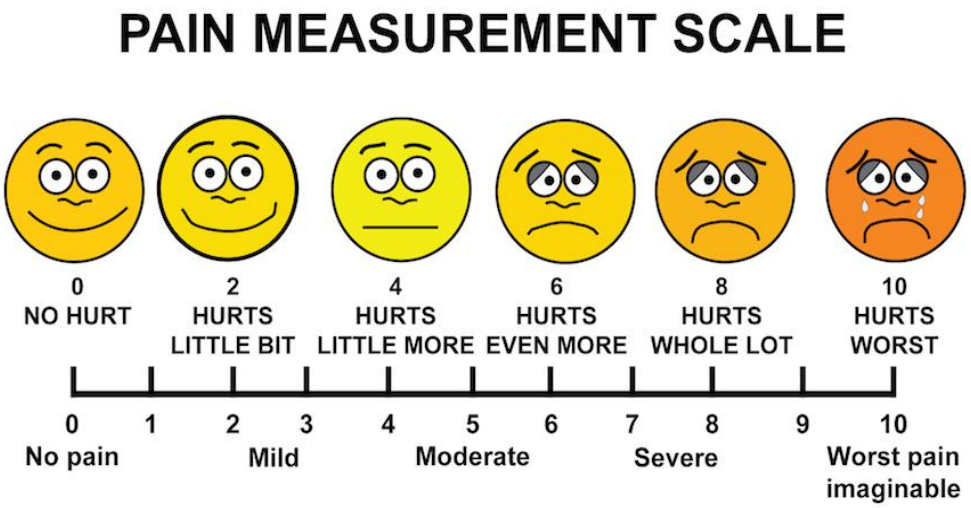
Sometimes, the tube stays in place for a brief time after the surgery to help you with your recovery.

- After you are asleep, your anesthesia team will place an arterial line in your arm. This is similar to an IV, but it is placed in an artery instead of a vein. This will allow for very close monitoring of your blood pressure throughout the surgery. It can also be used for blood tests during the surgery. You may also have a special sheath (or catheter) placed through your femoral (groin) artery. This can be valuable in decreasing the amount of blood loss during surgery.
- A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine your kidneys produce during surgery. The catheter usually comes out the next morning; however, it may be necessary to leave it in longer to let your bladder rest or heal.
- The pediatricians will be in the OR to help get your baby transition to newborn life. This is important if you go to sleep before delivery and anytime babies are born prematurely. The pediatricians will take the baby to the NEST (Newborn Evaluation, Stabilization, & Treatment area) on the 9th floor or to NICU (Newborn Intensive Care Unit) on the 8th floor for close observation while your surgery continues. Your support person will be welcome to go with the pediatrician team caring for your baby. Photos will be allowed if you desire.
- Once your baby has been safely delivered and you are asleep, your doctors will remove your uterus, cervix, and fallopian tubes.

What happens after the surgery?

- After surgery, you will be moved to the PACU or the Surgical Intensive Care Unit (SICU) if you need closer monitoring after surgery.
- Your nurse will frequently check your vital signs and your dressing.

- Controlling your pain is very important to us. Your nurse will frequently ask you to give your pain a number between 1 and 10. She will ask you what kind of pain it is. Let us know if it feels sharp, burning, dull, like pressure, etc.



- It is important that you take very deep breaths and cough every hour after surgery. This will help prevent pneumonia. You will receive a small device called a spirometer that will help you measure how deep you are breathing.

- We will support your desired plan for feeding your baby. If you plan to breastfeed, we will make sure you are able to pump your milk during the recovery period. You do not need to bring a pump or supplies with you. We will have everything you need.
- You will remain in the recovery area, or PACU, for at least 2 hours. Once we are sure you are doing well enough, you will be moved to your room. Some

patients may stay overnight in an ICU depending on how the surgery goes. Your OB doctors and nurses will be able to continue supporting you, even if you are in ICU.

- Once you are admitted to a room, we will help you to see your baby. Sometimes, the baby can stay with you, and sometimes, the baby must stay in NICU for a few days. Either way, we want to help you and your baby connect as much as possible!
- Depending on your surgery, you may not be able to eat or drink anything until the next morning. When you are feeling better, you may return to a regular diet.
- You may have some gas cramps or feel bloated. This is one reason we listen to your belly and why we will encourage you to walk in the hall several times a day.
- You may have a scratchy or sore throat from the tube used for your anesthesia. It will feel better soon.
- Your eyes and throat may feel dry. This can be a normal side-effect of the medications used during surgery.
- You will:
    - Receive medications and an abdominal binder for pain.
    - Receive medications for nausea if needed.
    - Have the tube in your bladder until at least the next morning.
    - Have the compression stockings on your legs to improve circulation.
    - Start taking your routine medications when it is safe.
    - Receive a device (incentive spirometer) to help expand your lungs after surgery.
    - Start walking as soon as possible after the surgery to help healing and recovery

- Your hospital stay will last about 3-4 days. On your discharge day, you should plan for someone to be at the hospital by noon to drive you home.
- If your baby is not ready for discharge, the baby's nurse will be able to let you know about staying with your baby.

What will my recovery at home look like?

Read and follow the instructions you will receive on discharge. It includes information on who to contact if you have any questions or problems.

Incision care:

- Your incision will be closed with dissolvable stitches or staples.
- If you have staples, they may or may not be removed before you go home.
    - A visiting nurse may come to your home to remove them, or
    - You may need to return to your doctor's office at a later date to have them removed.
- Wash your hands well before touching your incision.
- Wash your incision with water every day and blot dry.

Diet: Continue with your regular diet.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Opioid (Narcotic) pain medications may cause constipation. You may need to take a stool softener while taking these medications.
- **Nausea:** Anti-nausea medication is not usually prescribed. Tell your doctor if you have a history of severe nausea.

Activities:

- **Energy level:** It is normal to have a lower energy level after surgery. During the first week at home, avoid any strenuous activity. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed once your dressing is removed. You may wear pads or panty liners if necessary, but do not insert any tampons. Do not use vaginal douching or other internal cleansing products.
- **Climbing:** Climbing stairs is allowed, but you may require some assistance at first.
- **Lifting:** Do not lift anything heavier than a gallon of milk for the first few weeks. This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** It is not safe to drive the first few weeks after surgery because you may not be able to make sudden movements due to discomforts from surgery. Do not drive while you are taking prescription pain medications (opioids) because they can cause drowsiness.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk. To allow your body time to heal, do not return to a more rigorous exercise routine for 4-6 weeks after your surgery. Please talk to your doctor about when you can start exercising again.
- **Intercourse:** No sexual activity for 6-8 weeks after surgery or until cleared by your doctor.

- **Work:** Most patients can return to work between 3-6 weeks after surgery. You may continue to feel tired for a couple of weeks.

What is my follow up care?

Your post-operative appointment is important. It should be scheduled for 4-6 weeks after surgery. If you do not have an appointment when you are discharged, please call your doctor's office to schedule one. One of your providers will call you approximately 6 weeks after your surgery to discuss your overall experience.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk to your doctor. We look forward to partnering with you in your care.

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