



# London Health Sciences Centre

## PATIENT INFORMATION ENHANCED RECOVERY AFTER SURGERY (ERAS)

### Major Gynecological Surgery

Your Operation is called: \_\_\_\_\_

Your Operation is on: \_\_\_\_\_  
Date Time

Please arrive at: \_\_\_\_\_ am / pm

Please come to: **Victoria Hospital - 800 Commissioners Road East  
Day Surgery D2 - 200**

#### Medications:

This information should be provided by the nurse in the Pre Admission Clinic or your surgeon.

I will take the medicine below on the the day of surgery	I will <u>not</u> take the medicine below on the day of surgery

## Welcome

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At London Health Sciences Centre, we are committed to providing you with the highest quality and safest health care to meet your needs.

While you are here, you will follow a specific plan of care or pathway. This booklet provides an overview of your plan of care. Information in this booklet tells you and your family/friends what you must do and what will happen as we work together through your surgical experience.

As part of your surgical journey at London Health Science Centre, all members of your health care team are committed to treating you and your family with dignity, compassion and will respect your privacy.

## What is ERAS?

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If you've had surgery before, you'll notice some things have changed.

**ERAS (Enhanced Recovery after Surgery)** is a way that helps you get better sooner and have fewer problems after surgery. ERAS also stands for Excellent caRe After Surgery. ERAS uses a team approach. You're an important part of the team because you do some of the work that helps you get better sooner.

### Before Surgery

Depending on the kind of surgery you may be able to drink fluids closer to your surgery time. Your healthcare provider will tell you if you're allowed to drink fluids closer to your surgery time.

### Soon After Surgery

- You will chew gum or suck hard candy after surgery to help your bowels “wake up” (you will bring the gum/candy with you)
- You will drink at least 1 big glass of fluid and 1 bottle of nutritional supplement
- Your IV (intravenous) may be stopped earlier
- You will eat a regular diet sooner
- You will get out of bed for a short walk

### How long will I be in the hospital?

The length of stay will be **0 - 1** day for vaginal or laparoscopic surgery.

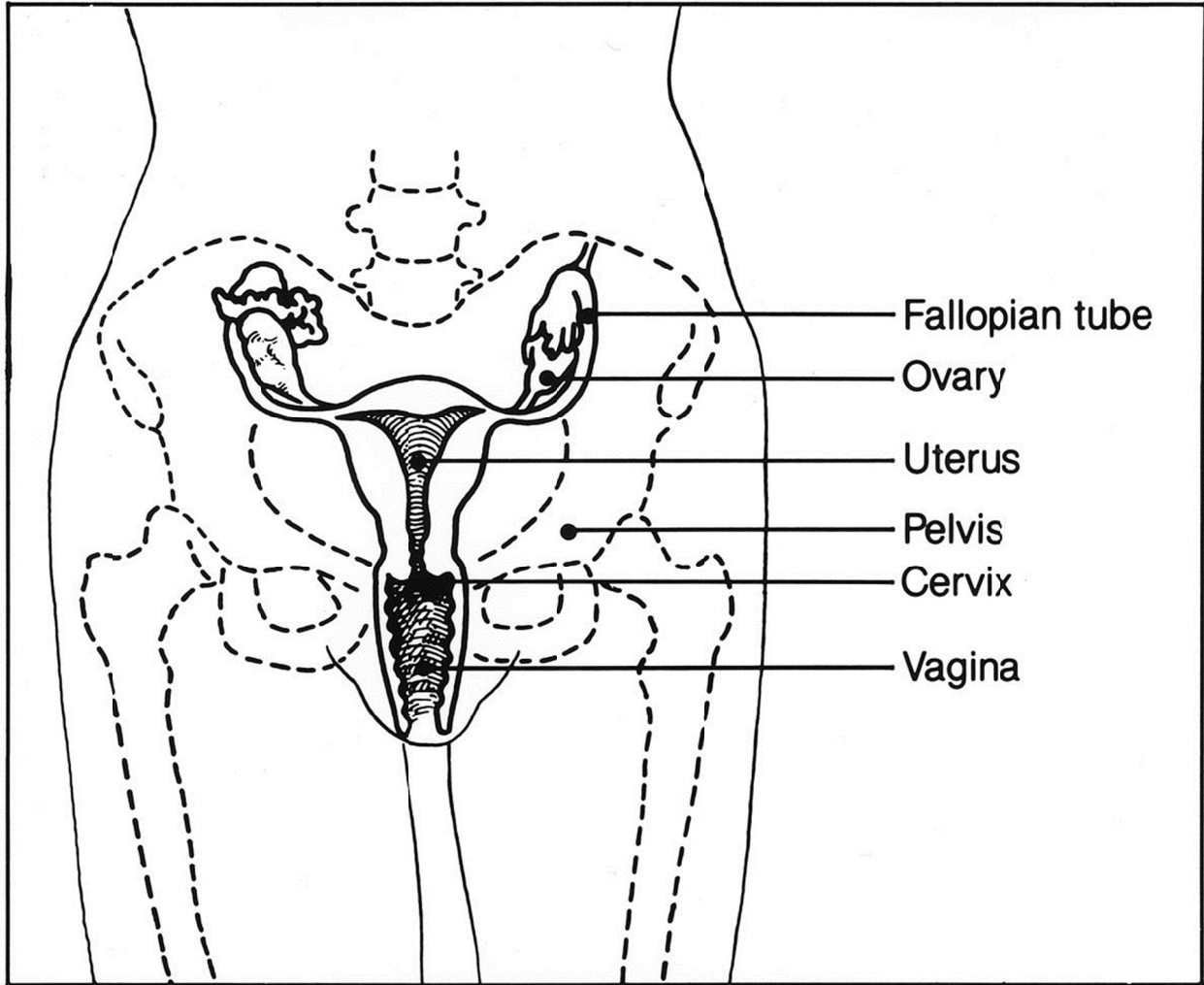
The length of stay will be **2 - 3** days for open/abdominal surgery or bladder repair.

The surgery you are having is:

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## Hysterectomy

A hysterectomy is an operation to remove a woman's uterus. It is carried out to treat various problems associated with periods, pelvic pain, tumours and other related conditions.

**Your surgery can be done in different ways:**

- **Minimally Invasive surgery - including Vaginal, Laparoscopic and Robotic Surgery**

It causes less pain, results in faster recovery and is associated with fewer complications than when the uterus is removed through an abdominal incision.

If your surgery is done laparoscopically, the surgeon will detach the uterus from inside the body using tiny instruments passed through small cuts into the abdomen. The uterus is then removed through a small cut at the top of the vagina.



- **Open or Abdominal**

Your surgeon will make a cut (incision) in your abdomen to perform the surgery to remove your uterus. The incision will either be a horizontal (side-to-side) incision just above your pubic hair line or a vertical (up-and-down) incision from the pubic hair line to the belly button.

Sometimes the vaginal or laparoscopic method is not possible and your surgeon may feel it is safer to convert to an abdominal (open) surgery. This is not a complication, but rather good clinical judgment. This could happen to any patient.

## Preparing for Your Surgery

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### PLAN AHEAD

**Make sure you have someone to drive you to and from the hospital.** Try to have someone stay with you for the first few days or week(s) after you go home. You will need help with activities such as lifting, laundry, housework, grocery shopping, and any other heavy work for a few weeks. If you have pets, you may need assistance in caring for them immediately following surgery.

**Prepare and freeze meals ahead of time** so that all you will need to do is re-heat the food once you are home.

**Stop drinking alcohol:** Do not drink alcohol 24 hours before surgery. Talk to your doctor if you need help cutting down or stopping.

**Exercise:** Try to be in the best shape possible before surgery. If you do not exercise or exercise regularly, start slowly. Even 10 minute walks several times a day are better than no exercise.

**Stop using recreational drugs** (e.g., marijuana, cocaine, crack, heroin, methamphetamines, and narcotics that are not prescribed to you such as, fentanyl, codeine, percocet, etc). These drugs can:

- have serious side effects when mixed with the medicine used during surgery or the pain medicine used after surgery
- affect how well your pain is managed by the pain medicine after surgery

**If you already taking prescription pain medicine** tell your nurse and/or anaesthesiologist when you speak with them. Keep taking your prescription pain medicine as usual up to the morning of surgery. After the surgery, the pain medicine or dose may need to be changed. Your body may be used to a certain level of pain medicine so the amounts needed to manage your pain will have to be adjusted after surgery. **SMO**

**Think about forms:** Make sure your nurse or doctor knows about forms for employment or insurance purposes as soon as possible and well ahead of your discharge date. Please discuss with them, at the earliest opportunity, the best way to get these completed.

## SMOKING

**Stop smoking:** It prevents problems with your lungs after surgery and helps you heal faster.

**London Health Sciences Centre is a smoke free environment; there is no smoking on hospital property.** If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.



**Remember:**

Once you decide to have surgery, every cigarette you don't smoke will help you recover faster and more safely. At the very least, on the night before surgery, don't smoke after midnight.

## THINGS TO BRING TO THE HOSPITAL:

- This patient information booklet**
- OHIP card, hospital card and insurance information
- All medications in original dispensed bottles / packaging and a current medication list, including any vitamins or other health remedies you are currently taking
- Sanitary pads and several changes of underwear** (be sure these are comfortable and stretchy)
- Non-slip slippers or shoes, housecoat, glasses, dentures and hearing aids, (in labeled cases)
- A credit card (if you wish to rent a television or telephone in your room)
- Earplugs (if you wish)
- Personal hygiene items like a toothbrush, toothpaste, hairbrush, mouthwash, deodorant, lip balm. **Remember the hospital is fragrance free and all products must be unscented.**
- Cane, crutch or walker if you use these for walking. (Please label them with your name)
- Sleep Apnea machine if you use one for sleeping. (Please label it with your name)
- 2 - 3 packs of chewing gum or hard candy. Chewing gum/hard candy will help you recover faster from your surgery.
- Non-perishable, easily digestible foods like cookies, crackers, puddings or cereal cup. Do not bring foods that need to be refrigerated.

## THINGS TO LEAVE AT HOME/REMOVE THE DAY OF SURGERY

- Large amounts of money
- Valuables (jewelry, including rings)
- Remove all nail polish
- Remove all jewelry and body piercings

**You are responsible for all personal belongings you bring to hospital. All personal belongings should be left with a family member or friend until you are in your hospital room.**

### Pre Admission Clinic Visit

You will be seen in the Pre Admission clinic or contacted for a telephone interview several days or weeks before your surgery. This is where information is shared. We will learn more about you and your health, and you will learn more about your upcoming surgery.

During the clinic visit or telephone interview, a nurse will review the following information with you prior to your surgery:

- **Medical History:** Your past medical and surgical history and your current and past medications.
- **Bowel Preparations:** How to clear out your bowel before surgery **if you are required to do so.**
- **Body Cleansing:** Do not remove any body hair from the surgery site (pubic hair) before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection.
- **Diet:** What time you should stop eating and drinking before your surgery and what and when you can eat after surgery.
- **Activity level:** How much and when you should be moving after your surgery.
- **Pain control after surgery:** Options for your pain control will be reviewed.
- **Going home after surgery:** You will be asked about your home and any supports you already have in place (family, friends).  
This will help to plan for your return home with any services you may need.



## ACTIVITIES THAT MAY OCCUR IN THE PRE ADMISSION CLINIC

- Plan for a whole day appointment.
- A nurse may complete the following:
  - Blood may be taken for testing.
  - An ECG (electrocardiogram: a test that looks at how well your heart works) and x-rays of your lungs will be done if needed.
  - You may be measured for IPCs (Intermittent Pneumatic Compression Stockings) for surgery. An IPC is an air pump that pushes air through the stockings wrapped around your legs that are secured by Velcro. This is to help prevent blood clots.

### Day Before and Morning of Your Surgery

You can drink **clear liquids** up to **2 to 3 hours before** your surgery or until you leave for the hospital. A clear liquid is any liquid you can see through. Examples of clear liquid include: water, apple juice, cranberry juice or juices without pulp, broth, jello, popsicles, carbonated beverages, sports drinks or teas and coffee without milk. **Milk and orange juice are not clear fluids and should not be taken.**

**If you had bowel prep**, please follow the instructions that were given to you in the “Bowel Preparation” pamphlet.

**If you did not have bowel prep**, you can eat solid food until 12 midnight, the night before your surgery.

### HIGH CARBOHYDRATE (SUGARY) DRINKS BEFORE YOUR SURGERY

A drink that is high in carbohydrates contains large amounts of sugar. It is important to have sugary drinks that are clear liquids before your surgery because it will help you feel stronger after your surgery and recover faster.

- Drink up to 3 glasses (800mL) of high carbohydrate drink **at bedtime the night before your surgery.**
- Drink 1.5 glasses (400mL) of high carbohydrate drink up to 2 to 3 hours **before your surgery or until you leave for the hospital.**

**If you have diabetes, please speak to the Pre Admission nurse about what is appropriate for you.**

**Examples of High Carbohydrate drinks:**



Apple Juice



Cranberry  
Cocktail



Iced Tea



Sports  
Drink



## THE NIGHT BEFORE SURGERY

Before you go to bed:

- take a shower or bath (wash yourself well with soap, including your belly button)
- wear clean pajamas
- do not use any creams, lotions, or anything with a smell
- do not shave your belly or pubic area (the area where your surgery will be)

## MEDICATIONS

Take any medications as instructed during your Pre Admission visit.

Please see the cover page of this booklet for medication instructions.

## Day of Surgery at the Hospital

- Go to the designated location as identified on the front cover for registration.
- You will go to the surgical preparation area.
- You will be taken to your assigned room **after your surgery**. Your room may not be assigned until after the surgery depending on bed availability. This information will be shared with your support person(s) so they will know where to find you.

## BEFORE YOU GO TO SURGERY

- You will be asked to remove anything that can come off during surgery. Examples include: dentures and/or partial plates, eyeglasses, hearing aids, contact lenses, jewelry, wigs or removable prostheses, such as an artificial eye or leg. Your family can keep these for you until after surgery.
- You will be asked to put on a patient gown.
- The nurse may place air filled stockings (IPCs) on your legs if ordered by your doctor.
- You will see a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery.
- You will be asked several questions by the nurse about when you last had something to eat or drink, any medications you have taken and the results of the bowel prep (if ordered).
- Your blood pressure, pulse and temperature will be checked.
- Blood work may be drawn.

- An intravenous (IV) is a small tube that is placed in your arm, wrist or hand that is used to give medications and fluids through your veins.
- You may be given some medications, including pain medication, to prepare for your surgery.
- You will be taken to the operating room.
- Your family can wait for you in the waiting room.

## **DURING SURGERY**

- The anesthesiologist will put you to sleep. This is not painful.
- Antibiotics and anticoagulants (blood thinners) may be given to help decrease your chance of infection and blood clots.
- While you are asleep, you will have a tube (catheter) placed in your bladder to drain your urine.

## **IMMEDIATELY AFTER SURGERY**

- You will wake up from your surgery in the PACU (Post Anesthetic Care Unit) where you will recover and stay until you are ready to be transferred to your room.
- An intravenous (IV) drip will give you fluid and medicine.
- Pain medicine will be provided.
- A nurse will ask about your pain level. Please tell the nurse if your pain changes or gets worse.
- An oxygen face mask or nasal prongs will support your oxygen needs until you are fully awake and able to keep your oxygen levels high enough.
- You may have a catheter to drain the urine from your bladder.
- Your vital signs will be checked often (blood pressure, temperature, pulse, and breathing and oxygen levels).
- A nurse will check your vaginal bleeding and bandage/dressing(s) if you have one.
- You may be offered sips of clear fluids.
- You will be transferred to your assigned room once you are stable and comfortable.



## Your Care on the Inpatient Unit:

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- A nurse will regularly check your vital signs (blood pressure, temperature, pulse, and breathing) and urine output.
- Your vaginal bleeding will be checked often and the nurse will help you to change your pad and clean this area.
- Your dressing(s) will be checked regularly and removed or changed as ordered by your doctors. The incision (cut) may be left open to the air or a light dressing applied. You may see staples on your incision.
- You may receive oxygen for a short time; usually through your nose. You will be monitored to see when the oxygen can be stopped.
- As soon as you're awake enough after surgery, your nurse will have you start chewing gum or sucking on your hard candy. This helps your bowels "wake up" and start working sooner after surgery. While in hospital, plan to chew gum or hard candy for 30 minutes at least 3 times a day.
- Lying in bed without moving may cause problems like pneumonia, blood clots and/or muscle weakness, which may slow down your recovery. The more often you get up and move, the better you will feel.
- An injection of medication to help prevent blood clots will be given daily as ordered by your doctor.
- You may have a PCA (Patient Controlled Analgesia) pump to help manage your pain. This will allow you to press a button to give yourself pain medication when you need it.
- If you do not have a PCA pump you will be given injections of pain medication into your arm. Once you are able to eat you will change to pain medication tablets.
- If you still have your catheter (a small tube that drains your bladder) in place after surgery this should be removed as soon as possible. Early removal of the catheter decreases your chance of a bladder infection. Once removed, you will be able to move around more easily. The catheter will be removed as ordered by your doctor - usually the day after your surgery. It may be left in longer if you have had a bladder repair.
- The IV line will be used to give you medications and fluids. Your nurse will check in on you to ensure your pain and any side effects are under control so you can be as comfortable as possible.

## BREATING EXERCISES

Your healthcare team will show you how to do deep breathing exercises. This helps to keep your lungs clear. Breathing exercises and coughing help to prevent pneumonia or other infections in your lungs. Perform breathing exercises below:



Breathe in slowly and deeply through your nose, and then breathe out slowly through your mouth with your lips pursed.



While holding a pillow against and supporting your incision, give 3 strong coughs.

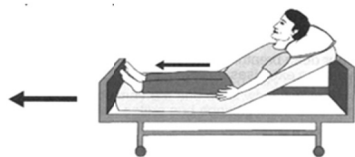
If your cough is wet, try to cough more and clear the phlegm.

**Repeat Steps 1 and 2, ten times every hour when awake.**

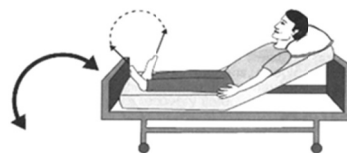
## LEG EXERCISES

You will be helped to do the following exercises by your healthcare team:

- Sit up and dangle your legs at the side of the bed.
- Start your leg exercises – see pictures below. You will be encouraged to do foot and ankle exercises every hour to prevent blood clots. Your IPCs, if you have them, will stay on for this reason.
- Repeat these 4 - 5 times every hour while you are awake.



**Stretch your legs out straight**



**Wiggle your toes and bend your feet up**



**Wiggle your toes and rotate your ankles**

## WHY IS MOVING AROUND AFTER SURGERY IMPORTANT

After surgery, your bowel may stop working for a short period of time. This is called ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea and/or vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicines, which contain narcotics, increase the chance of an ileus. Frequent walking and chewing gum help the bowel work faster and speed up your recovery.

With the help from nurses, personal support workers, physiotherapists, occupational therapists, and/or your family members, you will:

- Do as much as you can for personal hygiene, such as bathing/showering, brushing your teeth or dressing yourself
- Sit up in a chair for all of your meals
- Be out of bed, either walking or sitting frequently for longer periods each time
- Do your deep breathing exercises
- Do your leg exercises



**Remember:**

If you move around as much as you can after your surgery, this will help reduce the chance of a blood clot in your legs or lungs.

**Do your leg exercises every hour you are awake!**

## FOOD AND DRINK

You will start taking fluids within about 2 hours after surgery and will be provided a light meal the day of your surgery unless otherwise instructed.

You will receive a regular meal tray the day after your surgery.

**You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready.** Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods (crackers, granola bars, pudding or applesauce, etc.) to eat when you are hungry. **You should always sit in a chair at meal times, even if you eat very little.**

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. If you cannot chew gum for any reason, talk to your surgeon or nurse, sucking on a hard candy is a good alternative.

You should **chew gum 3 times per day for at least 5 minutes** starting the day after your surgery. Do not chew more than three pieces of gum per day. Chewing too much gum is not good for your recovery.

Tell your nurse if you feel sick to your stomach (nauseous) or if you feel bloated during or after eating. Medication to relieve the nausea can be given.



**Remember:**

Chewing gum or sucking on hard candy after surgery will help you pass gas, which is a sign that your bowels are working.

**Chew gum or suck hard candy 3 times a day!**

## **PAIN CONTROL**

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: ‘soreness’, ‘discomfort’, ‘aching’.

There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your healthcare team will discuss different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

### **INTRAVENOUS (IV) PAIN MEDICINE**

Pain after surgery is frequently treated with strong medicine (narcotics) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use a PCA, you are in control of when you receive the pain medication. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. **The pump is programmed and checked frequently by the nursing staff to ensure you do not receive too much medication.** You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You need to push the button regularly to maintain your comfort as the effects wear off fairly quickly. You do not need to call the nurse for pain medicine but certainly let your nurse know if you are very uncomfortable and the pain pump doesn't seem to be helping.

It is very important that only you **and no one else** push the button on the pain pump.

#### **Do not let your family or friends push the button!**

If you have a PCA pump, your nurse in the recovery room will give you pain medicine until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth as assessed by your healthcare team. You may also be given pain pills by mouth in addition to using the PCA.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed.

## ORAL PAIN MEDICINE

You will be given different types of pain medicine on a regular basis after your surgery to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as narcotics. If the medicine does not control your pain, please tell your nurse.

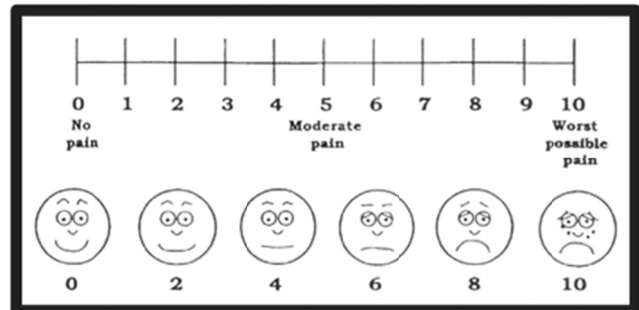
**Having your pain well controlled is important because it helps you to:**

- decrease the stress in your body so you can recover faster
- breathe and cough more easily
- move more easily
- sleep better
- do things that are important to you

### When do I treat my pain?

You may find that your pain is less when you are resting and more when you are moving. If the pain is stopping you from moving, you should treat your pain.

A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having. It is normal to have some pain after surgery but well-managed pain should be between 1 and 4 on the pain rating scale.



## VAGINAL BLEEDING

Depending on the procedure done, you may have some vaginal bleeding after the surgery. The amount will be similar to a light menstrual period. You may also have vaginal packing in place. This is gauze that will be placed in the vagina to help stop the bleeding after removal of your uterus. One of the doctors or nurses will remove it the day after your surgery.

It is important to change your pads regularly to prevent infection. The nurses will help you to do this until you are able yourself.

### YOU MIGHT FEEL ...

#### 1) Nervous about getting up

This is a normal feeling. Your nurse will help you to walk with the IV pole and tubes.

#### 2) Hungry or Not Hungry

It is safe to have fluids and food after your surgery. You may eat and drink what you feel like. You will usually feel like eating and drinking more each day.

#### 3) Tired

This is normal because your body is trying to heal. After your walks, it is important to rest.

# WHAT TO EXPECT EACH DAY AFTER SURGERY







*Whether in hospital or at home ...*

## THE NIGHT OF YOUR SURGERY

**My Responsibilities Are:**

- I will start taking fluids about 2 hours after surgery and may take a light meal the day of surgery unless instructed otherwise.
- I can eat as much or as little of whatever I want. I should not push myself. I will eat only when I am hungry or feel I am ready.**
- I will sit up and dangle my legs at the side of the bed or sit up in a chair for a short period.
- I will perform breathing exercises every hour when I am awake.
- I will start my leg exercises.

**Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:**

FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Clear Fluids then Light Meal</p>	 <p>Sit up in bed and dangle your legs</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>		 <p>Fill in Activity Log</p>









## Day 1 AFTER SURGERY

### My Responsibilities Are:

- I will consider showering today.
- I can eat as much or as little of whatever I want. I should **not** push myself.\ I will eat only when I am hungry or feel I am ready.
- I will attempt a regular diet and may have my IV stopped.
- I will chew gum/suck hard candy 3 times a day with my meals.
- I will sit in a chair for all of my meals.
- I will walk to the bathroom if my catheter is removed.
- I will walk in the hallway at least 3 times today.
- I will do my deep breathing and coughing 10 times an hour while I am awake.
- I will do my leg exercises 4 - 5 times an hour while I am awake.
- I will start planning for discharge home, which includes a ride home.
- I / or my family will complete the activity log book.

**Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:**







FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Solid Food &amp; Chew Gum</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>		 <p>Fill in Activity Log</p>

## Day 2 AFTER SURGERY

### My Responsibilities Are:

- I will shower today with assistance as needed.
- I can eat as much or as little of whatever I want. I should **not** push myself. I will eat only when I am hungry or feel I am ready.
- I will be tolerating my diet and may have my IV stopped.
- I will be taking pain medication by mouth.
- I will chew gum/suck hard candy 3 times a day with my meals.
- I will sit in a chair for all of my meals.
- I will walk to the bathroom if my catheter is removed.
- I will walk in the hallway at least 3 - 4 times today.
- I will do my deep breathing and coughing 10 times an hour while I am awake.
- I will do my leg exercises 4 - 5 times an hour while I am awake.
- I will let my nurse know if I am passing gas rectally or have a bowel movement.
- I will plan for my possible discharge today or tomorrow, which includes a ride home.
- I will attempt to get out of a flat bed, without use of the bedside rails, before I am discharged home.
- I / or my family will complete the activity log book.

**Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:**







FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Solid Food &amp; Chew Gum</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>		 <p>Fill in Activity Log</p>

## Day 3 AFTER SURGERY

### My Responsibilities Are:

- I will shower today on my own.
- I will be tolerating my diet and may have my IV stopped.
- I will be tolerating pain medication by mouth.
- I will chew gum/suck hard candy 3 times a day with my meals.
- I will sit in a chair for all of my meals.
- I will walk to the bathroom if my catheter is removed.
- I will walk in the hallway at least 4- 5 times today by myself.
- I will do my deep breathing and coughing regularly while I am awake.
- I will do my leg exercises regularly while I am awake.
- I will let my nurse know if I am passing gas rectally or have a bowel movement.
- I will plan for my possible discharge today or tomorrow, which includes a ride home.
- I will attempt to get out of a flat bed, without use of the bedside rails, before I am discharged home.
- I / or my family will complete the activity log book.

**Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:**







FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Solid Food &amp; Chew Gum</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>		 <p>Fill in Activity Log</p>

## Day 4 AFTER SURGERY (and beyond)

### My Responsibilities:

- I will bath or shower on my own.
- I will be tolerating my diet.
- I will be tolerating pain medication by mouth.
- I will chew gum/suck hard candy 3 times a day with my meals.
- I will sit in the chair for all of my meals.
- I will walk to the bathroom.
- I will walk in the hallway at least 4 - 5 times today by myself.
- I will do my deep breathing and coughing regularly while I am awake.
- I will do my leg exercises regularly while I am awake.
- I will let my nurse know if I am passing gas rectally or have a bowel movement.
- I will plan for my discharge today, which includes a ride home.
- I will attempt to get out of a flat bed, without use of the bedside rails, before I am discharged home.
- I / or my family will complete the activity log book.

**Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:**

FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Solid Food &amp; Chew Gum</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 - 10 scale with oral medications</p>		 <p>Fill in Activity Log</p>

## Going Home from the Hospital

You should have arranged for your ride home and who is going to help take care of you once you are at home before coming into hospital. If you require any other services and or equipment, you will need to be sure you have confirmation that this has been arranged for you prior to discharge (such as a walker or bathroom equipment).

- Your nurse will review discharge instructions with you and provide you with a handout.
- You will need to have a follow-up appointment arranged with your surgeon. You may be asked to call and schedule this yourself.
- You will hand in your ERAS Activity Log to your nurse before you go home.

### INCISION CARE

**You may go home with staples in your skin that hold your surgical incision together. If so, talk to your nurse about when they need to come out. Your family doctor can remove the staples with the staple remover provided by the hospital.**

- Avoid scrubbing, soaking or direct shower spray on your incision.
- Gently pat your incision dry.
- Do not put lotion, powder or any type of ointment on your incision.
- You only need to cover your incision if it has some drainage, otherwise leave it open to the air.

### ACTIVITY

**For 4 - 6 weeks after your surgery or as directed by your surgeon:**

- Avoid lifting anything heavier than 5 - 10 lbs.
- Do not shovel snow, lift laundry baskets, rake or vacuum.
- Gradually increase your activity. You may tire easily because your body is using a lot of energy to heal itself. Listen to your body and rest when you feel tired.
- There are no restrictions on climbing stairs. Just remember to take your time and prevent unnecessary trips up/down stairs as this activity may cause some discomfort.
- Do not do abdominal exercises, high intensity aerobic activities or weight training for 4 - 6 weeks after surgery.
- You should avoid sexual activity until your follow-up appointment, and then discuss with your surgeon when it is safe to resume.
- You may start to drive when you are no longer taking narcotic pain medicine.
- Return to work when recommended by your surgeon.
- If you choose to have a bath at home do not soak in the tub more than 5 - 10 minutes and ensure the bathtub is clean to prevent infection.

## **DIET**

- A well-balanced diet will help your recovery. Eat small meals more often.
- Have protein with each meal. Protein helps your body heal. Protein is found in meat, poultry, peanut butter, eggs, tofu, beans, and milk products.
- It is important that you drink 8 - 10 glasses of fluid a day (not including caffeinated drinks) to keep yourself hydrated and avoid constipation.

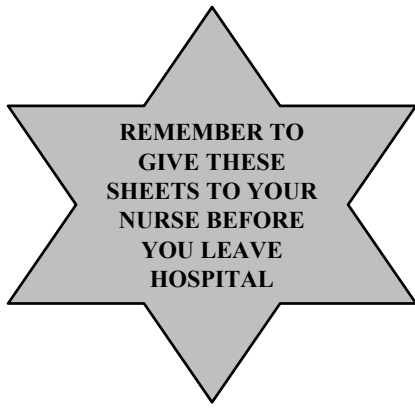
## **MEDICATION**

- Your home medications will be reviewed by your healthcare team on discharge.
- During your hospital stay, your medicines may change. A prescription for changes or any new medication will be given to you on discharge.
- A prescription for pain medicine may be given to you on discharge. You will have some pain from your incision. Use your pain medicines as you need them.
- Pain medicine will take away most of your pain so you can rest and take part in your care. As you heal, you will need less pain medicine.

## **THINGS TO WATCH FOR**

Notify your surgeon or, after office hours, go to the nearest emergency room if any of the following occur:

- You are vomiting, bloated or feeling nauseous all the time.
- You have discomfort that your pain medicine does not help.
- You have persistent diarrhea or constipation or you have not had a bowel movement after 7 days from your surgery.
- Your vaginal bleeding is more than it was in hospital or you are passing large blood clots (larger than a plum).
- Your incision or the skin around it becomes red, swollen, hot to touch and/or more painful.
- Your incision separates at the skin line.
- You have more drainage, pus, or have a bad odour from your incision.
- You have foul smelling drainage from your vagina.
- You have a hard time passing urine or pain/burning when you pass urine.
- You have a temperature over 38.0° Celsius or 101° Fahrenheit.
- You have leg pain or swelling (do not massage your calves).
- You become dizzy, lightheaded; have chest pain or shortness of breath.



Patient Pin # \_\_\_\_\_

Surgeon \_\_\_\_\_

## MY ACTIVITY LOG

### Day of Surgery

#### Preoperative Questionnaire *(Please circle your responses)*

**1) Where did you receive this booklet?**

- a) Your surgeon's office
- b) The Pre Admission clinic
- c) On the ward before surgery
- d) On the ward after surgery

**2) Did you review this booklet before your surgery?** ..... YES NO

**3) Did you drink a medication bowel preparation (e.g. Pico Salax, Golytely) to clean out your bowels prior to surgery?** ..... YES NO

**4) Did you bring chewing gum with you?** ..... YES NO

**5) Were you informed that:**

- You are expected to dangle your legs out of bed within 4 hours after surgery? ..... YES NO
- You are able to drink liquids the night of surgery? ..... YES NO
- You are expected to chew gum/suck hard candy after surgery to help you pass gas? ..... YES NO
- You are expected to eat your meals in a chair, out of bed? ..... YES NO
- You are able to consume solid food the night of surgery? ..... YES NO
- Your length of stay is expected to be 1 day for vaginal hysterectomy or laparoscopic surgery? ..... YES NO
- Your length of stay is expected to be 2 to 3 days for open abdominal surgery or bladder repair? ..... YES NO

**6) Were you encouraged to drink a high carbohydrate drink the night before your surgery?** ..... YES NO

**7) Were you encouraged to drink a high carbohydrate drink 2 hours before surgery?** ..... YES NO

**8) When did you last consume a high carbohydrate drink before surgery?**

Date \_\_\_\_\_ Time \_\_\_\_\_

**9) When did you last consume solid food before your surgery?**

Date \_\_\_\_\_ Time \_\_\_\_\_

## Night of Surgery

*(Please circle your responses)*

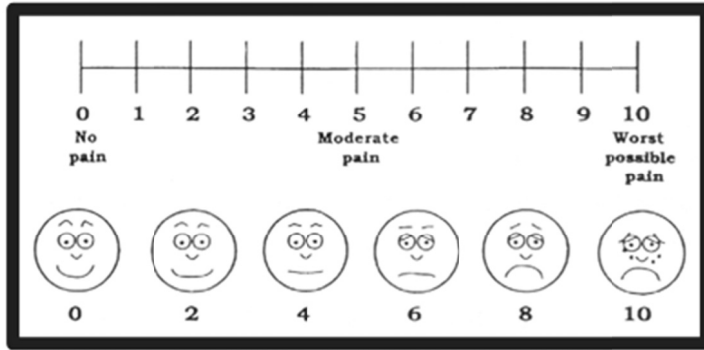
**Activities**

I sat at the side of my bed for 10 to 15 minutes ..... YES NO  
 I did deep breathing and coughing exercises  
 10 times every hour while I was awake ..... YES NO  
 I completed my leg exercises while I was awake ..... YES NO

**Food / Drink**

I was offered:            Nothing            Liquids            Solids  
 I chose to eat:            Nothing            Liquids            Solids  
 I have a pain pump..... YES NO

**Pain** – circle a number from 0 to 10 that best describes your current pain:



**How was your overall experience today?** *(Please circle your response)*

Poor            Fair            Good            Very Good            Excellent

**Comments:** *(you may write additional comments on the back of this page)*

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## Day 1 After Surgery

(Please circle your responses)

My log was reviewed by the health care team today ..... YES NO

### Activities

I sat in the chair for my meals:

Breakfast ..... YES NO

Lunch ..... YES NO

Dinner ..... YES NO

I sat in the chair during other times ..... YES NO

I walked down the hall \_\_\_\_\_ times today (fill in the blank with the number of times you went for a walk today).

### Food/Drink

I was offered:            Nothing            Liquids            Solids

I chose to eat:            Nothing            Liquids            Solids

I chewed gum or sucked hard candy:

Morning ..... YES NO

Afternoon ..... YES NO

Evening ..... YES NO

### Elimination

My catheter came out today ..... YES NO

I am urinating on my own ..... YES NO

I am passing gas ..... YES NO

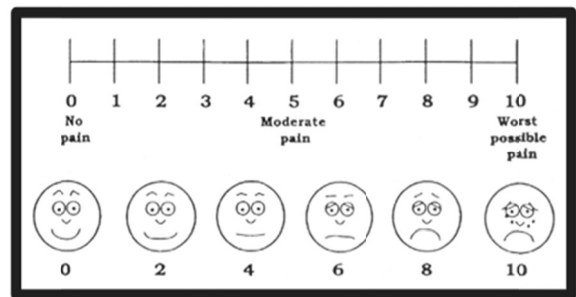
I had a bowel movement today ..... YES NO

### Pain

My pain pump was removed today ..... YES NO

I took pain pills by mouth today ..... YES NO

Choose a number from 0 to 10 that best describes your current pain:



### How was your overall experience today?

(Please circle your response)

Poor            Fair            Good            Very Good            Excellent

**Comments:** (you may write additional comments on the back of this page)

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## Day 2 After Surgery

(Please circle your responses)

My log was reviewed by the health care team today ..... YES NO

**Activities**

I sat in the chair for my meals:

Breakfast ..... YES NO  
 Lunch ..... YES NO  
 Dinner ..... YES NO

I sat in the chair during other times ..... YES NO

I was able to get in and out of a flat bed, without use of the bedrail  
 by myself today ..... YES NO

I walked down the hall \_\_\_\_\_ times today (fill in the blank with the number of times you went for a walk today).

**Food/Drink**

I was offered:            Nothing            Liquids            Solids

I chose to eat:            Nothing            Liquids            Solids

I chewed gum or sucked hard candy:

Morning ..... YES NO  
 Afternoon ..... YES NO  
 Evening ..... YES NO

**Elimination**

My catheter came out today ..... YES NO

I am urinating on my own ..... YES NO

I am passing gas ..... YES NO

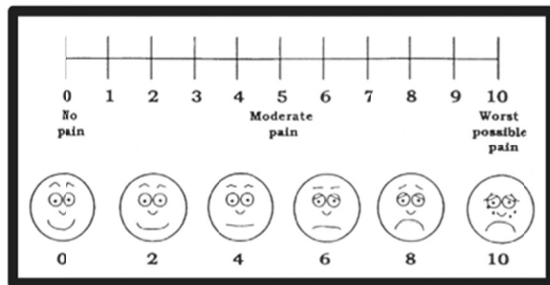
I had a bowel movement today ..... YES NO

**Pain**

My pain pump was removed today ..... YES NO

I took pain pills by mouth today ..... YES NO

Choose a number from 0 to 10 that best describes your current pain:



I am going home today ..... YES NO

**How was your overall experience today?** (Please circle your response)

Poor            Fair            Good            Very Good            Excellent

**Comments:** (you may write additional comments on the back of this page)

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## Day 3 After Surgery

*(Please circle your responses)*

My log was reviewed by the health care team today ..... YES NO

### Activities

I sat in the chair for my meals:

Breakfast.....	YES	NO
Lunch .....	YES	NO
Dinner .....	YES	NO

I sat in the chair during other times ..... YES NO

I was able to get in and out of a flat bed, without use of the bedrail,  
by myself today ..... YES NO

I walked down the hall \_\_\_\_\_ times today *(fill in the blank with the number of times you went for a walk today)*.

### Food/Drink

I was offered:            Nothing            Liquids            Solids

I chose to eat:            Nothing            Liquids            Solids

I chewed gum or sucked hard candy:

Morning .....	YES	NO
Afternoon .....	YES	NO
Evening .....	YES	NO

### Elimination

I am urinating on my own..... YES NO

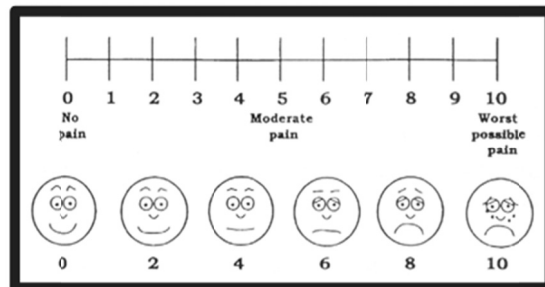
I am passing gas ..... YES NO

I had a bowel movement today ..... YES NO

### Pain

I took pain pills by mouth today ..... YES NO

Choose a number from 0 to 10 that best describes  
your current pain:



I am going home today ..... YES NO

**How was your overall experience today?** *(Please circle your response)*

Poor            Fair            Good            Very Good            Excellent

**Comments:** *(you may write additional comments on the back of this page)*

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## Day 4 After Surgery

(Please circle your responses)

My log was reviewed by the health care team today ..... YES NO

### Activities

I sat in the chair for my meals:

Breakfast ..... YES NO

Lunch ..... YES NO

Dinner ..... YES NO

I sat in the chair during other times ..... YES NO

I was able to get in and out of a flat bed, without use of the bedrail,  
by myself today ..... YES NO

I walked down the hall \_\_\_\_\_ times today (fill in the blank with the number of times you went for a walk today).

### Food/Drink

I was offered:            Nothing            Liquids            Solids

I chose to eat:            Nothing            Liquids            Solids

I chewed gum/sucked hard candy:

Morning ..... YES NO

Afternoon ..... YES NO

Evening ..... YES NO

### Elimination

I am urinating on my own ..... YES NO

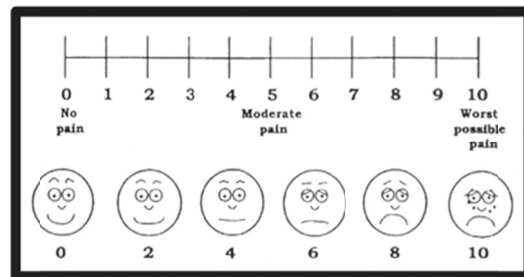
I am passing gas ..... YES NO

I had a bowel movement today ..... YES NO

### Pain

I took pain pills by mouth today ..... YES NO

Choose a number from 0 to 10 that best describes  
your current pain:



I am going home today ..... YES NO

### How was your overall experience today? (Please circle your response)

Poor            Fair            Good            Very Good            Excellent

**Comments:** (you may write additional comments on the back of this page)

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# Day \_\_\_\_\_ After Surgery

*(Please circle your responses)*

My log was reviewed by the health care team today ..... YES NO

**Activities**

I sat in the chair for my meals:

    Breakfast..... YES NO

    Lunch ..... YES NO

    Dinner ..... YES NO

I sat in the chair during other times ..... YES NO

I was able to get in and out of a flat bed, without use of the bedrail,  
by myself today ..... YES NO

I walked down the hall \_\_\_\_\_ times today *(fill in the blank with the number of times you went for a walk today)*.

**Food/Drink**

I was offered:           Nothing           Liquids           Solids

I chose to eat:          Nothing           Liquids           Solids

I chewed gum/sucked hard candy:

    Morning ..... YES NO

    Afternoon ..... YES NO

    Evening ..... YES NO

**Elimination**

I am urinating on my own ..... YES NO

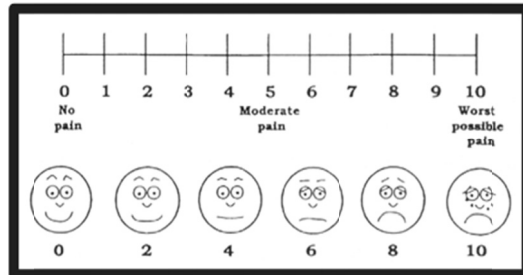
I am passing gas ..... YES NO

I had a bowel movement today ..... YES NO

**Pain**

I took pain pills by mouth today ..... YES NO

Choose a number from 0 to 10 that best describes  
your current pain:



I am going home today ..... YES NO

**How was your overall experience today?** *(Please circle your response)*

Poor           Fair           Good           Very Good           Excellent

**Comments:** *(you may write additional comments on the back of this page)*

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