Preparing for Your Gynecologic Oncology Surgery

A Guide for Patients & Families

Department of Obstetrics & Gynecology

Division of Gynecologic Oncology

Introduction

A team of doctors and nurses from the Michigan Medicine Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, wrote this booklet for patients who are undergoing gynecologic oncology surgery and for the family members and friends who care about them. The purpose of this booklet is to help you prepare for surgery, including knowing what to expect before, during, and after your procedure. If you have any additional questions, please do not hesitate to contact your care team.

Contact Us

Care Center Contact Information

Care Center	Phone Number
Rogel Cancer Center (https://michmed.org/vVzYW)	(734) 647-8902
Brighton Center for Specialty Care (https://michmed.org/ZYb4d)	(734) 936-6000
Brighton Center for Specialty Care Preop Nurse	(810) 263-4440
Midland Gynecologic Oncology Clinic (https://michmed.org/RWbqD)	(989) 837-9047
Domino's Farms Preop Clinic (https://michmed.org/3Angq)	(734) 936-3604
For emergencies after 5 p.m., on holidays, or on weekends	(734) 647-8902
C.S. Mott Children's Hospital & Von Voigtlander Women's Hospital 1540 E. Hospital Drive, Ann Arbor, MI 48109	(866) 936-8800
Mott & Von Voigtlander Preop Nurse	
Downloadable map of the University of Michigan Medical Center Campus (https://michmed.org/j8ZAJ)	

Michigan Medicine Support Services

Department	Phone Number
Billing	(734) 615-0863
Guest Assistance Program	(800) 888-9825
Medical Records	(734) 936-5490
Patient and Visitor Accommodations	(800) 544-8684

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What are the most important things I should know before surgery?

1. Do not eat anything after midnight the night before your surgery.
2. Follow all instructions provided to you by the pre-op nurse.
3. You must have someone drive you to the hospital for your surgery and back home afterward.
4. If you go home the same day as your surgery, you must have someone drive you home and stay with you for the first 24 hours afterward.
5. Your pathology results may be in your online patient portal before we have reviewed them at **Tumor Board.** Tumor Board is a meeting that includes providers from multiple specialties, including gynecological oncology, radiation oncology, pathology, and radiology. At the meeting, patient cases are discussed among the specialists and decisions are made about recommendations for treatment and next steps. You will not hear from us regarding the results until they have been discussed at Tumor Board.
6. You may not have a bowel movement for up to 3-5 days after surgery.

Introduction to Gynecologic Surgery

Types of Surgical Procedures:

- **Exam Under Anesthesia (EUA):** A pelvic exam under anesthesia
- **Total Hysterectomy:** Removal of the uterus and cervix
- **Supracervical or Subtotal Hysterectomy:** Removal of only the uterus
- **Oophorectomy:** Removal of the ovaries
- **Salpingectomy:** Removal of the fallopian tubes
- **Omentectomy:** Removal of the fatty tissue that covers the intestines (the omentum)
- **Lymphadenectomy**: Removal of the lymph nodes (this is often done as part of staging for cancer)
- **Pelvic Exenteration:** Removal of pelvic organs

  - Possible permanent ileal conduit (creating an opening for urine in the abdominal wall)
  - Possible permanent colostomy (creating an opening for the colon in the abdominal wall).
- **Vulvar Surgeries:**
  - Wide local excision (removing abnormal tissue and a small amount of normal tissue surrounding it)
  - Partial (remove part of the vulva)
  - Simple (remove most of the vulva)
  - Radical (remove most of the vulva, deep tissues and, possibly, the clitoris).
    - Possible removal of lymph nodes from the groin on one or both sides
    - Possible skin graft or flap (moving surrounding tissue to close surgical wound)
- **Open Surgery (laparotomy):** An incision (cut) made through the abdomen. This could be up and down or across the abdomen. The surgeons use their hands and instruments to do surgery through that opening.
- **Minimally Invasive Surgery (MIS) (laparoscopy):** Surgery that is done through small incisions (cuts) in your abdomen. Your abdomen is filled with a gas called carbon dioxide. Your surgeon will put a long camera and other tools inside your abdomen to perform the surgery. This may be done with the use of the robot (DaVinci).

What will help ensure that I have a successful surgery process?

Enhanced Recovery After Surgery (ERAS)

Enhanced recovery is a way of improving the experience of patients who undergo major surgery. It helps patients recover sooner so life can return to

normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery process.

There are four main stages of ERAS:

1. **Planning and preparing before surgery**: We will give you plenty of information so you feel ready.
2. **Reducing the physical stress of the operation**: We will allow you to drink up to 2 hours before your surgery (which has been shown to help you feel better during your post-op recovery process).
3. **A pain relief plan**: We will focus on giving you the right medicine you need to keep you comfortable during and after surgery.
4. **Early eating and moving around after surgery**: We will allow (and encourage) you to eat, drink, and walk around as soon as you are able.

It is important that you know what to expect before, during, and after your surgery. Your care team will work closely with you to plan your care and treatment. **You** are the most important part of the care team. It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

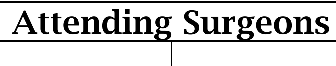
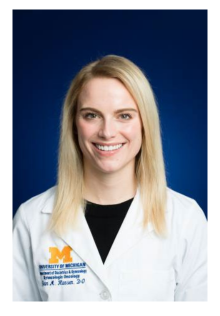
Meet your Surgical Team

Our goal is for you to have a safe and successful surgery. As a referral center and a teaching hospital, we hold ourselves to very high standards of care. We want to provide the best care possible and are confident that working as a team is the way to do this.

Who are the surgical team members?

- **Attending Surgeon**: Your attending doctor, or surgeon, is the lead surgeon. Your doctor is present throughout the entire operation. They are always in charge of surgical planning and key decision making.

- **Fellow**: A **fellow** is a doctor who has completed medical school and their 4-year residency training in obstetrics and gynecology. They are qualified to practice on their own but chose to get advanced training in a specialty.
- **Resident**: A **resident** is a doctor who has graduated from medical school and is getting 4 years of advanced training in obstetrics and gynecology. They are always supervised by an attending surgeon or fellow.
- **Medical Student**: A medical student has completed undergraduate studies and is in medical school training to become a doctor. If a medical student participates in your surgery, you will meet them in the preoperative area.
- **Advanced Practice Provider**: An advanced practice provider (APP) has completed specialized training. APPs may include physician assistants or nurse practitioners. These individuals do not participate in the operating room, but you may see them in the hospital, office or talk to them on the phone.
- **Nurse**: A registered nurse has graduated from a college's nursing program or from a school of nursing and is a healthcare professional who has been licensed by the state to provide and coordinate patient care.

 **Attending Surgeons**			
			
Shitanshu Uppal, MBBS, MD	Jean Siedel, DO	Aimee Rolston, MD	Zhen Ni Zhou, MD

How do I prepare for my surgery?

Complete pre-op evaluation and optimization (also called “pre-op clearance”)

If your doctor tells you to get a preoperative evaluation from your primary care provider, cardiologist, or other specialist, it is your responsibility to make sure this is done as soon as possible, and **no later than one week before your surgery**. We want you to be evaluated to make sure you are as healthy as possible when you have your surgery. If the evaluation, including all recommended testing, is not done in time, your surgery will be postponed.

Complete all pre-surgical testing (PST)

After your office visit, you may need to have tests done before your surgery. This may occur at the Pre-Operative Clinic or at your physician's office. At your PST visit, you may:

1. Have blood drawn for labs
2. Get an EKG (a test of your heart), if necessary
3. Get a chest x-ray, if necessary
4. Meet with a member of the anesthesiology department (if requested by your doctor)

Stay or get active

Research shows that getting more physical activity before surgery can lower your risk for problems after surgery. Walking is a great way to improve your fitness level before surgery. Even if you start walking just a few weeks before surgery, it can make a big difference. If you want to do a fitness program with over-the-phone support, ask your doctor for a referral to the **Michigan Surgical and Health Optimization Program (MSHOP):** https://michmed.org/bqbvD.

Quit smoking

If you smoke, your:

- Risk of having a lung problem is at least twice that of a non-smoker
- Surgical incision will not heal as well, and you have a higher risk of infection
- Heart must work harder.

It is best to quit smoking 6 to 8 weeks before surgery, and you **should not smoke in the 2 weeks before surgery**. This gives your lungs more time to recover.

Tips & Resources for Quitting:

- Set a quit date. Involve your friends and family.
- Talk with your primary care provider about prescription medicines to help you quit.
- Ask your surgeon for a referral to the **M-Healthy Tobacco Consultation Service:** https://michmed.org/xXx8P. You can receive tobacco treatment services to assist you in quitting tobacco use prior to surgery. The six-week program covers preparing to quit, how quitting affects your body, tobacco treatment medications, setting a quit date, how to live free of tobacco, and relapse prevention.
- If you have a smartphone, try using an app to help you quit.
- Helpful Phone Resources:
    - Michigan Department of Community Health Tobacco QUIT NOW at (800) 784-8669
    - National Cancer Institute at (800) 4-CANCER
    - Nicotine Anonymous (12-step approach) at. (415) 750-0328
- Helpful Online Resources:
    - https://www.cdc.gov/tobacco/quit_smoking/how_to_quit
    - https://www.cdc.gov/tobacco/campaign/tips/quit-smoking

- https://www.becomeanex.org

Complete disability or work release forms

- If you have **disability or work release forms** that need to be completed, and you were seen at the Rogel Cancer Center Clinic, please fax them to (734) 936-9269, attention: Disability Paperwork. If you were seen at one of the other clinics, call the clinic to find out where to fax your paperwork.
- Send the forms **at least 1 week before you need them completed**. If you need to talk with a representative regarding your disability paperwork, please call the clinic where you were seen and ask to connect with the person who handles disability and work release forms for your doctor.
- After surgery, call if you need a back to work note before your scheduled post-op visit.

Plan for surgery transportation and post-surgery support

Be sure to identify someone to drive you to and from your surgery and help you get settled at home after your surgery.

Outpatient Surgery:

______________________________________ will drive me to surgery, stay there while I have surgery, and drive me home afterward. They know they might be there for 4-8 hours and plan to bring food and entertainment. There is a Wi-Fi connection available.

Inpatient Surgery:

______________________________________ will come to the hospital around 10 a.m. the morning after my surgery, help me get ready to leave, and drive me home.

After I Get Home:

____ will stay with me until we are both sure I can safely go to the bathroom, access a phone if I need to call for help, get food and drink, and take my medication. They will stay overnight or check in on me first thing the following morning.

If you do not have a friend or relative you feel comfortable asking for help, call the **Guest Assistance Program** at: (734) 764-6893 or (800) 888-9825.

If you live more than a 4-hour drive from the hospital or live in an area without easy access to an emergency department, you may wish to spend another night or two close to the hospital after discharge before you go home. For assistance with reservations, contact the **Patient and Visitor Accommodations Program** at (800) 544-8684.

Prepare to transfer care-giving duties

If you have regular care-giving responsibilities, make sure someone has promised to take on that care for you after your surgery. You will not be able to walk a dog on a leash, do more than light gardening, or take care of livestock. Usually, you will not be able to lift, transfer, or push anyone for 6 weeks after your surgery. If you have any questions, please contact your doctor.

What should I do one week before surgery?

Prepare your home for recovery

- Clean and put away laundry.
- Put clean sheets on the bed.
- Bring items that you are going to use frequently during the day downstairs if you have a two-story house. Items should be placed

somewhere that is between waist and shoulder height to avoid having to bend down or stretch too high to reach them.

- Buy any foods or home items you will need, since shopping may be hard when you first get home.
- If you do not have one, buy a thermometer.
- Cut the grass, tend to the garden, and do all housework.
- Arrange for someone to get your mail and take care of pets and loved ones, if necessary.

What should I do the day before surgery?

Prepare your bowels

If you were instructed to do a bowel prep at your Pre-Op Clinic visit, follow their instructions for the prep.

Confirm surgery arrival time

If your surgery will be done at the Von Voigtlander Women's Hospital:

- Please call (866) 936-8800 the day before your surgery between 7:30 am and 9:30 am and leave your name and phone number.
- If your surgery is on a Monday, please call the Friday before. A preoperative nurse will call you by 4:30 pm the day you leave the message to tell you what time to arrive, the time of your surgery, the time to stop solid foods, and the time to stop all clear liquids.

If your surgery will be done at the Brighton Center for Specialty Care, we will contact you 2 business days before the surgery date to tell you what time to arrive, the time of your surgery, the time to stop solid foods, and the time to stop all clear liquids.

Prepare your skin

Thoroughly cleansing your skin before surgery will help prevent infections after surgery. Please shower both the night before **and** the morning of surgery using chlorhexidine soap or antibacterial soap. Wash from the neck down with this soap. Make sure to thoroughly wash your abdomen and skin folds. You may use your regular shampoo for your hair. You do not need to shave the area of your body where surgery will be done. Use gentle friction with a washcloth or soft sponge, taking care to avoid harsh scrubbing of your skin. For detailed instructions on showering before surgery, visit https://michmed.org/BzRDM.

Stop eating

Do not eat anything after midnight the night before surgery and do not chew gum.

Drink acceptable fluids

- Do not drink alcohol 24 hours prior to surgery.
- We recommend that you drink carbohydrate-loaded beverages the night before surgery. This will help reduce hunger and thirst, as well as nausea and vomiting after surgery. We encourage you to carbohydrate load even when doing a bowel prep. **Patients with Type 1 or Type 2 diabetes should not carbohydrate load.** Choose one of the options below and drink it the night before surgery:
    - Apple juice or cranberry juice (32 oz)
    - Grape juice (24 oz)

The Day of Surgery

What should I do before I leave home the day of my surgery?

- Remove nail polish, hair clips, and jewelry, including earrings, watches, wedding bands, and body piercings.
- Do not wear makeup, deodorant, lotion, or powder.

- Drink only clear liquids, such as apple (16oz), cranberry (16oz), or grape juice (12oz), until 2 hours before the scheduled time of arrival. Stop drinking all fluids 2 hours before your arrival time.
- Wear clean, comfortable, loose clothing.

What should I bring to the hospital?

- Your photo ID, insurance card, and prescription card
- List of your current medications (including dosages)
- Name and phone number of your preferred pharmacy
- Any paperwork given to you by the doctor
- If applicable, a copy of your Advance Directive form
- If applicable, a case for your eyeglasses and/or contact lenses. Do **not** wear contact lenses into the operating room.
- If you'd like, your own rubber soled slippers, undergarments, or robe
- Any toiletries that you may need
- If applicable, your CPAP or BiPAP

What shouldn't I bring to the hospital?

- Large sums of money or valuables such as jewelry or non-medical electronic equipment

When should I arrive at the hospital?

Arrive at the hospital on the morning of surgery at the time you are told by the pre-op nurse (this will be approximately **1.5 hours before your surgery**).

For the Women's Hospital, **park in patient parking P3 or P4**: https://michmed.org/Krbe7. Check in at your scheduled time on the 4th Floor of Mott/Von Voigtlander Hospital. For the Brighton Center for Specialty Care Center, park in the surface lot at entrance #2.

What will happen before my surgery?

Prior to surgery, you will be brought to the preoperative area where you will:

- Be identified for surgery and get an ID band for your wrist
- Be checked in by a nurse and asked about your medical history
- Be given an IV
- Be given several medications that will help keep you comfortable during and after surgery
- Meet the anesthesia and surgery team and review your consent for surgery
- Have your abdomen marked by your doctor
- Be given a blood thinner shot to prevent blood clots (if indicated)

The anesthesia doctor may also place an epidural catheter in your back if you are having an open surgery. Through this, we can give you pain medication during and after the surgery.

What will happen in the operating room?

- In the operating room, you will receive **general anesthesia** (medicine to produce deep sleep, loss of feeling and muscle relaxation). For some surgeries, you may choose spinal anesthesia (medicine injected near the spinal cord to produce loss of feeling from your abdomen to your toes). The choice of anesthesia is a decision that you and your anesthesiologist will make based upon the planned surgery, your history, and your wishes.
- After you are asleep, a tube (catheter) will be placed in your bladder to drain urine and monitor the amount of urine coming out during surgery. The catheter will usually be removed before you go home.
- Compression stockings will be placed on your legs to prevent blood clots in your legs during surgery. You may also get a shot in your belly, upper arm or thigh, with a small needle placed under your skin,

of a blood-thinning medication called heparin. The shot can leave a small bruise.
- You will receive antibiotics through an IV in your arm.

What can my family and friends expect?

They will wait in the surgery family room, with any of your personal items. Wi-Fi is available. They should check with staff at the check-in desk before leaving the area. They will receive a pager which will alert them when it is time to return to the surgery family room.

After surgery, if you'd like, your doctor will talk with your family or companion(s) in the surgery family room. If you are staying overnight, they will be told when you have a hospital room. They can meet you there after you come out of recovery. No visitors are allowed in the recovery area.

Recovery After Surgery

What can I expect if I go home the same day as my surgery (outpatient recovery)?

Immediately after surgery, you will go to the recovery room where you will be monitored until you are ready to go home. You will:

- Be checked to see if your bladder empties normally. It is common to temporarily have trouble completely emptying your bladder after this surgery. If you cannot empty your bladder normally, then either:
    - You will have the catheter put back in for a few more days and then come to the Gynecology Oncology Clinic for a second check.
    - You will be taught how to catheterize yourself with a short, straight, narrow tube. You will do this after each time you urinate (or after 4 hours if you cannot go) until you can empty your bladder normally. For most women, this takes a few days, but for some it may take weeks.

   - Get a prescription for Miralax. This medicine keeps your stool soft like toothpaste. You should not strain or have discomfort with bowel movements.

What can I expect if I spend the night in the hospital after my surgery (inpatient recovery)?

After your surgery, you will remain in the hospital where you will:

- Get a shot, with a small needle placed under your skin, of a blood thinning medication.
- Be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open.
- Re-start your routine home medications.
- Have compression stockings on your legs to prevent blood clots. The stockings will stay on your legs until you are up and walking.
- Have a small tube in your bladder called an **indwelling catheter**. We can measure how much urine you are making and how well your kidneys are working. This is usually removed 6 hours after surgery. It is common to temporarily have trouble completely emptying your bladder after surgery. If you cannot empty your bladder normally, then either:
   - You will have the catheter put back in for a few more days and then come to the Gynecology Oncology Clinic for a second check.
   - You will be taught how to catheterize yourself with a short, straight, narrow tube. You will do this after each time you urinate (or after 4 hours if you cannot go) until you can empty your bladder normally. For most women, this takes a few days, but for some it may take weeks.
- Use Miralax to keep your stool soft like toothpaste. You should not strain or have discomfort with bowel movements. You will get a prescription for this to use at home as well. It is normal to go home before your first

bowel movement.

- Be given a regular diet. We advise you to eat smaller, more frequent meals that are bland and easy to digest. Avoid foods that are spicy, greasy, fried, or high in fiber.
- Likely have your IV stopped and be encouraged to drink fluids.
- Be asked to get out of bed with help, sit in the chair for 8 hours, and walk in the halls.
- Take medications for pain and nausea if needed.

If you will need any special care or equipment when you go home, you will meet with the discharge planner before you leave the hospital.

When will I receive my pathology results?

About 1 week after your surgery, your pathology results will be reviewed at the weekly Multi-Disciplinary Tumor Board meeting. Your pathology results may arrive in the online patient portal prior to being discussed at the Tumor Board. Someone will call you with the final recommendations after the results have been discussed at the Tumor Board.

Pain Management After Surgery

It is normal to have some pain or discomfort after surgery. Pain is usually worst the first 24-48 hours after surgery. The goal of managing your acute pain after surgery is to minimize your pain so you feel comfortable enough to get up, take deep breaths, wash, get dressed, and do simple tasks in your home.

What can I do to relieve pain without medications?

- Apply heat with a warm compress, hot water bottle, or heating pad. Do not put anything hot directly on your skin or lie on top of it.
- Apply a cold gel pack, bag of peas, or crushed ice. Wrap in a soft cloth or towel.

- Do not push or press on your incision. It is normal for your incision to be sore for up to 6 weeks if you push on it.

What pain medications will I use?

- Unless your doctor gives you a different plan, ibuprofen (Motrin) and acetaminophen (Tylenol) are the main medicines you will use to manage your pain.
    - To take 600 mg ibuprofen, take 1 prescription pill or 3 over-the-counter 200 mg pills.
    - To take 650 mg acetaminophen, take 2 over-the-counter 325 mg pills.
- You may also get a prescription for an opioid such as oxycodone or hydrocodone. The opioid should be added as needed to reduce pain that is not adequately relieved by ibuprofen and acetaminophen.
    - Norco contains hydrocodone and acetaminophen.
    - Percocet contains oxycodone and acetaminophen.
    - Oxycodone and hydrocodone do not contain any acetaminophen.
- Do not take more than 3,000 mg of acetaminophen in one 24-hour day. Remember that many pain relievers, such as Norco and Percocet, also contain acetaminophen.
- **If you cannot take acetaminophen (Tylenol), ibuprofen (Motrin), oxycodone or hydrocodone, please talk to your doctor.**

What will my pain medication schedule be?

Research has shown that taking pain medication on a set schedule to prevent pain is much more effective than waiting and taking it after you are in pain. You will alternate ibuprofen and acetaminophen so that you take a dose of pain medication every 3 hours. Eat something when you take ibuprofen to lower the risk of stomach irritation and indigestion.

A typical schedule is:

6 a.m.	Ibuprofen 600 mg
9 a.m.	Acetaminophen 650 mg
Noon	Ibuprofen 600 mg
3 p.m.	Acetaminophen 650 mg
6 p.m.	Ibuprofen 600 mg
9 p.m.	Acetaminophen 650 mg
After midnight	If you wake up, eat a small snack such as a cracker and take 600 mg ibuprofen.

You do not need to set an alarm clock to wake you at night, but if you do wake up, stay on your every 3-hour alternating medicine schedule.

What if this schedule does not control my pain?

- If an opioid medicine was prescribed, take it as instructed. For example, prescriptions for oxycodone usually say, "Take 1 to 2 pills every 4 to 6 hours as needed for pain."
- If your prescription is for Norco or Percocet (both contain acetaminophen) substitute it for the acetaminophen.

Important information about opioids:

- Opioids are prescribed for short-term use only and should be stopped as soon as possible after surgery.
- Use the smallest amount of opioid that you need to control your pain. Reduce the number and frequency of opioids as soon as you can. Do not take more opioid medication than your doctor has prescribed.
- Common side effects and risks of opioids include drowsiness, mental confusion, dizziness, nausea, constipation, itching, dry mouth, and slowed breathing.

- Never mix opioids with alcohol, sleep aids, or anti-anxiety medications. These are dangerous combinations that increase the harmful effects of opioid pain medication. Many overdose deaths from opioids also involve at least one other drug or alcohol.
- Keep opioid medications locked away and out of the reach of children. This also helps prevent theft.
- It is illegal to sell or share an opioid without a prescription properly issued by a licensed health care prescriber.

What is the best way to stop taking pain medications?

1. Stop opioid use.
2. Stop acetaminophen.
3. Gradually decrease how often you take ibuprofen. It is a good idea to take a 600 mg pill before you start a more tiring activity such as going shopping or for a long walk.

Once you get more active, you may have a day when your pain gets a little worse. If this happens, take ibuprofen. If ibuprofen does not relieve the pain, add acetaminophen

Discharge

When can I go home after surgery?

You may be able to go home if you:

- Are off all IV fluids and can drink enough to stay hydrated
- Are comfortable and your pain is well controlled
- Are not nauseated
- Are passing gas. You do not need to have a bowel movement prior to going home
- Do not have a fever

- Can get around on your own

Before you are discharged, you will be given:

- A copy of your discharge instructions
- A list of any medications you may need
- Prescriptions for pain and constipation
- A prescription for a blood thinner (Lovenox or Eliquis) if indicated
- Instructions on when to return for follow up

Remember: we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day or so in the hospital

At Home After Surgery

When should I call my doctor?

Call your doctor right away, any time of the day or night, including on weekends and holidays, if you have any of the following signs or symptoms:

- A temperature above 100.4˚F (38˚C)
- Severe pain in your abdomen or pelvis that the pain medication is not helping
- Chest pain or difficulty breathing
- Swelling, redness, or pain in your legs
- An incision that:
    - Opens
    - Is red or hot
    - Is leaking fluid or blood
- New bruising after leaving the hospital that is large or spreading. A little bit of bruising around an incision is normal
- Nausea and vomiting
- Heavy vaginal discharge (spotting and light discharge are normal)

- Skin rash
- Problems with urinating, such as:
    - Being unable to urinate at all
    - Pain or stinging when you pass urine
    - Blood or cloudiness in your urine
    - Non-stop urge to pass urine, but only dribbling when you try to go
- A sense that something is wrong

How do I prevent nausea?

Some patients feel nauseated after surgery. To minimize this feeling, avoid letting your stomach get empty. Eat frequent, small meals and eat slowly. It is especially important to eat something before taking pain medication. If you are vomiting, contact our office.

What can I eat?

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals (4-6) throughout the day may help. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet depending on your bowel pattern. If you do not have an appetite, choose higher calorie options and try to make the most of times when you feel hungry.

You should try to:

- Eat foods that are soft, moist, and easy to chew and swallow.
    - For example, soft breads, rice, pasta, potatoes, and other starchy foods (lower-fiber varieties may be tolerated better initially)
- Get enough protein, consume high-protein foods and beverages such as meats, eggs, milk, cottage cheese, Ensure, Boost, Carnation Instant

Breakfast, etc.

- Replace hard raw fruits and vegetables with canned or soft-cooked fruits and vegetables
- Drink plenty of fluids. Aim for at least 32 oz per day – water, fruit juice, teas/coffee, and milk.

What should I avoid eating and drinking?

- Carbonated beverages in the first couple weeks
- Tough, thick pieces of meat and fried, greasy, or highly seasoned or spicy foods.
- Gas-forming vegetables such as broccoli and cauliflower, beans, and legumes

What if I have diabetes?

It is very important to keep your blood sugar under good control.

- Take your medicines on time and follow your diet.
- Check your blood sugar every day and call the doctor who helps you manage your diabetes if your blood sugar is too high.

When should I restart taking my usual medications?

- Before you leave the hospital, ask your doctor when you can restart aspirin or any blood thinning medications.
- If you use vaginal estrogen, ask when you should restart it.
- Otherwise, start back on your usual schedule as soon as you get home. Before you leave the hospital, your nurse will go over your discharge information with you. This will include what medicines you already took that day.

Do I need to keep using the incentive spirometer?

Using the incentive spirometer while you are in bed in the hospital helps prevent the small airways in your lungs from collapsing and helps prevent you from getting pneumonia. If you stay in bed the first day you get home, continue to use the spirometer once an hour, the way you were taught. Once you are up and moving about, you will automatically breathe more deeply on your own and do not need to keep using the spirometer.

You may not have received an incentive spirometer, especially if you had outpatient surgery**.**

How should I care for my incision?

For more information on how to care for your incision after surgery, view our **Guide to Caring for Your Incision after Gynecologic Oncology Surgery:** https://michmed.org/Mxbz8.

What kind of vaginal bleeding is normal?

Spotting of pink or red blood from the vagina is normal. Brown-colored discharge that gradually changes to a light yellow or cream color is also normal and can last for up to 8 weeks. The brownish discharge is old blood and often has a strong odor, this is okay. **Call us if it becomes heavier or foul-smelling.**

When will my bladder function get back to normal?

- You received extra fluid through your IV while you were in the hospital, so it is normal to urinate (pee) more than usual when you first get home.
- It is normal for your bladder function to be different after surgery. You may notice a pause before your urine stream starts or that your urine stream is slower. This will gradually get better, but it may take up to 6 months before you are back to normal. Be patient, relax, and sit on the toilet a little longer.

- Drinking more water than usual will not help the bladder recover faster.

What if I experience constipation after surgery?

For more information on how to take care of constipation after surgery, view our **Guide to Taking Care of Constipation after Gynecologic Oncology Surgery:** https://michmed.org/2PeY4.

Returning to Normal Activities

What is a normal energy level?

It is normal to have a decreased energy level after surgery. Remember, it can take up to 2-3 months to fully recover. Give yourself permission to take it easy - your body is using its energy to heal your wounds.

What activities should I avoid after surgery?

- Avoid lifting anything heavier than 10 pounds (a gallon of milk) for at least 6 weeks following surgery.
- Avoid playing contact sports for at least 6 weeks following surgery.
- Avoid taking a bath or swimming for at least 6 weeks following surgery.
- Avoid douching.
- Avoid inserting anything into the vagina (no tampons, intercourse, etc.) until your follow-up appointment.
- Do not resume any intercourse before your follow-up visit with your doctor. Start when your doctor says it is okay. When you do resume intercourse, expect that things may feel different than before the surgery. The first few times may be uncomfortable. Go slowly and use lots of lubricant. You will get back to normal with time.
- Driving while you are taking prescription pain medications.

What activities can I resume after surgery?

Once you settle into a normal routine at home, you will find that you will slowly begin to feel better. Returning to hobbies and activities soon after your surgery will help you recover. Listen to your body and gradually increase what you do. If you start to feel tired, sore, or in pain, lie down to rest.

You should:

- Plan to walk 3-4 times per day. Walking is encouraged from the day following your surgery.
- Be able to climb stairs from the time you are discharged. Some patients may need assistance at first.
- Take a shower starting 48 hours after your surgery. Do not get in or out of a tub without assistance. **It is very important to avoid anything that could cause you to slip and fall**.
- If instructed, do a sitz bath**.** You can buy a sitz bath that sits on the toilet seat for less than $15 at stores that sell home medical equipment such as Walgreens or Walmart. You can also use a bathtub, by filling it up to hip level with warm water and mixing in a tablespoon of plain Epsom salt. Do not stay in the tub for more than 10 minutes.

When can I travel?

It is best if you do not go far away from home before your follow-up visit with your doctor.

Do not drive while you are taking prescription (opioid) pain medications. After you stop them, you may drive when you are sure you can move as quickly as you need to in an emergency without hurting yourself. Before you drive, sit behind the wheel and practice slamming on the brakes and turning to look over your shoulder. If this hurts, wait and check again in a few more days.

When can I return to work?

You and your doctor will decide when you can return to work after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should also check with your employer on the rules and policies of your workplace, which may be important for returning to work.

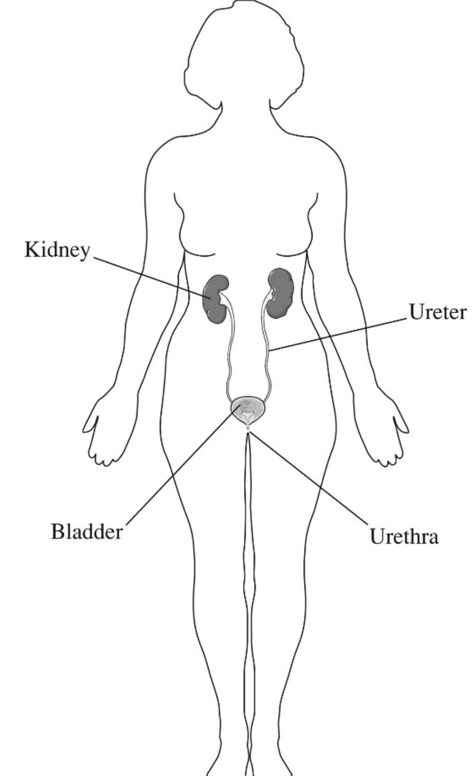
If you need a "Return to Work" form for your employer or disability papers, ask your employer to fax them to our office at (734) 936-9269.

Post-Op Visit

- Check the printed hospital discharge information for the day and time of your post-op visit with your doctor. If you do not find this information, on the first business day after you are home, call the clinic to schedule the visit.
- If you have not already done so, sign up for the online patient portal at https://myuofmhealth.org, or download the app. Benefits of the portal include quick access to test results, appointment scheduling, and messaging your doctor's office. **Instructions for how to sign up are included in your printed discharge information.**

Intermittent Self-Catheterization After Gynecology Surgery

What is Intermittent Self-Catheterization (ISC)?



Intermittent Self-Catheterization (ISC) is a way to empty your bladder by using a short, straight tube called a catheter. You will insert the catheter into your bladder to allow the urine to drain out. You will empty your bladder on a regular schedule until it is emptying normally.

What is Post Void Residual (PVR)?

Urine is made in the **kidneys** and flows down the **ureters** to the **bladder**. Urine leaves the bladder, and your body, through the **urethra**.

It is normal for some urine to be left in your bladder every time you urinate. This is called the post void residual or PVR. After your surgery, a nurse will measure your PVR by either placing a probe on your lower abdomen to do an ultrasound bladder scan or by placing a catheter through your urethra into your bladder to drain the post void residual. If the PVR is too large, it can cause health problems.

Why do I need to do ISC?

Sometimes, the bladder muscles cannot work properly after gynecology surgery. The bladder muscles will recover, but this may take from a few hours to a few weeks.

Without normal bladder muscle contractions, the bladder can get too full and stretched out. The PVR will be higher than normal. This can damage the bladder, lead to infections, or cause urine to back up into the kidneys. To prevent this, you will learn how to place a catheter through your urethra into

your bladder and drain out the excess urine. You will do this until your bladder function is back to normal. We know this isn't something anyone wants to do, but we will teach you how to do this and make sure you feel comfortable with the plan before you go home.

What supplies do I need to do ISC?

You should have received the following supplies when you were discharged from the hospital:

- 5 straight 6-inch female catheters
- 24 packets of water-soluble lubricant (do not use petroleum jelly)
- 24 antiseptic towelettes
- 1 measuring unit (or hat) to put under the toilet seat (it looks like a hat, so that is what it is called)
- Intermittent Self-Catheterization (ISC) Diary (see pg. 37)

You will need to get your own mirror. A mirror with a stand to hold it up is best.

How do I prepare to perform ISC?

1. **Set Up:** Set out the following equipment on a clean surface near the toilet so you can easily reach it:
    - 2 catheters, one to use and one for backup in case you need it
    - 2 lubricant packets, one to use and one for backup
    - 2 towelettes, one to use and one for backup. If you run out of towelettes, you can use a soft washcloth with unscented soap.
    - Mirror
    - Measuring hat
        - If you cannot easily drain into the hat while sitting on the toilet, and you are going to drain into a container placed between your legs, put out the container. Also put out the hat. Even if you do

not drain directly into the hat, you will still use it to measure the amount of urine you drain, so you will need it.

- Diary and pen or pencil

2. **Try to urinate on your own**:
    - Place the hat under the toilet seat, sit down, and try to urinate. Allow a few minutes to give yourself time to relax and let your bladder do its job. Do not put toilet paper in the hat.
    - Measure how much urine is in the hat, then dump the urine into the toilet and rinse out the hat. Replace it under the toilet seat.
    - Wash your hands well with soap and water and dry them with a clean towel.
    - Record the date, time, and amount you urinated in the column labeled "Amount You Urinate" in the diary on the last page of this booklet.

How do I perform the ISC?

1. Open a lubricant pouch so it is ready to be used.
2. Take the catheter out of its package and inspect it. Do not use if it is damaged.
3. Put the tip of the catheter into the opened lubricant packet. Leave this on a clean surface within easy reach.
4. Position yourself so that you are seated comfortably with your legs apart. Most women sit on the toilet so that they can drain the urine into the hat under the toilet seat. You may find it easier to sit on a chair or the edge of a bed and drain the urine into a container held between your legs. Put a mirror on a chair or stool in front of you, positioned so that you can easily adjust it to see the opening to your urethra. Remember that the urethral opening is between the clitoris and the vaginal opening.

5. Use one hand to separate the labia as shown in **Figure 1.** Adjust the mirror as needed so that you can see the opening to the urethra. Hold an opened towelette or wash cloth in the other hand and use it to wipe the skin clean, starting above the urethral opening and wiping toward the anus. Do not wipe from the anus toward the urethral opening.

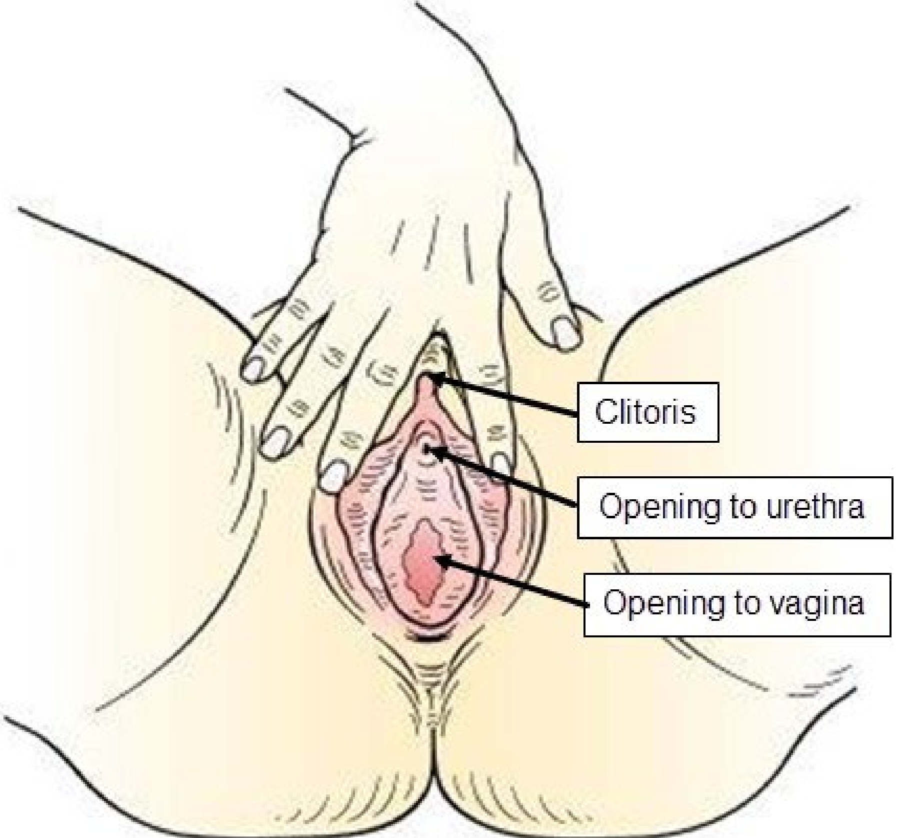


Figure 1

6. Pick up the catheter and shake it out of the lubricant packet. Insert the catheter into the urethra as shown in **Figure 2** and gently push it in to the bladder until urine begins to flow. Direct the catheter so the urine will flow into the hat under the toilet seat or the container between your legs.

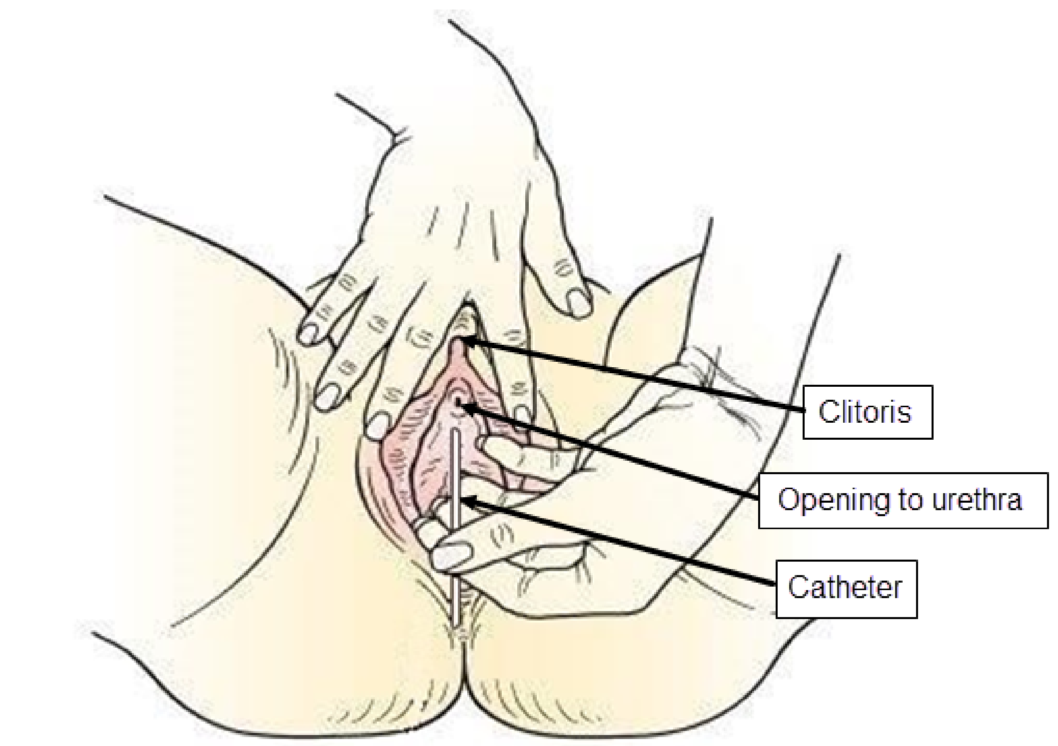


Figure 2

7. When the urine flow stops, gently remove move the catheter around a little to see if more urine will come out. If it does, wait until it stops. Then slowly remove the catheter. If urine flow restarts while removing the catheter, wait until it stops and then continue to remove the catheter.
8. If you drain the urine into a container held between your legs, pour the urine into the hat and measure it.
   Wash your hands and the catheter with soap and water. Rinse the catheter well and store it in a clean, dry place. It is okay to use a catheter more than once each day. When you are reusing a catheter, wash it with soap and water and rinse it well both before and after each use. You should open a new catheter the first time you do ISC each morning and throw the old one away.
9. Measure the amount of urine you drained with the catheter and record it in the diary in the "Post Voice Residual" column.

10. Add together the amount of the "Post Void Residual" and the "Amount you Urinate." Record this total amount int he last column of the table.

What do I do if no urine comes out?

1. Use the hand mirror to find the vaginal opening and the urethral opening.
2. If the catheter is in the urethra, gently push it farther in until urine comes out. You may need to change the angle a little.
3. If the catheter is in the vagina, leave it there as a marker so you do not do it again. Open a new catheter and lubricant packet, dip the tip of the catheter in the lubricant and then insert the catheter through the urethral opening.

When can I stop doing ISC?

You can stop when the amount you urinate is 150 mL (milliliters) or more **and** the amount of the post void residual measured in the hat is less than 150 mL, for 2 separate occurrences.

How often should I go to the bathroom?

Go to the toilet when you feel the urge to urinate. Always try to urinate before doing ISC. Allow yourself time to relax.

If it has been 4 hours since the last time you urinated, and you still do not feel any urge to urinate, try sitting on the toilet.

- If no urine comes out, put 0 (zero) in the diary in the **"Amount You Urinate"** column.
- Do ISC.
- Measure how much you drained with the catheter and put this amount in the **"Post Void Residual"** column.

Do not wait more than 4 hours in between emptying your bladder. If the total amount you urinate plus the post void residual is more than 500 mL, shorten the time in between emptying your bladder by an hour, for example from 4 to 3 hours. The goal is to prevent your bladder from getting overly full.

Should I do ISC before I go to bed?

Yes, you should try to urinate and do ISC before you go to bed. If the total of the amount you urinate plus the post void residual is usually more than 500 mL when you first get up in the morning, set an alarm to get up once in the night to urinate and do ISC.

What color should my urine be?

During the first few days after surgery, your urine may be orange colored. This is caused by medicine that may have been given to you during your surgery. After one or two days, the urine should be light yellow. If it is very dark yellow, drink more water. If your urine looks like clear water, drink less.

How much should I drink?

Do not drink more than 60 ounces of fluids per day. This includes all kinds of fluids such as coffee, tea, water, juice, and pop. The bladder needs time to recover from surgery. Drinking more liquid does not help your bladder get better faster.

When should I call for help?

Call a nurse at the clinic where you went to see your doctor if:

- Your urine is bloody
- Your urine has a foul (bad) odor
- Your urine is cloudy
- Your temperature is above100.4 º F (38º C)
- You cannot easily push the catheter into the bladder

- You have very strong urgency that does not go away after you urinate, no matter how many times you go
- You suddenly start leaking urine

Self-catheterization video:

You can view a video showing you how to do intermittent self-catheterization by visiting: www.sgsonline.org/a-guide-to-female-clean-intermittent-self-catheterization. Be aware that the video is not animation. A woman demonstrates how to self-catheterize herself.

Intermittent Self-Catheterization (ISC) Diary

Date	Time	Amount You Urinate	Post Void Residual (Amount You Drain with Catheter)	Total: Amount You Urinate + Post Void Residual (PVR)

Caring for my Indwelling Catheter After Gynecology Surgery

Why do I need an indwelling catheter?

We know that no one wants to go home with a catheter, but it is important to protect your bladder while it is healing. This is a temporary step in your recovery. You will go home with two different sized catheter bags that you can change based on your activity.

How can I make sure the catheter keeps working?

- Always keep the bag below the level of your bladder.
- Make sure the tube is not kinked and that urine is flowing into the bag.
- Place the leg bag below your knee. If you place it above the knee, the urine will not drain into the bag as it should.

When should I drain the leg bag?

Drain the leg bag when it is a little more than half full and/or it feels heavy on your leg.

How do I drain the leg bag?

1. Wash your hands with soap and water.
2. Take the bag off your leg.
3. Aim the drainage tube toward the toilet (Figure A).

Figure A

4. Open the clamp and let urine drain into the toilet (Figure B).

Figure B

5. When the bag is empty, close the clamp.
6. Dry the end of the drainage tube with some toilet paper.
7. Put the leg bag back on your leg.

How do I change from my leg bag to my overnight bag?

1. Wash your hands with soap and water.
2. Lay a clean towel on the counter.
3. Put the following supplies on the towel (Figure C):
    a. Overnight bag
    b. 3 alcohol swabs with packet opened and swab sitting on the packet
    c. 1 alcohol swab packet

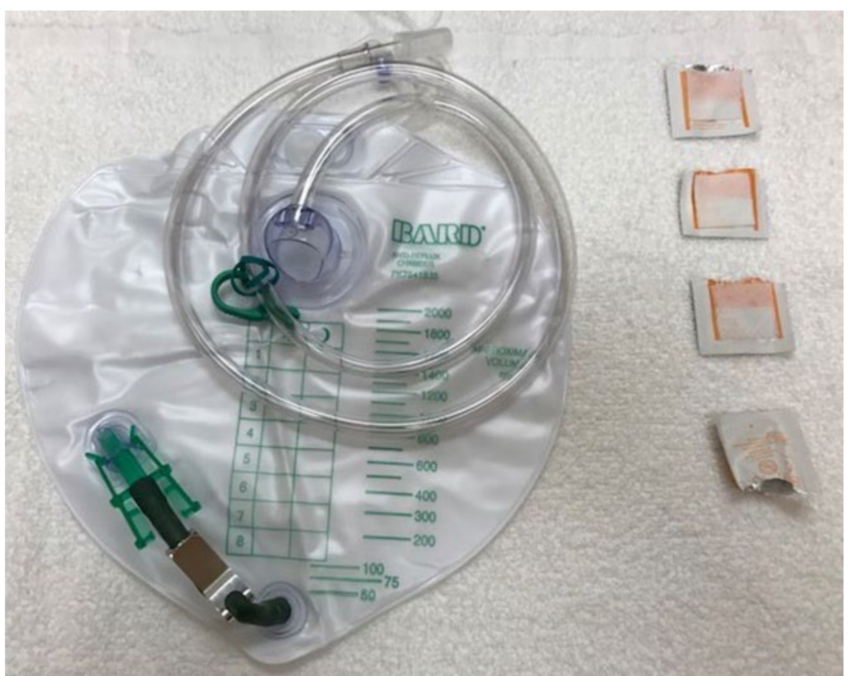


Figure C

4. Remove cap from the connector on the overnight bag. Put it in the pink plastic bin (Figure D).

Figure D

5. Clean the connector with one of the alcohol swabs and then lay it down on another swab (Figures E and F).

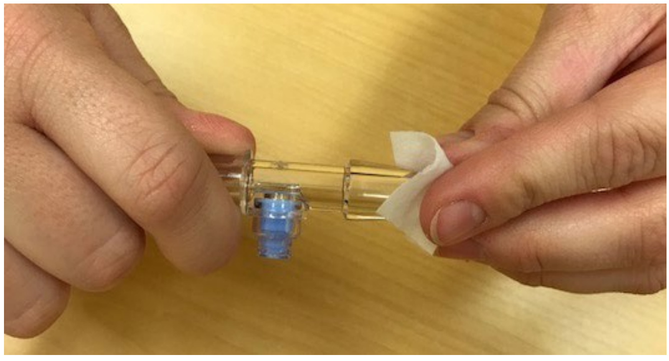


Figure E

Figure F

6. Pinch the catheter tubing shut (Figures G & H).

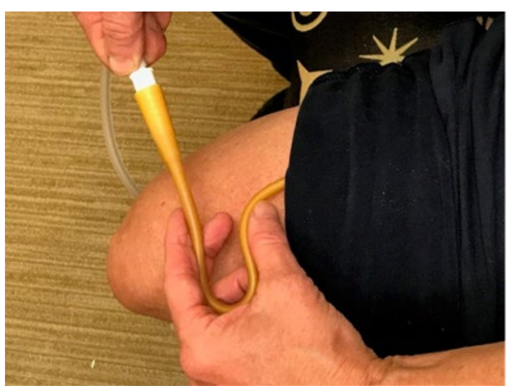


Figure G

Figure H

7. Remove the connector on the leg bag and place it between your fingers so you can hold it while you do the next two steps (Figure I).

Figure I

8. Push the connector on the overnight bag into the catheter tubing (Figure J).

Figure J

9. Put the overnight bag on the floor. Remember to always keep it below your knee.
10. Clean the connector on the leg bag with an alcohol swab and then put it in the pouched alcohol swab packet and tighten the packet around it (Figures K & L).

Figure K

Figure L

11. Wipe the outside of the leg bag and tubing clean with a baby wipe or a moist, soapy washcloth. Dry it with a clean cloth and put it in the pink plastic basin (Figure M).

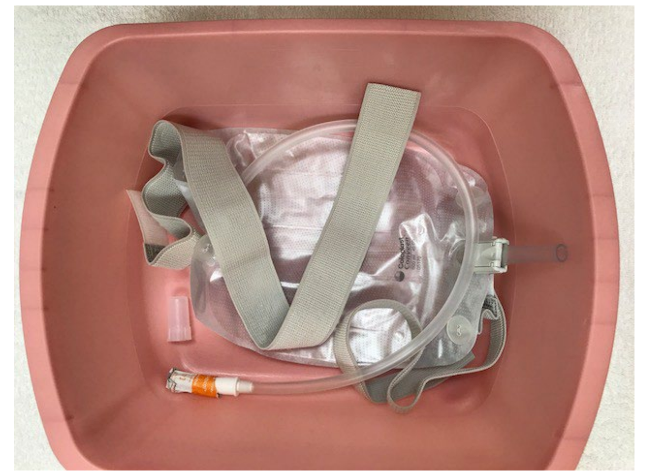


Figure M

The **steps for changing from an overnight bag to a leg bag** are the same except for Step 10. Because the overnight bag comes with a cover for the connector, after cleaning the connector with an alcohol swab, you can put the cover back on instead of using the alcohol wipe pouch (Figure N).

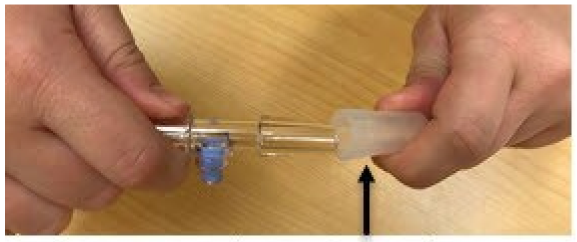


Figure N

Connector cover

When should I drain the overnight bag?

Drain the overnight bag when you first get up in the morning. Usually, you will change to the leg bag after you drain the overnight bag. If you continue to use the overnight bag while you are awake, drain it when it is a little more than half full or is heavy to lift.

How do I drain the overnight bag?

1. Wash your hands with soap and water.
2. Lift the bag up and hold it near the toilet.

3. Squeeze the hard, plastic pieces on either side of the drainage tube and pull it out of the clear holder (Figures O & P).

Figure O

Figure P

4. (Figures O & P). Aim the drainage tube toward the toilet.
5. Open the clamp and let urine drain into the toilet (Figures Q & R).

Figure Q

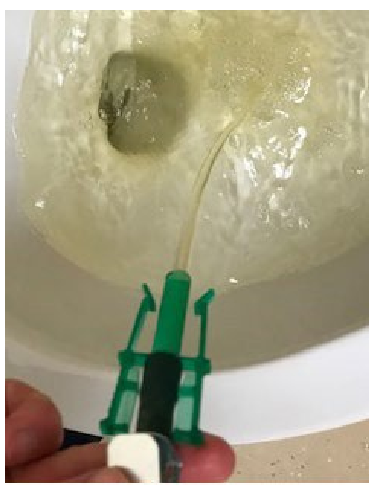


Figure R

6. When the bag is empty, close the clamp.
7. Push the drainage tube back into the clear holder.

How do I clean my catheter?

It is very important to keep your catheter clean to lower the risk of infection. Clean the skin around the catheter and the catheter tubing two times each day

using 2 clean, soft washcloths and a soap that will not irritate your skin (an unscented soap is best).

Cleaning Steps:

1. Wash your hands with soap and water.
2. Wet one of the cloths with soap and water, then gently clean the skin around the place where the catheter leaves your body. Rinse the washcloth with water until the soap is gone and then clean the soap off your skin with the wet washcloth. If you are in the shower, you can let the shower water flow over your skin to rinse off the soap.
3. Wet the second cloth with soap and water, then clean the catheter tubing, starting near where it leaves the body, and continuing down to where it attaches to the urine collection bag. Handle the tube gently, **do not pull or tug the tubing**. Rinse with a wet cloth or shower water.

How do I take care of the bag when I shower?

It is best to shower while you are still using the overnight bag. Drain the bag before you get into the shower. Put the bag on the floor of the shower stall or tub near where you are standing. Be careful not to twist or pull on the tubing or bag while you are showering. Pick up the bag before you step out of the shower. Put it on a clean towel on the floor. Dry yourself, the tubing, and the bag.

Opioid Disposal

Do your part to prevent opioid abuse by properly disposing of unused medication. Leftover pain medications make tempting targets for theft. They can also be dangerous if children or pets find them.

The Michigan Department of Environment Quality does not recommend flushing unwanted medications down the drain or toilet because they can pollute our water and harm animals and people. Disposal in the trash may

create an opportunity for illegal use or accidental poisoning. It is important to dispose of old medications properly.

The **safest way** to dispose of old medications is to take them to an authorized "Take-Back" program in your area. A Take-Back program is a place that is authorized to receive unused medications. Some communities have Take-Back events, where people can bring back unused medications to a specific location on a specific day and time.

Where can I find a Take-Back location?

- To find a Take-Back location near you in Michigan, visit: https://michigan-open.org/safe-opioid-disposal/. This will take you to a map that shows all the Take-Back program locations in Michigan. You can find the one nearest to you by typing in your town's name or your zip code.
- If you do not have access to the internet, call your county health department, local police department, or a Michigan State Police post for information about Take-Back programs in your area.
- To find drop-off locations in other states, use https://nabp.pharmacy/initiatives/awarxe/drug-disposal-locator.

What do I do if there is no Take-Back location near me?

If you are not able to find a program in your area, follow these steps as a last resort:

- Mix opioids (do not crush) with used coffee grounds or kitty litter in a plastic bag and put in your household trash.
- Scratch out personal information on the prescription label and dispose of the original container.

Do not flush opioids down the toilet. For more information, go to https://michmed.org/MmA6N.

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Author: Cynthia Stroup, PA-C and Olivia de Bear, PA-C
Reviewers: Shitanshu Uppal, MD, and Nursing Staff from Rogel Cancer Clinic
The urinary tract shown within the outline of a female figure: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

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