

Patient Passport: Gynecologic Oncology Surgery

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Patient Passport: Gynecologic Oncology Surgery

Patient Label

Please bring this passport with you to your pre-admission appointment and on the day of surgery.

Procedure: _____

Approximate surgery length: _____ hours

Expected days in Hospital:

- Day surgery
- 1
- 2
- 3

Your surgeon's office will contact you by phone with the information below.

Surgeon: Dr. _____

Pre-Admission Clinic date (if needed): _____ Time: _____

Location: _____

Surgery Date: _____ Time: _____

Go to the 10th floor of Victoria building at the Victoria General (VG) site, QEII.

Pre-admission Appointment

- You may need a pre-admission appointment to meet with a nurse or an anesthesiologist. This will depend on the type of surgery you are having. It may also depend on whether you have any health issues. Your surgeon's office and the anesthesia department will organize this.
- A pre-admission appointment usually happens one to two weeks before your surgery date, though it could occur earlier. The appointment may take two to four hours.
- You will receive more information about the process of having surgery.
- You may have a virtual appointment or an in-person appointment. For in-person appointments, go to the 10th floor of the Victoria building at the Victoria General site, QEII, and look for the Pre-admission clinic signs.
- You may need some tests such as: blood work, chest x-ray, or an ECG.
- If you need to change or cancel your pre-admission appointment, call the Pre-admission clinic, 902-473-8410. If you miss your pre-admission appointment, your surgery may be cancelled or delayed.

Things to bring to your pre-admission appointment or have available at the time of your phone call:

- This patient passport.
- Your Nova Scotia health card.
- All of your medications in their original containers and blister packs. This includes vitamins and puffers.

Getting Ready for Surgery

How to prepare at home before you have surgery

- Keep exercising and eat healthy foods.
- You should stop smoking as soon as possible. You must stop smoking for these times:
 - › The evening before your surgery, stop smoking from suppertime on
 - › No smoking for the entire day and night of your surgery
 - › No smoking on hospital property. For your hospital stay, we can supply nicotine patches, nicotine chewing gum or nicotine inhaler.
- If you smoke, the most important thing you can do for your health is stop smoking. Ask your care team how they can help you stop smoking or call 811 to talk to a tobacco cessation counselor who can offer counselling or direct you to a program in your area.
- **For day surgery**, you must arrange for someone to pick you up after your surgery. You must have a responsible adult look after you until the next day. If you do not have these arranged, your surgery will be cancelled.

- If you are still having periods, ensure you are using birth control (birth control pill, patch or ring, condoms, IUD, etc.), before your surgery. Your surgery may be cancelled if you are pregnant.
- You may have to take blood-thinner injections for a total of 28 days after your surgery to decrease the risk of getting a blood clot in your legs or your lungs. This medication is called Fragmin or Dalteparin. Please check with your insurance company if they will cover the cost of the medication for you, if you need it. Let your surgeon or your nurse know as soon as possible if your insurance company cannot cover the cost.
- Please make arrangements for a drive home when you are released from the hospital before your surgery date.
- Before your surgery:
 - › Please make arrangements for someone to drive you home on the day of your discharge.
- Please call us as soon as possible if you:
 - › Need to change or cancel your surgery.
 - › Have any symptoms or flu or other illness before your surgery.

You can reach the gynecologic oncology administrative assistants at 902-473-4029 or 902-473-2366.

Things to bring on Surgery Day:

- This patient passport.
- Your Nova Scotia health card.
- Private insurance information / insurance forms to be signed by your doctor.
- Bring all of your medications in their original containers or blister packs. Consider having your medications blister packed at your pharmacy. This is done free of charge. Follow any instructions the nurse and/or doctor gave you at your pre-admission appointment.
- CPAP machine, if you have sleep apnea.
- Walker, cane or splints, if you use them.
- Eyeglasses or contacts case; we prefer you wear eyeglasses if you have them.
- Hearing aids, if you use them.
- Dentures and denture containers, if you use them.
- Loose-fitting clothing and comfortable shoes to wear home, anything that fits tightly may cause discomfort.
- If you will be admitted to hospital after your surgery, bring:
 - › Housecoat, pajamas, slippers with rubber soles, undergarments, loose-fitting clothing, toothbrush and toothpaste, hairbrush, magazine or book, paper and pen, Kleenex.
 - › Two packs of chewing gum, any type.
 - › A light snack you enjoy to eat the evening of your surgery.

Do not bring:

- Any scented products, perfume, lotions, or hairspray. QEII Health Science Centre is a smoke-free and scent-free environment.
- Valuables, money, rings, jewelry, and credit cards.

The day before your surgery:

- Do not drink alcohol or use any recreational drugs for at least 24 hours.
- Remove all jewelry and piercings, including wedding rings, tongue rings and nose rings.
- Shower or bathe
- Do not shave the area of your body that will be operated on.
- You may drink clear fluids, see List 1 below, up to 3 hours before your surgery.
- You must drink 750 mL, 3 cups, of apple or cranberry juice in the evening before midnight.



750 mL = 3 cups



Surgery Time, examples	Arrive at Admitting, 2 hours earlier	Drink 250-500 mL Juice, 3 hours earlier
7:30 am	6:00 am	4:30 am at the latest
10:00 am	8:00 am	7:00 am at the latest

List 1: Clear Fluids

- Water or Juice: apple or cranberry (NOT reduced sugar); NO orange juice or other juice with pulp
- Coffee or tea WITHOUT milk/cream/whitener/non-dairy milk
- Clear broth

The Day of Your Surgery:

- You may keep drinking clear fluids up to 3 hours before your surgery, see List 1 above; Do not drink milk, cream, any juice with pulp, alcohol.
- You MUST drink 250 to 500 mL (1 to 2 cups) of apple or cranberry juice 3 hours before your surgery. Research shows that drinking apple or cranberry juice 3 hours before your surgery could help your body experience less physical stress, speed up your recovery and lower the risk of surgical complications.
- Take only medications instructed by your surgeon or anesthesiologist.
- Do not wear makeup or scented products.
- In the Admitting Department, you will sign admission papers. You may ask for a private or semi-private room, but it is not always possible to get one.
- Parking is available in front of the Victoria General, corner of South Park and South Street, and there is daily/hourly parking at the IWK Parkade. There is metered parking on the street.

The Pre-operative Area:

- After you register in Admitting, staff will take you to the 10th floor pre-operative area.
- Please ask your nurse, surgeon or anesthesiologist about ability to have a family member with you.
- A nurse will help you prepare for surgery. Your nurse will review all your paperwork and check your blood pressure, pulse, temperature, and weight.
- Your nurse may give you a locker for your belongings. You will change into a hospital gown.
- Your nurse will ask you to take out your contact lenses, partial plates, and dentures.
- Your nurse will ask you to empty your bladder before surgery.
- Your nurse will give you oral pain medications, even if you don't have pain. You will take them about an hour before surgery. Research shows that taking these medications before surgery helps to lessen pain intensity after surgery.
- You will be taken to the operating room by an OR attendant.

The Operating Room (OR):

- The anesthesiologist and surgeon will meet with you before you enter the OR. They will answer your questions. QEII Health Sciences Centre is a teaching hospital, and you may meet junior or senior learners, medical or nursing students, residents, who are an important part of the team.
- You will be taken into the OR and helped onto the operating table.
- Your nurse will ask you to remove your eyeglasses.
- We will put an intravenous (IV) needle into your arm.
- We will monitor your blood pressure, heart rate, and oxygen.

- For your surgery, you may have a:
 - › General anesthetic - you will be fully asleep; this is often for major/longer surgery.
 - › Conscious sedation - you will be relaxed and getting pain medication; but you will be awake; this is usually for minor/shorter surgery.
 - › Spinal anesthetic with conscious sedation- you will be relaxed and getting pain medication, but you will be awake. You will be completely frozen from the waist down.
- There will be a nurse liaison who will be updating your family throughout your surgery. If your family has questions while you are having surgery, they may ask the nurse liaison.

The Recovery Room:

- Once your surgery is finished, you will be taken to the recovery room. You may not remember this part.
- The nurse will check your blood pressure, temperature, pulse, and breathing.
- If you had a general anesthetic, your throat may be sore from the tube that was put down your throat while you were asleep. It will feel better in a day or two.
- The nurse will ask if you have pain or nausea. They will give you medication to make you feel better.
- The nurse may give you oxygen through an oxygen mask or nasal prongs.

If you are having Day Surgery:

- You will need to stay in the recovery room for 1 to 1 ½ hours.
- Before you go home, your nurse may check that you can urinate and make sure you can drink fluids.
- Your nurse will remove your IV needle.
- Your nurse will review what you need to know before going home, also called discharge instructions.
- Your nurse will give you any prescriptions, if needed.
- Hospital staff will call or talk to the person taking you home. Any other questions or instructions will be reviewed.
- You will be called or receive a letter with a follow-up appointment with your surgeon.
- You must have a responsible adult stay with you until the next morning.
- You can eat and drink as normal. You can be up and move around, unless your surgeon told you otherwise.

Important Note - For 24 hours after your surgery or if you are taking narcotic/prescription pain medications, you should not:

- › Operate machinery
- › Sign legal documents
- › Drink alcohol
- › Care for another person/child
- › Drive. When you drive again depends on the type of surgery. Ask your surgeon about this.

If you are staying in the hospital after your surgery:

- In the Recovery Room, your nurse may ask you to sit up at the edge of the stretcher.
- You may have a tube (catheter) in your bladder. It drains your urine.
- When you are alert, you will be transferred to the nursing floor.
- Your IV will stay in. But you may no longer get fluids through it.
- Your nurse will ask you to chew gum at arrival. Then chew it at least 3 times a day for 30 minutes.
- You can start drinking fluids right away. Start by sipping small amounts often. For example, sip every few minutes.
- Your nurse will ask about pain or nausea. You will be given medications as needed. Medications will be given in pill form when possible.
- You may get a blood-thinner injection to lower the risk of clots in your legs or lungs.
- Exercises:
 - › Your nurse will ask you to sit up on the edge of the bed on the first day or evening.
 - › Whenever you are awake, do leg exercises 4 to 5 times every half hour (see leg exercises diagram).
 - › Whenever you are awake, do deep breathing at least 10 times every hour.

Leg Exercises



Point and flex toes up and down



Circle ankles in one direction, then the other

Research shows you will recover faster if you:

- Chew gum
- Do deep breathing and leg exercises
- Walk!
- Eat well
- Stop smoking

Doing these things helps reduce infections, blood clots, and bowel problems. You are more likely to feel better faster - and go home sooner!

Breathing Exercises

- Place your hand on your stomach region.
- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and feel your stomach move out against your hands.
- Hold for a count of 3.
- Breathe out slowly through pursed lips, like you are blowing out candles. Don't force your breath out.
- Rest and then repeat 10 times every hour, whenever you are awake.
- Rest longer if you become dizzy or lightheaded.

Family supports:

- Your family may be able to visit you while you are admitted to the hospital ward (dependent on COVID-19 policies). They will not be allowed to enter the Recovery Room.
- Spiritual care consultation is available to those who wish to have it

First day after your surgery (post-op day one):

- Your nurse will remove the tube (catheter) in your bladder, if needed.
- You will walk to the washroom.
- If you are drinking well, your nurse will remove the IV.
- You will eat all meals sitting in a chair.
- You will walk around the hallway.

Following days after your surgery (post-op days two and three):

- You will continue to recover as described above.
- If you need to take blood-thinner injections when you go home, your nurse will teach you or a family member how to do it.
- Your nurse may need to monitor how well you are emptying your bladder by using an ultrasound machine. They may need to put a catheter in your bladder again, if you are not able to pee on your own.
- If you are going home with a drain or a catheter, your nurse will teach you how to look after it.

Discharge

- You will be discharged on the day discussed with your surgeon if everything is progressing as expected; discharge time is before 10 am. Please make arrangements before your surgery for someone to drive you home on the day of your discharge.
- Your nurse and doctors will review what you need to know before going home, also called discharge instructions.
- Your nurse will give you any needed prescriptions.
- A follow-up appointment with your surgeon will be mailed to you or you will be called.

When you are home:

- It will take some time for your body to recover fully and for you to feel back to normal.
- Follow discharge instructions given to you by your nurses and your doctors in hospital.
- Listen to your body – if something hurts, or doesn't feel right, stop doing it.
- In general, these are the only restrictions, but check with your doctors and nurses if there are any others:
 - › Do not lift anything heavier than 4.5 kg (10 lbs) for 6-8 weeks.
 - › No driving while you are taking narcotic pain medications and while you are still having pain. In order to drive safely, you must be able to slam on the brakes, check your blind spot and move your

foot from pedal to pedal. If you are having pain that is preventing you from doing any of these, you cannot drive. Call your insurance company ahead of time to ask if they have any limitations on driving after surgery.

- › If you have had your uterus removed, don't have sex or put anything in the vagina until you are seen by your doctor at the follow-up appointment.
- You are encouraged to slowly get back to your usual daily activities, for example making light meals, going for a walk. You should not expect to be lying in bed all day and night.
- The following things are not a part of normal recovery, and you should go to the closest emergency department if they happen to you:
 - › Pain in your chest, difficulty breathing or gasping for breath, swelling in one leg more than the other. These could indicate a blood clot, or a heart problem.
 - › Not being able to pass wind, belly being very bloated, vomiting. These could indicate a bowel problem.
 - › Fevers or chills. These could indicate an infection.
 - › Severe pain, despite taking pain medications as prescribed by your doctor.
 - › If you have had your uterus removed (hysterectomy), it is normal to have a little bit of bleeding from the vagina up to a couple of weeks after surgery. However, if you are having bleeding that is like a heavy period, you should go to the emergency department.
- For any other concerns related to your surgery, contact your surgeon's office or see your family doctor. Please note, the QEII Hospital switchboard does not connect patient calls to physicians.

Wound care

If your surgery was done through a cut up and down or side-to-side on your belly:

- You will have staples in your skin. These should come out 7-10 days after surgery. Please make an appointment with your family doctor or go to a walk-in clinic to have these removed. It is a good idea to set up this appointment with your family doctor ahead of time.

Removing staples is not technically challenging, and most healthcare professionals know how to do this. We will give you a staple removal kit to take home with you when you are discharged.

- You will have a dressing over your incision (cut), which is like a big bandaid. This will come off while you are in hospital, and doesn't need to be put back on, unless your skin is irritated by your clothes. Generally, people don't need home care to look after their incision.

If your surgery was done through small cuts in your belly (e.g. laparoscopy or robotic surgery):

- There will be no staples. You will have stitches which don't need to be removed and will fall out on their own, a few weeks after surgery.

- You will have a dressing that covers each small cut, which may come off before you go home.
- You may also have small strip-like band-aid, called SteriStrips. These will likely fall off in 3-4 days after you are home, and it is fine to remove them if they are looking soiled or if they are peeling off. It will not hurt your wound.

Pain management

- Once you are home, you may have a little bit more pain because you are moving more. Use acetaminophen (Tylenol) and ibuprofen (Advil) TOGETHER as directed on the bottle, unless you have an allergy, or have been told previously that you should not be taking one or both of these medications. You will be provided with a prescription for a narcotic pain medication that can be used if needed. Do not wait for your pain to be very strong before taking something. Start taking acetaminophen and ibuprofen when your pain is moderate (e.g. 4-5/10 on a pain scale).
- If you have leftover narcotic pain medication, please return it to the pharmacy to be disposed of properly.

Bowel Care

Your bowel habits may change after surgery. This can be a side effect of the surgery or the pain medications. Some urgency (needing to go quickly to the toilet) and frequency (having to go to the toilet more often than usual) may happen.

You should prevent constipation and straining to poop while you heal. Straining to poop can put pressure on sutures and your pelvic floor.

To help prevent constipation, initially you should eat small, frequent meals, three or more times a day.

Try to prevent constipation by consuming a balanced diet, include foods such as fruit, vegetables and whole grains. You should drink eight cups or glasses of fluid daily (1.5 - 2 litres daily).

If you do not open your bowels(poop) for more than two days, then taking a gentle laxative may be needed.

You can treat constipation with laxatives that you can buy at a drug store or supermarket. You do not need a prescription for these laxatives.

Laxatives work in two ways:

Stimulant laxatives help stool move along your bowel or Osmotic laxatives help liquid stay in your bowel so stool does not become dry and hard. Just as you need to eat every day, you must take laxatives every day for them to work.

Sennosides

The first laxative you should try is the stimulant type called sennosides. It is mild and works for most people. You can buy sennosides in pills or in liquid.

PEG

If you have a history of frequent bowel cramps (also known as “Irritable Bowel Syndrome”), you may want to try an osmotic laxative first, such as PEG.

Steps to treat constipation that is caused by your medication:

Each person has a different bowel pattern. What is “normal” for you will be different than what is “normal” for another person. However, having a bowel movement should not be uncomfortable. You should not have to push too hard and your stool should be soft, but formed.

It is important to tailor your laxative doses based on your bowel pattern and goal. A treatment that is tailored for you is called a protocol.

Important Phone Numbers

Gynecologic Oncology:

- Administrative Assistant to Dr. Katharina Kieser, Dr. Stephanie Scott, and Dr. Rachelle Findley
902-473-4029
- Administrative Assistant to Dr. Lana Saciragic, Dr. James Bentley, Dr. Karla Willows
902-473-2366
- Pre-admission Clinic: 902-473-8410

ERAS Videos

LEGO video

Lighthearted and humorous video explaining principles of ERAS for patients having bowel surgery. However, same ideas apply for patients having gynecologic surgery.

Scan this QR Code with your phone camera to view.



GOC video

A comprehensive video explaining ERAS for gynecologic surgery.

Please note the following:

- Follow eating and drinking guidelines given to you by the anesthesia team, NOT what is explained in the video.
- No pre-operative bathing with chlorhexidine
- No pre-operative shaving/shave-prepping

Scan this QR Code with your phone camera to view.



Looking for more health information?

Find this brochure and all our patient resources here: <http://library.nshealth.ca/cancer>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>



Nova Scotia Health promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

Nova Scotia Health

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The information in this brochure is for informational and educational purposes only.

The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider. The information in this pamphlet is to be updated every 3 years or as needed.