

## ABDOMINAL HYSTERECTOMY

### OVERVIEW

This pathway has been developed in an effort to streamline the episode of care for your Abdominal Hysterectomy and is intended as a guide only.

Each patient is an individual and responses may vary. Sometimes you may need to initiate treatment by advising nursing staff of your additional needs, such as more rest, sleep or extra pain relief.

### DAY OF SURGERY

#### Admission

- On arrival to hospital, you will be admitted to the Day Procedure Unit.
- Your temperature, pulse and blood pressure will be taken and you will be weighed.
- The hair around your abdomen will be removed.
- Please ensure that you empty your bladder before you are taken into surgery.
- Your surgeon may visit and your anaesthetist will also visit you and discuss the anaesthetic and post-operative pain management.

*Please discuss any concerns you have with any of the health professionals that you see pre-operatively.*

#### Observations

- After surgery, you will be closely monitored in the recovery room.
- On return to your room, a nurse will continue to monitor your observations frequently and then less often as you recover.
- If you are a diabetic, your blood sugar will be monitored.

#### Hydration / Nutrition

- After surgery, you will have an intravenous drip in your arm for the replacement of fluids.
- You may experience nausea as a result of the anaesthetic, but medication can be given to help relieve this.

- You may have ice to suck to keep your mouth moist and will be allowed to start fluids, followed by a light diet for 1-2 days post-operatively.

#### Medications / Pain Management

- You may be provided with a patient controlled analgesia button which the nurse will educate you on, to control pain
- Your normal medications will be recommenced when you are able to eat, unless otherwise instructed by your doctor.
- Please let your nurse know if your pain is unacceptable so that drug doses can be adjusted accordingly.
- You may experience shoulder tip pain and a feeling of tightness in your upper chest area. This is due to air/gas being inserted during the procedure and will dissipate over time.

#### Hygiene / Eliminations

- You will be given hand hygiene wipes to freshen up post-operatively.
- A thin tube called a catheter will be inserted in through your urethra, into your bladder to drain your urine. This is normally removed the day following surgery and should not cause you any discomfort.

#### Mobility / Safety

- After surgery, it is very important that you practice deep breathing, coughing and limb movements every hour, while you are awake. This will help to prevent complications post-operatively, such as deep vein thrombosis or a chest infection.
- It is also common to have a *Flowtron* device on both calves to help prevent thrombosis. These are removed once you are mobile.
- Remain in bed with the buzzer within reach and the bed rails up until you are alert.

## Wound

- Your wound will consist of an incision in your lower abdominal area, about 4-6cms long, with a dressing on it.
- You may have a small amount of vaginal blood loss for a few days and will need to wear a pad until it stops.
- A small drainage tube is sometimes inserted into the area of the operation and is usually removed 24 hours post-operatively.

## Rest and Sleep

Initially post-operatively, your nurse will need to interrupt your rest frequently to care for you. The interruptions will become less frequent as you recover.

## DAY ONE

### Observations

- Your observations will continue to be recorded, but less often each day.
- If you are a diabetic, your blood sugar levels will also continue to be monitored.

### Hydration / Nutrition

- Your intravenous drip will probably stay in today and you may commence oral fluids and progress onto a light diet (as instructed by your surgeon).
- Please tell your nurse if you are nauseated so that medication can be given to help you.

### Medication / Pain Management

- Pain relief may continue via the patient controlled analgesia or you may require injections, depending on which method your doctor has chosen for you.
- Oral pain relief and your routine medications may be given once you are tolerating food.
- It is important to have your level of pain under control so that you are able to move more freely.
- Please tell your nurse if you require more analgesia.

### Hygiene / Elimination

- A nurse will assist you with your hygiene needs today
- After your catheter has been removed you will need to use a pan or the bathroom.

### Mobility / Safety

- It is important that you continue to do your deep breathing, coughing and limb

movements every hour, while you are awake, for the whole of your stay in hospital.

- You will need help and supervision when ambulating at first, but will become more independent.

## DAY TWO (until discharge)

- If you are tolerating fluids and a light diet, your intravenous fluids will be ceased today.
- You will be encouraged to gain more independence each day with hygiene and mobility.
- Remember to sit out of bed for meals and take short walks two to three times a day.
- The cover on your wound will stay in place until your clips or stitches are removed.
- Avoid heavy lifting, pushing or straining until you see your surgeon at your post-operative appointment.

## DISCHARGE

- A follow up appointment with your doctor and prescriptions for medications, should you need them, will be organised for you.
- Remember to ask for your own medications to take home with you.
- Further information on your continued recovery at home will be given along with contact details in the event of complications.

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