

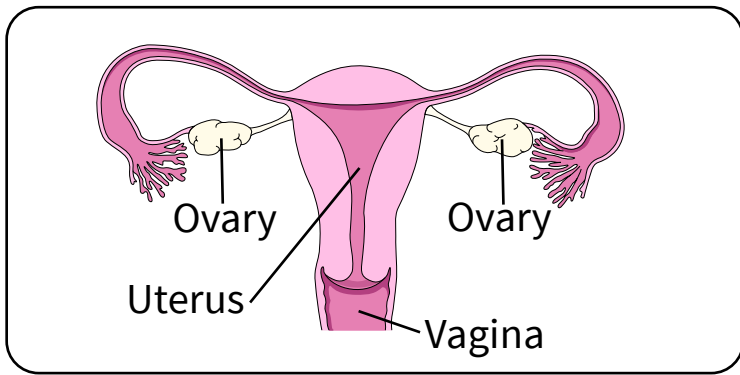
Hysterectomy, Oophorectomy, and Repair of the Vagina: Discharge Instructions

Valley Regional Hospital

Discharge Instructions

Hysterectomy

A hysterectomy is a surgery that removes the uterus. The uterus is removed through the vagina or through an incision (cut) in the abdomen (belly).

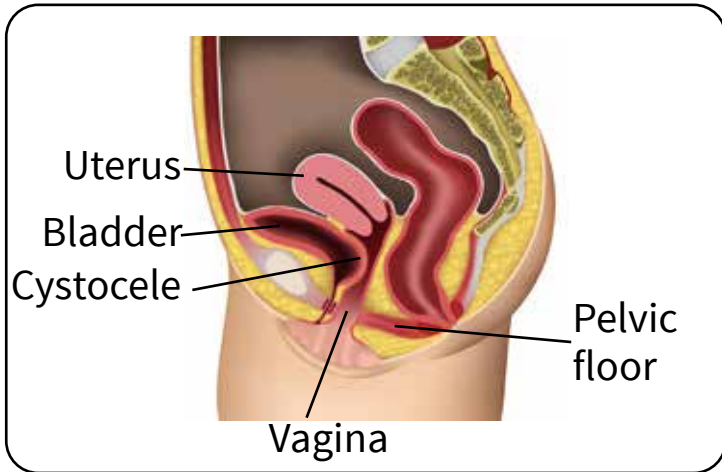


Oophorectomy

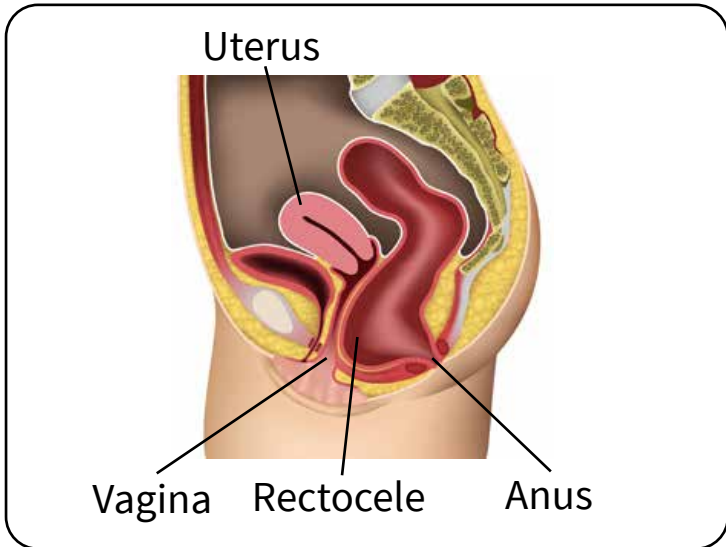
An oophorectomy is a surgery that removes 1 or both ovaries. It is sometimes done at the same time as a hysterectomy.

Repair of the vagina

- An anterior (front) repair of the vagina is a surgery that corrects a cystocele. A cystocele is a bulge in the bladder through the vaginal wall. This surgery tightens your pelvic muscles to better support your bladder.



A posterior (back) repair of the vagina is a surgery that corrects a rectocele. A rectocele is a bulge through a weak place in the vaginal wall muscles. This surgery tightens the weakened muscles. Some people may have this surgery done with an anterior repair.



Follow-up appointment

You will have a follow-up appointment with your surgeon 4 to 6 weeks after surgery. The ward clerk will usually make the appointment for you before you leave the hospital.

Medications

- You may have some discomfort in the area that was operated on.
- Your surgeon may give you a prescription, or recommend a pain medication before you go home.

Rest and activity

- You may get tired more easily for several weeks after your surgery. This is common. Rest when you are tired. Do more activity as you feel comfortable.
- Walking is good exercise.
- **Do not** do any activity that causes discomfort or makes you very tired.
- **Do not** lift anything over 10 pounds (like groceries, young children, or wet laundry) until your follow-up appointment with your surgeon.
- Talk with your surgeon about when you can drive. This is usually 4 to 6 weeks after surgery.

Hygiene

- Take showers instead of baths for the first week (7 days) after surgery.
- Having a sitz bath can soothe the area. You can buy a sitz bath kit at the drugstore.
- Using a squeeze bottle 2 to 3 times a day to the affected area and after using the washroom can be soothing.
- Always wash your hands well with soap and water after using the washroom.

Eating and drinking

- It may take a few days to for your usual appetite to come back. Your appetite will get better as you start to heal.
- **It is important to drink lots of fluids (6 to 8 glasses a day) and eat healthy meals.**

Going to the bathroom

Bowel movements (pooping)

- Pain medications with narcotics (like Tylenol® with Codeine No. 3 and Dilaudid®) can cause constipation (not being able to poop).
- Eat foods that are high in fibre. Drinking lots of fluids, like water and fruit juices, can also help.

- If you need a laxative (medication to help you poop), talk with your primary health care provider (family doctor or nurse practitioner) or pharmacist.
- It may take 2 to 4 weeks for your bowel movements to go back to normal. You may go home from the hospital without having a bowel movement.

Urinating (peeing)

- You may have trouble peeing in the first week or so after this surgery. Talk with your surgeon if you:
 - › have a burning feeling when you pee.
 - › have to pee often, and only pee small amounts.
 - › have trouble emptying your bladder.

Vaginal discharge

- You may have pink, yellow, or yellow-brown vaginal discharge for 4 to 6 weeks after surgery. Some pieces of suture (stitch) material may also come out. This is common.

Do not use tampons or have sex until your healing is checked by your surgeon at your follow-up appointment.

**Call 911 or go to the nearest
Emergency Department right away if
you have any of these symptoms:**

- › A fever (temperature above 38 °C or 100.4 °F) or chills
- › More swelling, redness, warmth, or pain around your incision (some redness is normal)
- › The edges of your incision come apart
- › Pain in your abdomen that is getting worse, or new pain after surgery
- › Green or yellowish drainage (pus) from your incision (clear drainage is normal)
- › Trouble peeing or pooping for more than 48 hours (or what is normal for you)
- › Vomiting (throwing up) or nausea (feeling sick to your stomach) that does not go away
- › A lot of vaginal discharge, or discharge that has a bad smell
- › Bleeding from your vagina that is bright red, or heavier than your usual period or soaks 1 pad in 2 hour or less
- › Chest pain or trouble breathing
- › Signs of a blood clot like pain, redness, or swelling in either leg

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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