

## **Gynecologic Cancer-Abdominal Surgery: After Your Surgery**

### **Immediately After Your Surgery**

When your surgery is done, you will go to the post-anesthesia care unit (PACU) to recover from the anesthesia. Your blood pressure, oxygen level, and heart rate will be checked. You may wake up a few times, but most people don't remember much about the PACU. In most cases family members will be able to come to the PACU and visit with you. You may spend a few hours here before being taken to your room.

Once you are awake and your blood pressure, heart rate, and oxygen level are normal, you will leave the PACU. You will then go to your hospital room on 7 Silverstein. You will be in the hospital for 3-4 days.

### **Your Surgical Team:**

During your stay many doctors and nurses will be working together to take care of you. Your doctor will visit you. You may also be visited by surgical fellows and residents (doctors who are getting more training), and medical students. We tell you this so you will be prepared for groups of doctors visiting you after your surgery.

**Surgical Incision:** You will have a bandage covering your incision. The nurse will check your bandage and it will be changed the day after your surgery.

There may be a drain (small tube) in your incision. This drain is to remove blood and fluid in the area of your surgery. This fluid is removed so that it does not place pressure on the area. The drain may be attached to a bag. The nurse will check your drain and empty the bag if you have one. The drain will be removed as the drainage begins to decrease.

**Urinary Catheter:** You will have a urinary catheter (Foley Catheter) which is a small tube placed to drain your bladder. The tube is held in place by a small balloon, so it will not come out of your bladder. The catheter may be slightly uncomfortable. It will be removed the day after your surgery.

**Naso-Gastric Tube (NG Tube):** If your surgery involved your bowel, you will have a NG tube. This is a thin flexible tube that goes through your nose and into your stomach. It was inserted while you were under anesthesia. It empties your stomach so your bowels can rest. It may feel slightly uncomfortable to your nose. As your bowels start to return to normal the tube will be removed.

**Deep Breathing Exercises:** Your nurse will show you how to do deep breathing exercises. You will also learn how to use a small breathing machine called an incentive spirometer. Both of these are used to help your lungs stay healthy while you get better.

**Diet After Surgery:** After your surgery, you will not be eating or drinking. You will get nourishment through your IV. Starting to eat and drink depends on your bowels. Your doctors and nurses will check your bowels by listening with a stethoscope to see if you are passing gas. Once your bowels return to normal you will be given liquids and then move on to eat regular food.

# Helpful Facts

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## **How You Will Feel after Surgery**

### ***Discomfort after Surgery***

In the first few hours after surgery, you will feel groggy, and you may drift in and out of sleep. This is normal after anesthesia. Your mouth may feel dry. A breathing tube was used during your surgery. Because of this, your throat may feel a little sore.

There will be pain at the site of your surgery – the degree of pain will depend on how much surgery you had. The pain after surgery has been described as a moderate to severe discomfort in the area of your stomach. You may also experience some numbness near your surgery site. The numbness is not unusual and should improve in the coming months.

Your doctor will order pain medicine for you. It is important that you be as comfortable as possible, and that your pain medicine works. While in the hospital, you will be instructed in the use of a Patient Controlled Analgesia (PCA) pump. This lets you control the amount of pain medicine that you receive. If the medicine is not relieving your pain, talk to your doctor or nurse.

Most people experience gas pain following surgery. Some people have a lot of pain. Walking around or doing other kinds of light activity can often relieve this. Sometimes, rocking in the rocking chair and drinking warm liquids helps. Your pain medicine will not relieve gas pain. Getting **rid** of the gas is the only thing that helps. Your nurse can help you find ways to get rid of the gas.

### ***Rest and Activity after Surgery***

The first days after surgery you may feel sleepy and tired from the anesthesia and all the stress prior to the surgery. If you don't feel up to having many visitors, ask your nurse to place a "No Visitors" sign on your door or have family members talk to guests.

On the day of surgery you will be on "bed rest." It is important that you turn in bed every few hours. This will help your breathing and circulation. When moving in bed it's helpful to roll by first bending your knees and then reaching for the side rail. Do not hold your breath, as this may increase your discomfort.

The day after surgery you will be getting out of bed with the help of your nurse. Your nurse or a family member or friend should continue to help you until you are steady on your feet. Also, it is best to try to stand as straight as possible when walking to avoid back pain from poor posture.

During activity (walking, standing, coughing, deep breathing) it is helpful to support your incision by holding a small pillow or rolled-up blanket over your abdomen. This will lessen the abdominal pain.

### ***Possible Symptoms You May Experience After Your Surgery***

After your surgery it is not unusual to have some of the symptoms listed below. Talk with your doctors and nurses who will be able to suggest ways to help make these symptoms better.

- **Headache and nausea:** You may have a headache or nausea after you wake up. This is not unusual. Tell your doctor or nurse and they will give you medicine. It is caused by the long period of time you have been without food, and the amount of surgery you had to your bowels.

# Helpful Facts

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- Difficulty emptying your bladder after your catheter is removed: It is not uncommon to have difficulty emptying your bladder once your Foley catheter is removed. If you continue to have trouble your doctor will recommend putting the catheter in again to empty your bladder. It may be may slightly uncomfortable.
- Difficulty having bowel movements: After abdominal surgery it may take a little time before your bowels return to normal and you are able to pass gas and stool (bowel movement). Getting up and out of bed is **very important** in getting your bowels back to normal.
- Nausea or vomiting that does not easily go away: -- After abdominal surgery some patients have nausea and vomiting that does not go away. Your doctor may order medicine, IV fluids and tell you to not eat or drink until the symptoms go away. If one medicine doesn't work, your doctors and nurses will work until they find the medicine that works for you. If the problem still does not go away, your doctor or nurse will place a naso-gastric (NG) tube. This is a thin tube that goes through your nose and down into your stomach. The tube empties your stomach so your bowels can rest. As your bowels return to normal, the nausea and vomiting will stop.

## How to Care for Yourself at Home

### *Pain Medicines*

You will receive a prescription for pain medicine to take at home. It is a good idea to fill this prescription as soon as you can. Do not wait until you are in pain to fill the prescription, in case there is a delay in the pharmacy filling it. When you are at home, if the medicine does not reduce your pain, do not take more medicine. Call your doctor to ask about switching to a different type of medicine.

### *Temperature*

At home take your temperature every morning and evening for two weeks. Call your doctor if you have a temperature over 100.4 degrees Fahrenheit.

### *Incision and Personal Hygiene*

Keep your incision clean and dry. **You may take a shower and let the water run over your incision**, but do not scrub your incision. You may pat your incision dry. Do not put anything on your incision such as powder or lotion. **Baths or swimming are not allowed until you see your doctor for your follow-up visit.** Call your doctor if you start to have drainage from your incision, or if there is an increase in swelling or redness around your incision.

**Do not put anything in your vagina** until your doctor sees you, or for four weeks. This includes no douching, tampons, or sexual intercourse. Notify your doctor if you get a vaginal discharge that itches or has a bad smell. This may mean you have a vaginal infection. Your doctor will prescribe medicine to relieve this.

### *Activity*

Once you are home you may increase your activities a little bit at a time. **You may not drive a car or lift anything over 10 pounds until your doctor says it is OK.** Do not have sexual intercourse until seen by your doctor or for four weeks after your surgery. For more information, see the "Helpful Fact Sheet-About Gynecologic Cancer and Sexuality."

# Helpful Facts

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## ***Bowel and Bladder***

Call your doctor or nurse if you have any trouble with urinating, such as pain, burning, if you are unable to reach the bathroom in time, or if you urinate often. These could be symptoms of a urinary tract infection or urinary incontinence (UI). UI is a rare complication of gynecological cancer surgery and can be treated. Please refer to the "Helpful Fact Sheet -About Urinary Incontinence."

Call your doctor or nurse if you have nausea, vomiting or stomach pain.

## ***Follow-up Appointments***

Your surgeon will make appointments with you for follow-up visits. It is very important to keep these appointments, as the surgeon needs to check the healing of your wound and make sure that everything is OK.

## ***Coping with Emotions***

You may have many feelings before, during and after your surgery. Fear, anxiety, sadness and anger are all **normal** feelings to have. The most important thing is to find ways to take good care of you. Let yourself feel and talk about your emotions. This may be one of the most important things you do for yourself.

The one thing that women say is very helpful is a sense of **connection -- with** supportive people, with nature or spirituality, or with your healthcare team. Don't hesitate to ask any of us for help during this period.

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