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# Enhanced Recovery for Patients undergoing Planned Vaginal Hysterectomy and Prolapse Repair

Patient Information Leaflet

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## **Introduction**

Enhanced Recovery after surgery is an initiative aimed at achieving faster recovery times and improving patients outcomes after surgery.

The evidence states that recovery after surgery is more comfortable, easier and happens more quickly if certain elements are introduced.

We have implemented certain elements of an Enhanced Recovery Programme for patients having planned vaginal prolapse surgery:-

- Good pre-operative advice and information
- Reducing physical and emotional stress of the surgery
- Early mobilisation after surgery
- Providing adequate pain relief and increase comfort post surgery

Our aim is to help you recover quicker, prevent any complications and enable you to go home as soon as possible.

We ask patients to play an active part in their recovery and to work together with members of the gynaecology team to achieve this aim.

## **Pre-Operative Assessment**

Once a decision has been made by your gynaecologist for surgery and a date is planned it will be necessary for you to attend The Pre-Operative Assessment Clinic. During this visit a medical history will be taken and any relevant investigations will be carried out. As part of our Infection Control Policy all patients admitted to hospital are screened for MRSA. (meticillin resistant Staphylococcus aureus). This is a routine procedure involving a nose and groin swab. This may have already been done during your outpatient appointment once a decision for surgery was made.

You will have an opportunity to ask questions about your operation and to discuss fears/anxieties. The nursing care will be explained and relevant information will be given to you.

It is common to feel a bit low in the first few weeks of returning home and feeling frustrated that you cannot do everything that you would like to do.

The staff on the ward would like to wish you a speedy recovery at home.

If you do have any concerns do not hesitate to telephone the ward staff on

Gynaecology Ward 0151 604 7132

Pre-Operative Assessment Clinic 0151 604 7674

On the Gynaecology Ward we are continually striving to improve the service we offer our patients, therefore patient's views about the level of care/cleanliness are important to us. If you wish to speak to a member of staff about your care or the ward environment then please contact either the nurse in charge of your care or the Ward Sister at any time during the day.

## **Patient Experience**

In addition to this you will be given a Hospital Discharge Questionnaire to complete. You may complete this whilst still on the ward or you may take the questionnaire home with you and return it in the pre-paid envelope provided. All patients' views are important to us in order to identify areas for improvement.

avoid standing for long periods of time and lifting/carrying young children. It is advised to continue to follow the exercises in the physiotherapy leaflet.

Having an operation can be a stressful experience both physically and emotionally, but do not worry your strength and stamina will gradually return.

### **Nutritional Advice and Elimination**

Good nutrition plays a vital part in your recovery. Sufficient food intake helps prevent tiredness and promotes a faster recovery. Aim to eat a well balanced diet, protein, carbohydrates with a good intake of fibre. Aim to drink 6-8 glasses of water a day as being well hydrated and eating a high fibre diet will help avoid constipation and avoid straining.

If you do go home and experience constipation see your GP/ Pharmacist for advice. If you develop urinary symptoms such as irritation, stinging on passing urine, offensive smell or discharge please see your GP as you may have an infection which may require antibiotics.

### **Sexual Relations**

Avoid sexual relations until at least 6 weeks when your sutures will have dissolved and all bleeding has stopped. If you have had Posterior Vaginal Repair sexual intercourse should be avoided for 8-12 weeks.

### **Driving**

You should not start to drive again until your strength and speed of movement are up to coping with an emergency stop. We advise 4-6 weeks. Please remember to check with your insurance company because your policy may be affected. Ask family/friends to help with driving.

### **Travel**

Please check with your GP before flying, especially long haul flights. We recommend six weeks post surgery. Long car journeys are best avoided following your operation, if unavoidable then we would advise you to make regular stops throughout your journey to walk and stretch your legs.

### **Anaesthetic Reviews**

Some patients may require an anaesthetic review by an anaesthetist. This will depend on your medical history and current medical status.

### **Pharmacy**

Please bring with you a list of all your medications including inhalers and details of non-prescription/herbal medications. You will be advised of any medications to stop before your operation. Ideally all herbal medications should be stopped 1-2 weeks prior to your operation as these can sometimes cause complications during your operation. The Ward Pharmacist or nurse will usually check your medications with you during your admission.

### **Discharge Planning**

Having an operation can be stressful experience both physically and emotionally. The earlier you get out of bed post surgery i.e. walking, eating and drinking the better your recovery will be.

Discharge from hospital is 1-3 days after your operation. It is therefore important to plan and prepare for your discharge home before you come into hospital.

The team advises that you arrange help from family, friends and neighbours to help you recover at home in the first couple of weeks following your discharge home. Knowing in advance allows your carers to arrange time off work for when you leave hospital. Household chores i.e. vacuum cleaning; shopping and heavy lifting are not advised after prolapse surgery.

### **Life Style Changes**

It is important for patients who smoke to get help to stop. We realise this can be difficult for you, but by doing so will help reduce the risk of complication and improve your long term health. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

## **Other Issues To Consider And Ask Help With**

- Transport home from hospital on your discharge date.
- Arrangements for childcare, school run and activities.
- Caring for pets: walking the dog
- Ensure you have house key with you or someone to meet you.
- If you are a carer for relative at home please arrange respite care with family or speak to your GP to arrange some support.

## **Work**

If you work we would advise that you discuss with your employer the need for time off work before coming into hospital. Talk to your Occupational Health Department if it is available where you work. The length of time off work will depend on the type of job that you do. Approximately 8-12 weeks, sometimes longer. People with jobs that require a lot of heavy manual work may require more time off than those with less active physical jobs. Do not return to work unless you feel physically fit to do so.

## **Pain Relief and Comfort**

Pain relief will be discussed with you at the Pre-Operative Assessment Clinic and with the anaesthetist once you have been admitted. Patients are normally given an anti-inflammatory suppository (Diclofenac) and intravenous paracetamol whilst in theatre. Once you are back on the Gynaecology Ward and eating and drinking normally the staff will give you oral analgesia and anti-inflammatory medication such as co-codamol, paracetamol and Ibuprofen. We recommend that you have a supply of these pain relief medications available at home for when you are discharged from the hospital.

If you are concerned or have had experience with nausea and vomiting after an anaesthetic please discuss this with the anaesthetist. Anti-sickness medication will be given where necessary.

## **ADVICE AFTER SURGERY**

### **Pain**

Pain should start to subside after a few days, you should still continue to take analgesia as prescribed. Paracetamol may be enough, however stronger pain killers can be used, remember only use what is needed.

### **Bleeding**

It is normal to experience vaginal bleeding for up to 2-4 weeks. It is important that whilst this bleeding is present to avoid the use of tampons to prevent the risk of infection. If bleeding becomes heavier than a period, passing clots or offensive heavy discharge please contact your GP or attend the Accident and Emergency Department in an emergency.

### **Exercise, Moving and Rest**

We are all individuals; our bodies react and recover in different ways. The most important thing to do is strike a balance between rest and activity. Try not to hurry your recovery process but steadily increase the amount you do. Remember as you attempt to resume your normal activities at home you will feel weaker and tire more easily than you did whilst in hospital. Your body will tell you when you are tired so take it slowly and do not over do it.

Aim to gradually increase your level of physical activity once home. Start with a short walk for 10 minutes 2-3 times a day and gradually build up as your body allows you to do so. This exercise will help to strengthen your muscles.

Gentle exercise and fresh air will help your recovery.

Mobilisation will help prevent the risk of blood clots (DVT). Once home we advise you to continue to stop smoking to prevent the risk of developing chest infections.

Try to get family and friends to help out with household chores, such as hoovering, shopping and gardening. Heavy lifting is not strongly advised for at least six months after prolapse surgery and sometimes longer depending on the extent of your surgery. Also

You will be discharged from hospital 1-3 days after your operation and this will depend on the extent of your surgery and progress. Your GP will be fully informed of your surgery and discharge from hospital. You will also receive a copy of your discharge letter.

Your consultant team will decide if they want to see you in Outpatients Clinic, if this is not already arranged prior to discharge it will be posted to your home address. If no routine appointment is needed at the hospital you can see your GP 6 weeks after surgery for post operative check and your GP will be informed of any results of investigations.

If you require any take home medications you will be provided with a weeks supply. If you require additional medication after this you will need to arrange a repeat prescription from your GP.

Any medication that you have brought with you will be returned to you before discharge.

## **Physiotherapy**

The physiotherapist will see you during your pre-operative assessment or during your admission to discuss pelvic floor exercises and this will be supported with a written information leaflet.

## **Medical Staff**

You will not see your consultant everyday however a member of your consultants team will see you each day. You are welcome to ask any questions of the medical and nursing staff at any time.

Should you or your family wish to speak to your consultant an appointment can be made via their secretary.

## **Infection Control**

The ward staff work very hard to maintain a clean and safe environment. During your stay you are part of our infection control team, therefore we encourage you to question staff about hand decontamination i.e. have you washed your hands or used hand gel prior to attending to any of your nursing needs. Staff will not be offended.

If you are concerned at all by any infection control issues or cleanliness of the ward please speak to the nurse in charge so that we can address any issues you may have straight away.

## **Visiting**

Visiting times are between 2pm - 7pm

Please ask a nominated person to ring the ward on behalf of relatives/ friends with any enquiries as answering telephone calls can greatly impact on the ward nurses valuable time spent with patients.

As part of our Infection Control Policy we advise that there are no more than two visitors per bed at any one time. Visitors are requested to use the chairs that are provided and to refrain from sitting on the beds. Visitors are also requested to use the hand gel that is provided at the entrance to the ward when entering or leaving.

## **What to Bring In With You**

- All medications including inhalers.
- Night clothes including nightdress to wear the day after your operation.
- Dressing gown and slippers.
- Toiletries and sanitary pads (optional).
- Hand and Bath towel.
- Clothes for going home in.
- Magazines/books.

We would advise that expensive items and large amounts of cash are not brought into hospital. We suggest that patients keep no more than £10 with them at any one time. Mobile phones are permitted, but please keep them on silent or vibrate and they remain your responsibility at all times during your stay.

## **Day of Admission and Operation**

You will be admitted to the Gynaecology Ward which is situated on the 1st Floor of the Women's and Children's Hospital.

This is a 18 bedded ward divided into bays and some side rooms. All of our patients are admitted the day of their surgery. Your admission letter will state the time you are to arrive at the hospital. You will need to report to the Gynaecology Treatment Centre Reception on the First Floor.

Once you have had your details checked by the Ward Clerk you may be asked to take a seat in the waiting area until a bed is available.

The staff in the unit will escort you to your bed as soon as possible, but on busy theatre days this may take some time. Beds are allocated in order of the theatre list and this may mean that someone who arrives in the unit after you is taken to a bed first.

The staff on the ward will endeavour to keep your waiting time as short as possible and to keep you informed of any possible delays, but please do not hesitate to ask if you have any issues or concerns.

Once escorted to your bed you will be able to change into your theatre gown and you will be measured for anti-embolic stockings. An anti-coagulant injection may be prescribed to prevent deep vein thrombosis. Most of our patients will be walked down to theatre with the nurse.

The anaesthetist may also come and see you prior to your operation and discuss the anaesthetic and post operative pain relief with you.

## **Recovery Area**

After your operation you will be in the Recovery Area. You may have oxygen via a face mask to help you recover. You will be given pain relief, the recovery staff will monitor your pulse, blood pressure, respirations, temperature and oxygen levels.

You will have an intravenous drip running with fluids to keep you hydrated until you are eating and drinking normally. You may have a urinary catheter into your bladder to monitor your urinary output and a vaginal gauze pack if needed. These are usually removed within 12-24 hours. It is not unusual to have some vaginal bleeding after this type of surgery.

Once all observations are stable you will be escorted back to the ward where your observations will continue to be monitored the rest of the day and night. You will be encouraged to drink and have a light diet when you feel able.

## **After your Operation**

You will be encouraged to mobilise as soon as possible, this will help prevent deep vein thrombosis and enhance your recovery.

You will be encouraged to eat and drink normally. Simple pain killers will be offered. Bowel movement may sometimes be difficult and a laxative may be prescribed to make this easier for you. A blood test maybe obtained to check that you are not anaemic post surgery.