

Gynaecology Day Case Surgery – Post-operative information

This leaflet aims to provide you with information about the post-operative care for patients who have undergone hysteroscopy and laparoscopic procedures.

Length of stay:

You have been planned for a 'day case' procedure which means we aim to send you home on the same day if you are feeling well after your procedure. Evidence from patient surveys suggest recovery is enhanced at home in familiar surroundings, however, you will be discharged home when well enough to be able to care for yourself

Catheter:

You may have had a catheter (small tube inserted into bladder) during your procedure. This will have been removed after your procedure and we will ensure you can pass urine without problems.

Wound care:

Patients having a hysteroscopy will not have any wounds or scars as the procedure involves using a thin tube to look inside the uterus. Patients having laparoscopic surgery will have between 2-4 small incisions. Dissolvable stitches are normally used and these dissolve over time and there is nothing you need to do with them. If different stitches have been used that require removal, we will inform you of this. You can remove your dressing after 24 hours. If stitches are still present (not dissolved) or irritating you after 5 days, you can get these removed by your GP or GP Practice nurse. If, however, you are worried and cannot contact your GP, then please see below for other ways to seek medical advice.

Common side effects after surgery:

- **Pain** – pain is common after a surgical procedure in the lower abdomen. We advise taking paracetamol (if not allergic). If you require stronger pain relief we may be able to provide these for you on discharge. Please be aware stronger pain relief may cause drowsiness.
- **Bleeding** – vaginal bleeding is normal for 1-2 weeks post-operatively. This is normal and is usually like a period. If you are concerned about the amount of bleeding, seek advice from the GP/ NHS 111 or A&E as below
- **Trapped wind** – bowels may slow down following surgery and you may experience abdominal discomfort associated with trapped wind. Movement and walking should help to ease, maybe assisted further by drinking peppermint tea.

Post-procedure advice:

- **Driving** – do not drive for 24 hours after a general anaesthetic. Following this, we advise ensuring you can sit comfortably with a seatbelt and perform an emergency stop before driving.
- **Tampons**: avoid tampons for 10 days to allow wounds to heal
- **Sexual Intercourse**: avoid for 10 days to allow wounds to heal

- **Showering:** you can shower the day after your operation. Avoid using shower gels and soaps over your wound sites. Use a clean dry flannel to pat your wound dry. Avoid baths for 10 days.

After the anaesthetic:

Following a general anaesthetic, patients may feel nauseous and sleepy. We will provide medication to help with this whilst you are in hospital. You must not drive or operate heavy machinery or make any important or legal decisions for 24 hours after the procedure or while taking any narcotic prescription pain medicine.

Blood clots

- Before your procedure your doctor will discuss with you if we think you may be at high risk of developing a **blood clot**.
- If we think you are at high risk of a blood clot, we will prescribe you a blood thinning injection to take at home.
- The duration of blood thinning injections varies but is usually between 7-28 days.
- You can inject this yourself into tummy or legs. Our nursing team will explain how to do this before you leave.
- The best way to reduce your risk of blood clots is staying mobile and doing regular exercises to stretch the calves (see the NHS website at <https://www.buckshealthcare.nhs.uk/pifs/blood-clots-reducing-the-risk/>)

Returning to work:

Everybody recovers at different speeds. Returning to work and back into your usual routine is beneficial for your physical and mental wellbeing. You can self-certify as unable to work for 7 days with your employer.

Follow up:

- We will write a discharge letter to your GP explaining the outcome of your procedure and if any follow up is required
- If biopsies have been sent to the laboratory, we will contact you within a couple of weeks with the results and explain if any further action is required.

When to seek medical advice:

- If you feel generally unwell
- Problems with passing urine e.g. burning, stinging, blood in the urine
- Signs of redness, swelling, discharge around wound sites
- Increasing abdominal pain
- Increasing vaginal bleeding – particularly if foul smelling
- Painful, red, swollen calf (**attend A&E**)
- Difficulty breathing (**attend A&E**)

Places to seek medical advice:

- NHS 111
- Your GP
- In cases of emergency: A&E

The nursing team on the ward are there to help you. If you have any concerns prior to your discharge home, please raise these with the nursing team who will answer your questions.

Useful contact numbers:

Ward Phone Number: 01494 426018
Surgical assessment Unit (Stoke Mandeville hospital): 01296 316500

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Gynae Guidelines Group: July 2021

SDU Lead: Feb 2022

O&G SDU: Feb 2022

Clinical Guidelines Subgroup: not required

Patient Evaluation forms: Jan 2022

Equality Impact Assessment: Feb 2022

Communications Advisory Panel: Jan 2023