SELF CARE AFTER YOUR
ABDOMINAL Hysterectomy

THINGS TO DO
1. Keep the incision clean and dry. You may shower as directed by your physician.
2. Take pain medications as directed by your doctor. Do not drink alcohol or operate machinery while taking pain medication.
3. While the incision is tender wear soft, loose fitting clothes.
4. You will be taught deep breathing exercises after surgery. Applying pressure with a small pillow / folded towel to your incision will help support it if you cough.
5. Perform leg exercises while in bed. These as well as walking will help promote circulation.

THINGS TO KNOW
1. Ask your physician when you can return to normal activities.
2. You may have more intestinal “gas”. Walking and warm fluids may help you pass this. Added fluids and dietary fibre may help to prevent constipation.
3. Monitor your vaginal flow. You may experience some brownish discharge for a few weeks. Use sanitary pads to absorb drainage.
4. You may have difficulty urinating after surgery. If you are unable to urinate by discharge, you may be sent home with a catheter in place. The nursing staff will instruct you on how to care for the catheter before you leave.

THINGS TO AVOID
1. Avoid strenuous activity, heavy lifting (greater than 5 lbs.) or straining for at least 2 months. If you can’t lift an item with one hand, don’t attempt to lift it, this includes small children.
2. Avoid straining when having bowel movements.
3. Avoid sexual intercourse until your wound is healed, discuss with your doctor when you can resume intercourse (usually in 4-6 weeks).
4. Avoid inserting anything into your vagina including tampons or douching.

THINGS TO REPORT TO YOUR DOCTOR
1. Bright red bleeding/clots, redness, swelling or abnormal drainage at incision site or from vagina that has a foul smell.
2. Any bowel/bladder difficulties.
3. Fever over 38°C (101°F), chills or flu-like symptoms.
4. Tenderness, swelling or if pain is severe, or lasts longer than 3 - 4 days.
If you experience any of the above, please seek medical attention or go to the Emergency Department.

QUESTIONNAIRE
Please give us the opportunity to improve our care by answering the questions below, if you can.

1. Did the explanation and the information provided prepare you for the procedure?
   Yes □ No □
   If no, please tell us how we can improve.

2. Did you feel your pain was well controlled after the operation?
   Yes □ No □

PLEASE TEAR OFF THIS SECTION AND RETURN TO A STAFF MEMBER BEFORE YOU LEAVE THE HOSPITAL.
ABDOMINAL HYSTERECTOMY

AFTER YOUR

ABDOMINAL HYSTERECTOMY SURGERY

FOLLOW-UP CARE

FOLLOW-UP APPOINTMENT

DATE: ________________________________

TIME: ________________________________

TO BE SCHEDULED:

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WRH 0920 (Rev. 05/02)

SIGNATURE (optional) Phone number (optional)

Date