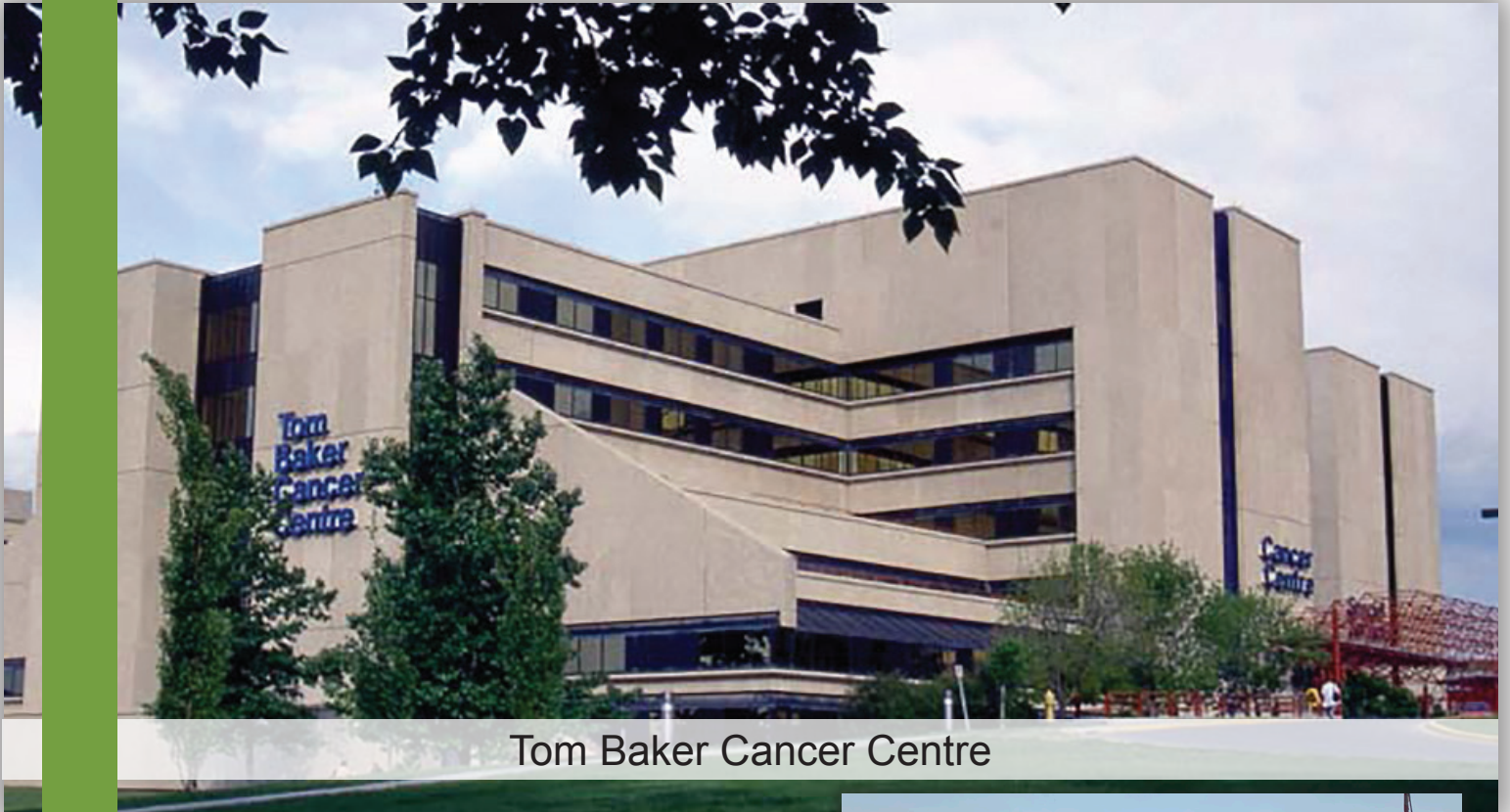


Gynecological Surgery

A Resource for Patients



Tom Baker Cancer Centre










Holy Cross Centre

Please bring
this booklet
to all of your
appointments
and to the
hospital.

Gynecological Team

Tom Baker Cancer Centre & Holy Cross Centre

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For a digital color copy of this book or other Alberta cancer care resources, visit:

www.cancercontrolalberta.ca



General Information

Welcome to the Gynecological Oncology Service

You have been referred to the Tom Baker Cancer Centre (TBCC) to see 1 of the following Gynecological Oncology specialists (a pelvic cancer doctor): Dr. Jill Nation, Dr. Prafull Ghatage, Dr. Pamela Chu, Dr. Gregg Nelson, Dr. Sarah Glaze, or Dr. Anna Cameron.

Tip!

Bring this book to all of your hospital and doctor appointments.

Although you are assigned to a doctor, they all work together to look after your care and share responsibilities with other specialists on the team. The TBCC partners with the University of Calgary, so please expect doctors in training involved in your care, supervised by your Gynecology Oncology surgeon:

- Gynecology fellows (Fully trained gynecologists specializing in Oncology)
- Senior gynecology residents
- Senior medical students

Your main team consists of: Secretaries, Unit Clerks, Nurses (LPNs and RNs), Medical Office Assistants (MOAs), Pharmacists, a Nurse Coordinator, a Nurse Practitioner (advance practice nurse) and a Clinical Trials Nurse.

Other resources available:

- Social workers
- Support groups
- Psychologists
- Education classes

The kind of patients we see include those who:

- May not have cancer but need the surgical expertise of these specialists
- Have cancer and need surgery and/or treatment
- Need surgery to check if cancer is present or not

Your appointments may be at either of our two locations:

Tom Baker Cancer Centre
(at the Foothills Medical Centre)
Ground Floor – Outpatient Dept (OPD)
1331-29 St NW, Calgary AB, T2N 2T9
Main Phone Number: 403-521-3723

Holy Cross Hospital
Ground Floor – Oncology Clinics
2210 – 2nd St SW, Calgary AB, T2S 3C3
Main Phone Number: 403-698-8199



Use the free AHS **My Care Conversations** app to prepare for your next appointment and to record conversations with your health care team. You can listen to your recordings at home and share with family or trusted friends.

Download it from the App Store or Google Play.

We hope this book will give you the information you need during your time with us. We are all here doing our best to help you!

~Your Gynecology Oncology Team

Phone Numbers



Please see the Patient Guide to Cancer Care for more phone numbers and service information.

24 hour general health information/nurse advice, call Health Link Alberta at 811.

Gynecology Service Numbers

Appointments

Bookings & Changes (Main)403-521-3722 or 1-844-465-6330

Chemotherapy 403-521-3303

Pre-Admission Clinic (North Tower, Main Flr, Rm 108)..... 403-944-8312

Radiation Treatment 403-521-3771

Chemotherapy Symptom concerns (Telephone Triage) 403-521-3735

Out of Town Patients (toll free) 1-866-238-3735

Radiation Symptom concerns..... 403-521-3235

Insurance, Service Canada, or Work-Related Forms 403-521-3721
(allow 4 weeks to complete)

Nurse Coordinator (non-chemotherapy calls are returned within 2 business days) 403-521-3083

Surgery Dates..... 403-521-3721

Surgery Time (call 1 business day before date)..... 403-944-2812 or 403-944-2813

Unit Clerk..... 403-521-3348

Main Switchboard (Operator)403-521-3723 or toll-free 1-844-465-6330

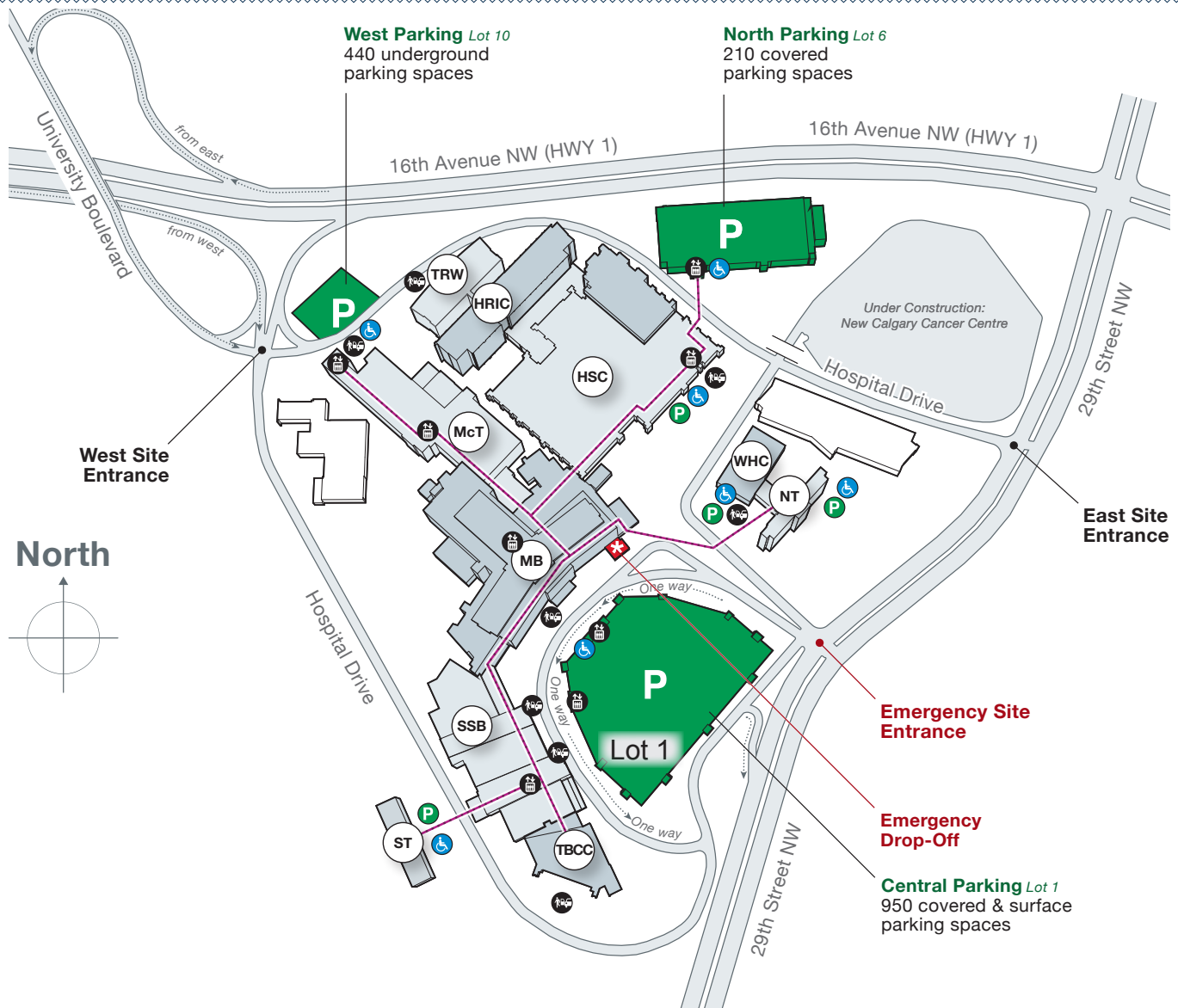
Patient Hostel (South Tower).....403-944-1156

Pharmacy (Prescription Refills – cancer medications only).....403-521-3573

Psychologist (no referral needed).....403-355-3207

Social Worker (no referral needed)403-355-3207

Parking Site Map



For all Emergencies use the Emergency Site Entrance on 29th Street and go to the Emergency Drop-Off

To Visit Building	Best Parking & Site Entrance	
<ul style="list-style-type: none"> MB Main Building NT North Tower ST South Tower SSB Special Services Building TBCC Tom Baker Cancer Centre WHC Women's Health Centre 	<p>Use Central Parking & West or Emergency Entrance</p>	
<ul style="list-style-type: none"> McT McCaig Tower 		<p>Use West Parking & West Entrance</p>
<ul style="list-style-type: none"> HSC Health Sciences Centre ↳ UofC Medical Clinics 		<p>Use North Parking & East Entrance</p>

Legend	
P Primary parking lots	♿ Accessible parking
P Secondary surface parking	🚗 Drop-Off
— ♿ Foothills Trail: pathway of connected corridors that will take you to any building	

- Parking Payment & Accessibility**
- Any pay station can be used to pay for any lot.
 - Pay stations are located in all parking areas and most building entrances.
 - Pay stations accept cash and all major credit cards.
 - Accessible parking is available in all public parking lots and secondary surface lots.



Our Team

Attending Surgeons Cancer specialist surgeons in Gynecology Oncology who manage treatment for your gynecology cancer or pelvic masses.



Dr. Jill Nation



Dr. Prafull Ghatage



Dr. Gregg Nelson



Dr. Pamela Chu



Dr. Sarah Glaze



Dr. Anna Cameron

Radiation Oncologists Cancer specialist doctor in Radiation Oncology who manages radiation treatment.



Dr. Corinne Doll



Dr. Robyn Banerjee



Dr. Tien Phan

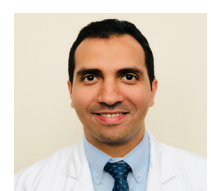
Gynecology Oncology Fellows Qualified specialist doctors (Gynecologists) doing additional training in managing gynecology cancer.



Dr. Steven Bisch



Dr. Jim Brent



Dr. Mohammed Airuwaisan

Gynecology Oncology Fellows (continued) Qualified specialist doctors (Gynecologists) doing additional training in managing gynecology cancer.



Dr. Daniyah Badrun



Dr. Joni Kooy



Dr. Evelyn Langlais



Dr. Christa Aubrey



Dr. Rachelle Findley



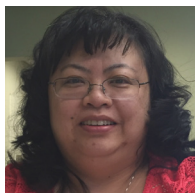
Dr. Christina Ince

Nurse Practitioner



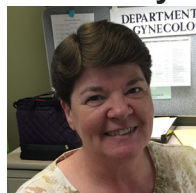
Pam

Nurse Coordinator



Sandra

Secretary



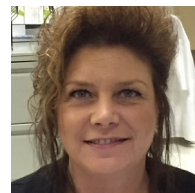
Natalie

Secretary



Kristen

Unit Clerk TBCC



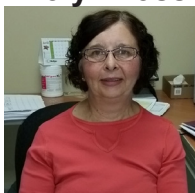
Stacey

Unit Clerk Holy Cross



Richie

Nurse Holy Cross



Maryann



Our gynecology medical residents and nurses are also part of the team but their pictures are not in this book as they change more often.



Preparing for Surgery

A

Anatomy (Body Parts)

Internal Organs (Inside)

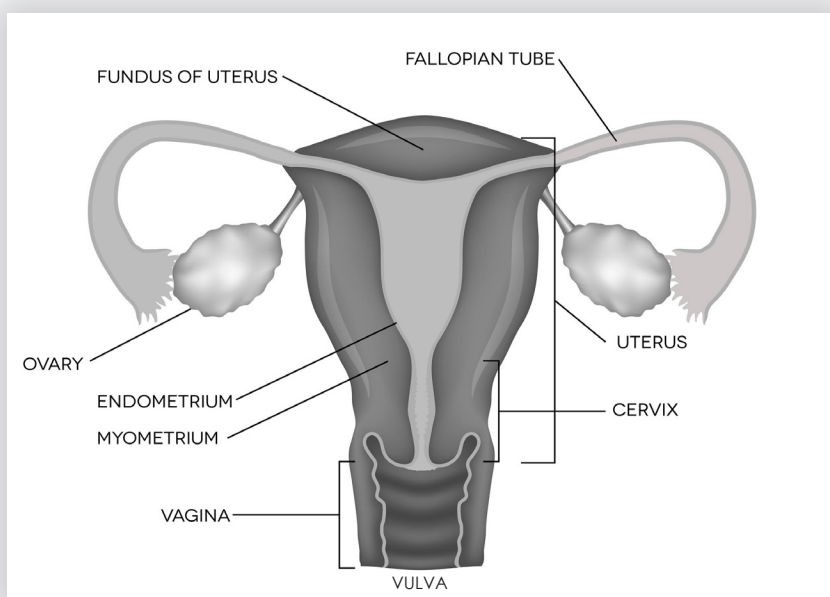
Your reproductive organs include the uterus, ovaries, fallopian tubes and vagina. These organs are inside your pelvis.

Uterus – shaped like an upside-down pear. The uterus is thick walled and is about the size of a fist. During pregnancy, the uterus holds the fertilized egg as it grows into a baby. When a woman is not pregnant, the lining of the uterus passes out of the vagina, usually once a month as menstrual flow.

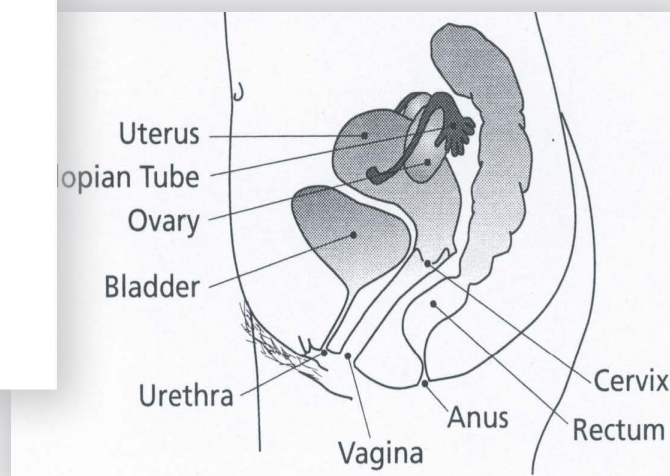
Cervix – the opening at the bottom of the uterus that opens during childbirth to let the baby come out of the uterus.

Ovaries – shaped like walnuts, there is 1 ovary on each side of the uterus, just below the fallopian tube. The ovaries produce female sex hormones (estrogen and progesterone). They also release 1 or more eggs every month (ovulation) until a woman reaches menopause. The eggs pass into the fallopian tubes and into the uterus where they are passed out of the vagina with monthly menstruation or become fertilized and begin to grow into a baby.

Vagina – is a tube-like passage that leads from the uterus to the outside of the body. It is the birth canal (a baby passes through the vagina) and is the organ for sexual intercourse. Your doctor is able to examine the pelvic organs through the vaginal opening.



Picture 1



Picture 2

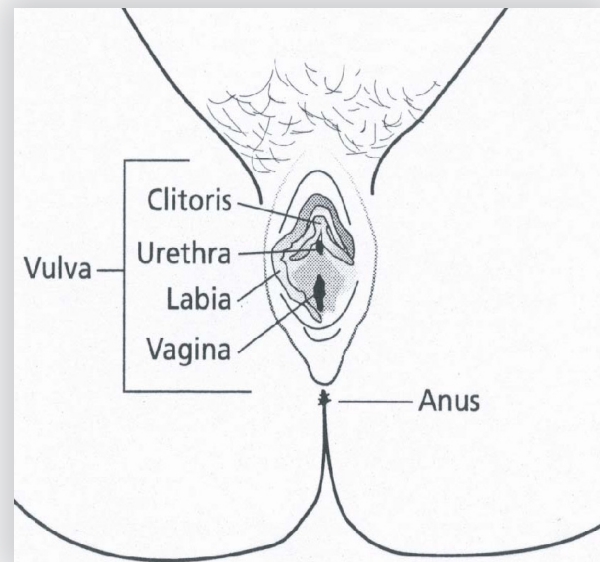
External Genitals (Outside)

Clitoris – small, sensitive organ that plays a role in sexual stimulation.

Labia – folds of skin that are on both sides of the vaginal opening (labia majora and labia minora).

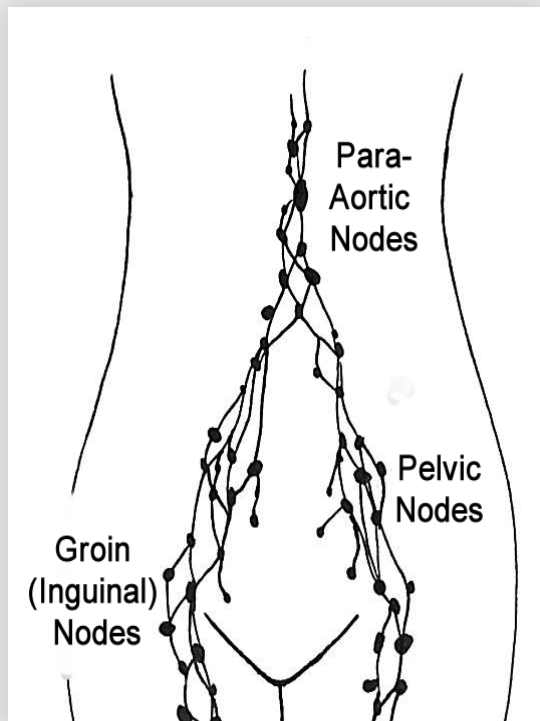
Anus – outside opening into the rectum, the lowest part of the large bowel.

Vulva – all of the female external genitals together (clitoris, labia, and vaginal opening).



Picture 3

Lymph Nodes



Picture 4

Please note: only **some** lymph nodes are removed.

Your lymph nodes are small, bean-shaped glands throughout the body. They make up the lymph system which carries fluid, nutrients, and waste material between the body tissues and the bloodstream. Sometimes lymph node samples are removed during surgery.

There are 3 areas of lymph nodes that may be removed during pelvic surgery:

- Pelvic
- Para-aortic
- Groin (inguinal)

Lymphadenectomy is the medical name for the surgical removal of lymph node samples.

Tip!

Circle or mark which body parts will be affected with your surgery.



B

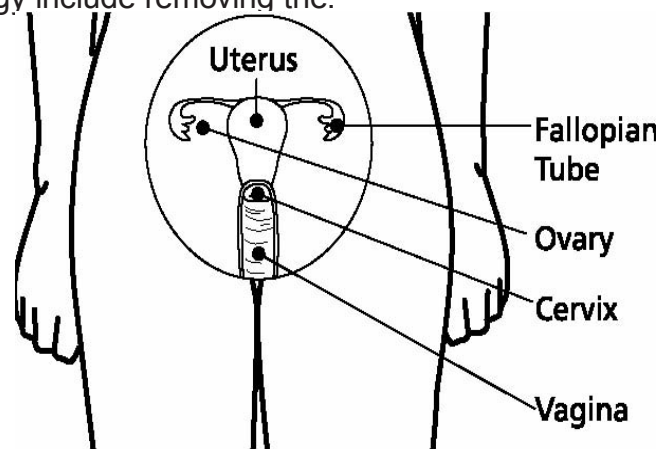
Types of Surgeries & Incisions

Types of Surgeries

The most common surgeries in Gynecologic Oncology include removing the:

- uterus
- cervix
- fallopian tubes
- ovaries
- lymph nodes (picture 4, page 6)

Your surgical team will talk to you about your procedure and your best options.




Picture 5

Hysterectomy – removal of the uterus.

Radical Hysterectomy – removal of the uterus (including the cervix), upper part of the vagina, and tissue around the cervix. Sometimes bladder and bowel functions can be affected for a while after this surgery.

Bilateral Salpingoophorectomy – removal of the fallopian tubes and ovaries. Because the ovaries produce sex hormones, removing the ovaries will cause "surgical menopause." This means you will no longer have your period and your ovaries will no longer produce the hormones estrogen and progesterone. You may have menopause symptoms such as hot flashes, night sweats and emotional changes. Hormone replacement therapy will be discussed 3–6 months after surgery, if you need it.

Vulvectomy – removal of some portions of the vulva. If you are having this surgery, your surgeon will talk to you about the details. We will give you a Vulvectomy Surgery handout with instructions that apply to you. Look for the  symbol in this book and find the matching section in your handout.



Other Words to Know

Lymphadenectomy – removal of the lymph nodes. This may just be a sample (1 or 2), or may be more nodes in the region (regional lymphadenectomy) or most/all of the lymph nodes in the area (radical lymphadenectomy).

Debulking – the surgical removal of as much of a tumour as possible. Debulking may increase the chance that chemotherapy or radiation therapy will kill all of the tumour cells. Sometimes it is done to relieve symptoms.

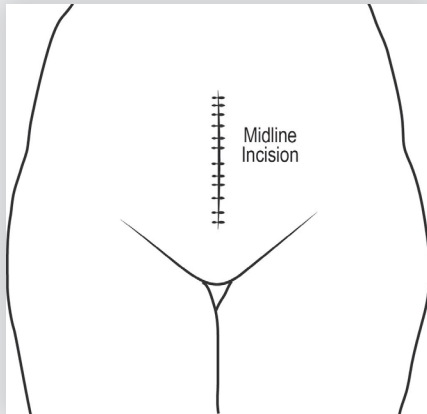
Staging – this is a way to describe how much cancer is in the body. It is usually based on the size of the tumour and whether the cancer has spread from where it started to other areas nearby, lymph nodes, or other parts of the body farther away.

Incisions

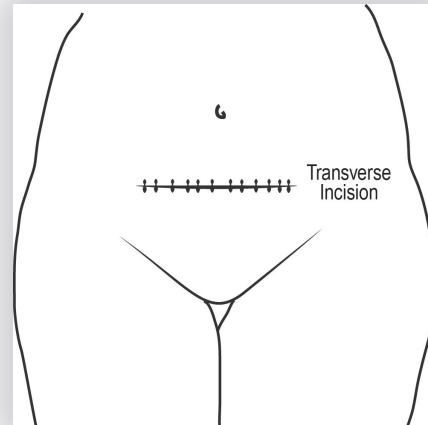
Surgery is done by (a) or (b):

(a) Open Abdominal Surgery (Laparotomy):

An incision (cut) into the abdomen, usually made from the belly button to the pubic bone. Sometimes incisions are made from left to right near the bikini or pubic hair-line. For this surgery, the average time in hospital is 2 to 3 days.



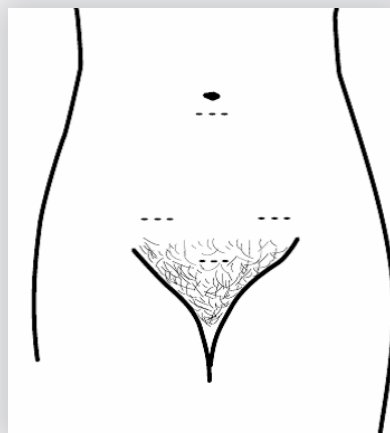
Picture 6



Picture 7

(b) Laparoscopy:

4 to 6 small (0.5–1.5 cm) incisions around the abdomen. This type of surgery may involve removing organs through your vagina. For this surgery, the average time in hospital is 1 day or less.



Picture 8



Vulvectomy patients read Section B in the handout **Vulvectomy Surgery**.

C

Getting Ready for Surgery

Pre-Admission Clinic

Not everyone needs to go to the Pre-Admission Clinic (PAC). If your doctor would like you to go, the staff at PAC will call you. A few things to know:

- You will talk with a nurse over the phone. The nurse will let you know if you need to have an in-person visit as well and will give you more information to help you prepare for that appointment.
- Make sure you ask what medications you can take and what medications you should hold for surgery or stop altogether. Write your notes in this book on page 12.



Pre-Admission Clinic

North Tower (FMC)

Main Floor

Room 108

403-944-8312

Tests Before Surgery

Your medical team may order some tests before your surgery date.



These may include:

- Blood work
- CT or PET or MRI Scan
- Chest X-ray, ECG
- Other special tests or consults if needed



Can I bank my own blood in case I need a transfusion?

No. We cannot bank or store your blood.

Surgery Time

It takes time after your clinic visit (where you gave your agreement/consent for the surgery), to get a surgery date.



- We will call you **within 4 weeks of the surgery date** to tell you when your surgery is scheduled
- You will find out the time of your surgery the business day before (business days are Mondays–Fridays, not including holidays)



Surgeries are done at:

- McCaig Tower/Foothills Medical Centre (FMC) **OR**
- Tom Baker Cancer Centre



On the business day before:

- McCaig Tower/FMC**
Call us between
2:30 pm–4:00 pm
403-944-2812 or 403-944-2813

- Tom Baker Cancer Centre (Minor Surgery)**
We will call you. If you have not gotten a call, please call us between
3:00 pm–4:00 pm at
403-944-6400 to confirm your time.

On the business day before:



- McCaig Tower/FMC: call the surgical booking office to find out your surgery time
- Tom Baker Cancer Centre: we will call you with your time the day before. If you have not heard from us by 3:00 pm, call us.

Videos

 View the video series to help you prepare:  myhealth.alberta.ca  preparing for your surgery

Planning Ahead

Practical Help and Support



Make sure you have someone to drive you to and from the hospital. Try to have someone stay with you for the first few weeks after you go home. You'll need help with activities such as lifting (anything over 10 pounds), laundry, housework, grocery shopping, and heavy or physical work for several weeks.

Stop smoking



It prevents problems with your lungs after surgery and helps you heal faster.

Talk to your doctor about ways to stop smoking.

Food Preparation



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

Stop drinking alcohol



Don't 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 don't exercise or exercise regularly, start slowly.

Short walks help to build strength.

Work or Insurance Forms



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 hospital stay.

Pain Medication

If you already take prescription pain medication, tell your nurse and/or anesthesiologist.



Keep taking your prescription pain medication as usual up to the morning of surgery, unless the PAC medical team gave you different instructions.

After surgery, the pain medication or dose may have to be changed. Your body may be used to a certain level of pain medication, so the amount needed to deal with your pain will have to be adjusted after surgery.

Recreational Drugs



Stop using recreational drugs such as marijuana, "uppers" like cocaine, crack, and PCP before surgery. These drugs can have serious side effects when mixed with the medication used during surgery or the pain medication used after surgery.

Your surgeon, nurse, and/or anesthesiologist need to know if you use recreational drugs—they aren't there to judge.



Immunizations (including flu shots)

No immunizations within 14 days of your surgery.

Medication Instructions



Before surgery, **follow the medication instructions below**, unless the Internal Medicine doctor, Anesthesiologist or Surgeon give you different instructions during your PAC consult.

Diabetes Management: If you are diabetic, get instructions from your doctor or from the doctors at that appointment for your insulin and/or diabetic pills (metformin)


Blood Thinners (Warfarin, Heparin or Aspirin® 325mg): Follow the directions given to you by your Internal Medicine specialist or Surgeon at your PAC appointment.

Celebrex: continue this medication unless your doctor tells you differently.



To help you remember, write your personal list on page 12 and follow these instructions:

14
Days
Before

- **Stop Herbal products**
 - **Stop all vitamins and minerals** unless directed by your surgeon.
-  If surgery is **less than 14 days** away, **stop these immediately.**

10
Days
Before

- **Stop Aspirin®** (ASA 325mg Acetylsalicylic acid, Anacin®, Bufferin®, Alka Seltzer®, Midol®, Dristan®, Percodan®, Robaxisal®). You can keep taking the low dose (ASA 81mg) tablets unless your surgeon has told you to stop.

5 Days
Before

- **Stop NSAIDS** (non-steroidal anti-inflammatory drugs) such as Aleve®, Advil®, Ibuprofen, Motrin®, Naproxen®, Toradol®, Orudis®, Voltaren®, Arthrotec®, Dolobid®, Actiprofen®, Nitradol®.
- **Okay to Take Acetaminophen** (Tylenol®) and other prescribed pain medication until the day of surgery (Tylenol®, Tylenol Extra-Strength®, Tylenol Arthritis®, or Tylenol #3®) but take these medications as directed.

1 Day
Before

- **Stop** smoking and/or drinking alcohol
- **Stop 81mg Aspirin®**
- **Stop** medicinal marijuana unless directed otherwise by your surgeon

Day of
Surgery

- **Certain blood pressure medications must be stopped.** Your surgeon or Health Care Team will let you know.
- **Take** permitted medications as ordered with a sip of water (from your list on page 12).
- **Stop** Tamoxifen (if you take this)

Can I take my regular medication?

Your surgeon, or the Pre-Admission Clinic nurses or doctors will tell you what medication you can take on the day of surgery.

My surgery information:

Use this space to write notes and reminders, or to help you plan.

Surgery date & time:	
I have to be at the hospital 2-3 hours before my surgery at:	
When I get to the hospital I will go to:	
My driver and support person are:	
Medication notes:	
Other notes:	

H

Before, During and After Surgery

D

Day and Night Before Surgery

Eating and Drinking

**24 hours before surgery:
no smoking or drinking alcohol**

Follow the **Eating and Drinking Before Surgery** handout.



Follow the instructions on your handout to make sure that your surgery is not **cancelled**. This is to prevent food or fluid going into your lungs (aspiration) during your surgery. Aspiration can be life-threatening!

**What is a clear fluid?**

- Jello®; strained broth/consommé soup; clear fruit juices with no pulp (such as apple juice)
- Black tea or coffee (no milk or cream but sugar or sweeteners are okay)
- Pop, sports drinks such as Gatorade®, or water

It does **not** include milk, cream, butter, cream soups or orange juice.

Bowel Preparation

Most people **do not need bowel preparation before surgery.**

If your nurse or doctor told you to clean out your bowels, follow these instructions carefully:

Pico-Salax® Bowel Preparation

2 days before your surgery, pick up 1 box of Pico-Salax® from a pharmacy. You do not need a prescription.

For 24 hours before your surgery:

- Stop eating all solid foods
- Drink/eat only **clear fluids**
- Take 1 package of Pico-Salax® at 9:00 am and 5:00 pm. Mix each package with 1 glass of water
- Drink 6–8 glasses of clear fluids after each package of Pico-Salax
- After midnight, do not eat or drink anything, not even water.

Night Before or Morning Of

Before you go to bed:

- take a shower or bath using the **Chlorhexidine (CHG) 4% (EZ Scrub)** sponge (instructions below)
- wear clean pyjamas or clothes after showering
- **do not** use any creams or lotions
- **do not** shave your belly (the area where your surgery will be)

It is okay to leave nail polish, gel or acrylic nails on.



Preparing Your Skin

Showering the night before your surgery and washing well is very important to prevent infection. Even though the team will clean the area of your incision right before surgery, the products they use will work even better if your skin is already clean.

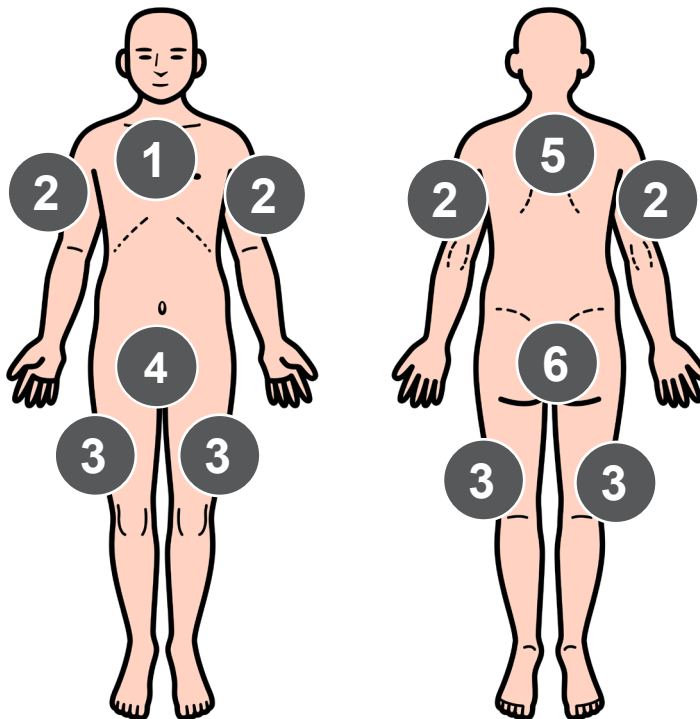


Use a special soap called **Chlorhexidine (CHG) 4% (EZ Scrub)** to wash with, unless you are allergic. You can buy this at the Rexall Pharmacy on the main floor of the Special Services Building (Foothills Medical Centre) across from the Garden Deli.

Instructions for cleaning your skin

! Read all of the steps carefully before you start

- Shower with warm (not hot) water.
- **Do not** shave.
- Wash your face and hair as you normally would. Rinse.
- Use the **CHG 4% (EZ Scrub)** sponge to **gently** wash the rest of the body in this order:
 1. Neck, chest and stomach (abdomen)
 2. Both arms and underarms (armpits)
 3. Both legs (front and back) to the top of the thighs
 4. Both hip areas and then the groin (the fold where the legs meet the body/trunk). Wipe all skin folds in the abdomen and groin well.
 5. On the back from the hairline at the neck to the waist
 6. Buttocks and all folds in the buttock area



- Use regular soap if you have an allergy to CHG 4% or if you do not have the sponge.
- Try to leave the soap on for 3 minutes without rinsing. Then rinse well.
- **Do not** apply deodorant, lotions, creams, or perfume after showering.
- Put on clean, dry clothing. If you are showering the night before, sleep in clean bed sheets.

E

Day of Surgery

Follow the medication instructions on page 11.

All patients getting surgery at the Foothills Medical Centre need to arrive 2 to 3 hours before surgery with a support person. Please note that the Day Surgery Unit at FMC cannot store your belongings. Your support person will need to take care of your personal belongings and give them to you after surgery.

What do I bring?

What to bring on the day of your surgery (your Operating Room day):



- Alberta Health card and Blue Cross or other insurance card
- Photo identification (please make sure the information is correct)
- This book**, along with any handouts you were given about your condition or surgery
- All your medication (in original containers) including inhalers, aspirin, vitamins, herbal and over-the-counter medications** (a list from your pharmacy would be helpful)
- CPAP machine (if you use it, as it may be sent to the recovery room during your surgery)
- Proof of medical coverage (out-of-province residents only)
- Chewing gum or hard candies (if you have been told to)
- Personal care items

Personal care items to bring:

- Items your surgeon has requested
- Housecoat
- Walking aids such as a walker or cane
- Comfortable shoes that fit well and are easy to put on (they should have a back or strap if possible)
- Ear plugs
- Hearing aids, eyeglasses, dentures and denture case
- Book, magazine or something else to keep you busy

Do Not Bring:

- anything of value (jewellery, credit cards)
- more than \$20 cash
- cell phones/tablets/computer
- electrical appliances such as hair dryers (except vulvectomy patients) or curling irons

Vulvectomy patients read Section E in the handout **Vulvectomy Surgery** for extra items.

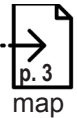
Bring these items in 1 small bag that has your name on it. Please leave these items with your support person who can give these to you after surgery.

The hospital is not responsible for lost items.

Where do I go?

On the day of your surgery, go to the building you were told you would have your surgery ... (Tom Baker Cancer Centre or McCaig Tower), at the time you were given.

 www.albertahealthservices.ca/parking



What else do I need to know?

- If a yellow or blue band is put on your wrist, **do not** take it off. You will need to have another blood sample otherwise, which may delay your surgery.
- Only **1 person** can stay with you until you go to surgery. Anyone else will be asked to wait in the waiting room.

Procedures Before and During Surgery



Staying warm We want to make sure you are warm before and during surgery. If your temperature is low, we will give you a special warming gown.



Intravenous (IV) An IV is started in your hand or arm by the nurse before you go to the operating room, or by the anesthesiologist in the operating room. It's used to give the anaesthetic and other medication you may need such as antibiotics. The IV is usually taken out once you are able to drink well after surgery.



Blood Work You may need to have more bloodwork drawn. If needed, a person from the lab will come to you.



Medication You'll be given medication before you go to the operating room or in the operating room before the surgery begins. You may need to continue taking this medication after surgery:

- IV antibiotics to protect against infection
- medications to prevent nausea and pain
- possibly a small dose of a blood thinner (anti-coagulant) to prevent blood clots during and after surgery



Air-Filled Stockings (Sequential Compression Device) You will wear vinyl compression stockings on your legs during and after your operation to promote blood flow in your legs and help to prevent blood clots. A machine inflates and deflates the stockings. They are taken off once you are walking around.



Bladder Catheter A small tube (catheter) will be put into your bladder, through the urethra. It drains urine from your bladder so your bladder stays empty. The catheter is taken out soon after surgery. If you have trouble urinating after, you may need a catheter for a while longer.



Blood Transfusion Not many people need a blood transfusion. If you need to have blood, your surgeon will talk with you.

F

After Surgery



After surgery, we will move you to the Recovery Room, where you will stay for 1–3 hours. The recovery room nurse will tell you when you are ready to go to your hospital unit.



- On the unit, your nurse will watch you closely for a few hours.
- You will probably feel sleepy. This is normal.
- Your throat may feel sore from the tube that was placed in it while you were asleep.
- You may be wearing a sanitary pad to absorb any vaginal flow.

Length of Stay

Your stay in hospital will depend on your condition and the type of surgery you had. Usually:

- laparotomy: 2 to 3 days
- laparoscopic surgery: 1 day or less

Managing Pain

We will give you pain medication to help manage your pain.

Along with pills, you may also get medication by injection, IV, PCA or epidural:



Some pain is normal.

- **Patient-Controlled Analgesia (PCA)** is a pump that is attached to your IV. When you have pain, you can press a button to get a pre-set amount of pain medication.
- **Epidural analgesia** is a pain medication you get through a small, soft tube put into your back. The tube is connected to a pump that gives you the medication continuously. You can also press a button to get an extra dose if you need it. It's normal for your back to feel numb when you have an epidural. These are used only in special cases.
- We will start your pain management early to help you recover and heal more quickly.
- We will ask you to rate your pain on a scale of 0–10, where 0 is no pain and 10 is the worst possible pain. **If your pain is stopping you from moving or eating, tell your nurse.**



- You may get a pain medication prescription when you are ready to leave the hospital.

Managing Nausea

This is a common symptom from anaesthetic and pain medication that we can help with. If you have nausea, talk to your doctor or nurse.



- Nibble on dry crackers, or dry toast, sip flat ginger ale.
- At home, you may use medications like over-the-counter Gravol® (as directed) or other anti-nausea medications, if you need to. If this is not helping, call the Nurse Coordinator. Do not drive while taking these medications.

Constipation (No bowel movement)

Painkillers or other medications can cause constipation.

- See page 24 for list of foods containing fibre that you can add to your diet.
- Most people do not pass gas until 2–3 days after surgery.
- Many people do not have a bowel movement for 5 or 6 days after surgery. After your first bowel movement, make sure you are having 1 at least every 3 days.
- You may use bowel medication (such as Lax-A-Day®, Senokot® or RestoraLAX®). **Follow the routine that was started at the hospital.** You may use bowel medication up to 1 month after surgery, as needed, . Be sure to drink lots of fluids to help the medications work (2 or more litres of fluid per day).

Eating

Food is important to help you recover. Usually you can eat solid foods right after your surgery. We may give you nutrition supplements such as Ensure® for extra protein and calories to help you heal. Think of these supplements like medications and take them as directed.

Lung and Breathing Exercises



Rest in between exercises if you feel light-headed or dizzy.

These include deep breathing and coughing exercises are so important to help you recover, and prevent lung infections, such as pneumonia. **Do:**

- use the Incentive Spirometer (IS) every hour when awake to keep your lungs clear (see instructions below).
- follow your handout called “Deep Breathing, Coughing and Moving After Abdominal Surgery.”
- take your IS device home with you and **continue your breathing exercises at home.**

Using the Incentive Spirometer

1. Slide the pointer on the side of the unit to the selected volume level.
2. Breathe out normally.
3. Place your lips tightly around the mouth piece, making a firm seal.
4. Breathe in slowly, raising the yellow float as high as possible.
5. When the float is at the pointer, remove the mouthpiece and breathe out slowly. Let the white piston return to the starting position.



Incentive Spirometer

Gas Pain or Bloating

Gas pain or bloating can happen because gas builds up in your intestines/bowels during surgery.



Walk, chew gum or drink peppermint tea.

Getting Moving and Doing Leg Exercises

Moving and doing leg exercises will help you build strength, increase blood flow, prevent clots from forming and keep your lungs clear.

Be active as soon as possible. We will encourage you to get up and/or walk around the day of your surgery.



- Move your legs, wiggle your toes, change position in bed, get up to sit in a chair, stretch your legs, do basic leg exercises and walk — these are some ways to start your recovery.
- Get out of bed to eat your meals.
- Wear compression stockings on your legs to improve blood flow. Your nurse or doctor will tell you when you don't need them anymore.
- Take blood thinning medications (if prescribed) as directed for the entire time. Ask your nurse for the booklet **Blood Clots and Cancer** for more information.
- Increase your activity level gradually after surgery (no strenuous exercise).



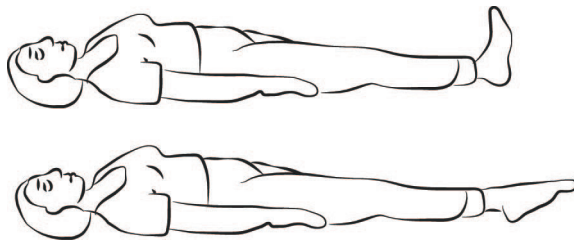
Symptoms of a blood clot may include any of the following: swelling, redness, warmth to skin, pain to 1 or both legs, or shortness of breath. Let the medical team know right away if you have any of these symptoms.



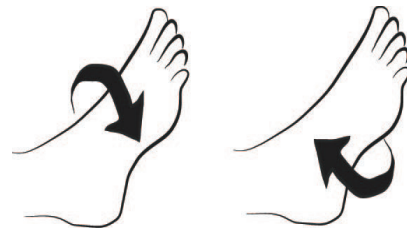
Vulvectomy patients read this part in Section F in the handout **Vulvectomy Surgery**.

Leg Exercises

Do these exercises 5 times each hour you are awake. These can be done lying in bed or sitting in a chair.



Flex your feet up and down for 1 minute. Relax. Repeat.



Make circles with your feet. Repeat in the other direction.

Sequential Compression Device (SCD)



- These are air-filled stockings (like a cuff or sleeve), connected to an air pump. They will wrap around your legs and fill with air on and off.
- This helps push the blood in the legs back up to the heart to prevent blood clots from forming.
- You will use this equipment while you are in bed at the hospital only. You do not need these once you are walking.

Blood Thinner Medication



- You may be given a blood thinner (anti-coagulant) to help prevent blood clots.
- Your greatest risk for clotting is in the first 28 days after surgery.
- This medication is injected under the skin at least 1 time a day.
- You may have to keep taking this blood thinner after you go home. If that happens, you or a support person will be shown how to give the injection. It is important to take it as long as it has been prescribed for.
- This medication is expensive. Talk with your health care team if you have concerns or if you don't have a drug or health benefit plan.
- Ask your nurse for the booklets Self-Injection and Blood Clots and Cancer for more information.



Bladder and Urinary Problems



- You may have a catheter (thin tube) draining your bladder. This is usually taken out the evening of your surgery or the next morning. If you had a **radical hysterectomy** or surgery involving your bladder, your catheter may need to stay in longer.
- If you have problems urinating after your catheter is removed, let your nurse know right away.



- You need to measure your urine (pee) the first few times you get up to the bathroom. You will get a container to place in the toilet to collect the urine. If you have any problems, let your nurse know.



- Keep track of how many cups of fluids you are drinking in hospital and at home. Use a notebook or paper. Drink enough water each day to keep your urine pale yellow.



Vulvectomy patients read this part in Section F in the handout **Vulvectomy Surgery**.



Watch for signs of a urinary tract infection:

- pain and burning when you pee
- cloudy or foul-smelling pee
- feeling an urgent need to pee
- feeling like you need to go even after you have already gone to the bathroom
- red/brown coloured pee

Wound Care and Incisions

Your incision is closed and covered differently, depending on the type of surgery you have:

Laparoscopic Surgery	Open Abdominal Surgery
<ul style="list-style-type: none"> dissolvable stitches (sutures) or small paper tapes (Steri-strips™) may be covered with a small gauze dressing or left open to the air 	<ul style="list-style-type: none"> metal staples covered by a dressing dressings taken off 24–48 hours after surgery (there is a type of dressing that will stay on and be removed in 10–14 days; your nurse will tell you if this is the kind you have).
<ul style="list-style-type: none"> external stitches will dissolve in 6–8 weeks. internal stitches will dissolve in several weeks. if you feel the stitch inside or can see it, do not pull on it or remove it. Leave the stitch alone and it will slowly dissolve over time. 	<ul style="list-style-type: none"> staples need to be removed 7-10 days after surgery make an appointment with your family doctor or walk-in clinic, unless you have been told to come to TBCC. Ask for a removal kit from the nurse before you go home. paper tapes (Steri-strips™) may be used to keep the incision closed after the staples are taken out.

Dressings and Bandages



Review the table above. Most incisions (cuts) will be covered with a dressing (bandage) after surgery for 1–2 days and then left open to the air. Certain dressings stay on for 10–14 days. If you have staples, the dressing will be taken off when the staples are taken out, by your family doctor (as for a suture removal kit before you leave the hospital).



Another name for a "stitch" is "suture"

Another name for "dressing" is "bandage"

Fluid Leakage



As the incision heals, the swelling will go down and fluid might leak from it. As long as there are no signs of infection (see back cover), this is normal.

Showering (no bathing until after your follow-up visit):



- If your incision is not covered with a dressing, shower as usual and carefully pat it dry.
- If your incision has a dressing, do **not** get it wet. To protect the dressing, use a large piece of plastic wrap to cover it and secure it to your skin using waterproof tape (available at pharmacies and drug stores). After the shower, remove the plastic wrap. If it gets wet, remove the wet dressing and place a new dressing over the site.

Wrist Pressure Dressing



You may have a thick pressure dressing on 1 wrist. This covers the site of 1 of the lines that was put in during surgery. Your nurse will remove this dressing 24 hours after your surgery.

Drain



If you have a drain in place, you will be taught how to take care of it. Once the fluid in the bulb slows down, your medical team will decide when to remove the drain.

Steri-Strip™ Care



If your incision has Steri-strips™ on it, leave them on. As the incision starts to heal:

- the Steri-strips™ will start to curl up at the edges. You may trim the curled edges off carefully.
- Leave the rest of the Steri-strips™ on until they come off on their own or you may remove them in the shower on Day 10 (10 days after surgery).

Vaginal Flow

V Vulvectomy patients read this part in Section F in the handout **Vulvectomy Surgery**.

- For up to 6 weeks after your surgery, you may see some reddish vaginal flow that may come and go. This is normal.
- Watch for flow that has large clots (larger than a toonie or walnut) or soaks a feminine pad in less than 1 hour. If this happens, call the numbers inside the back cover of this book.

Recovery Time

You should be back to your normal activities:

- Laparoscopy – 3 to 4 weeks
- Open Abdominal Surgery – 6 to 8 weeks

Emotional Adjustment and Coping

Many people are emotional after surgery and sometimes have trouble coping with their emotions. This is common because of:

- Uncertainty of results
- Fear/anger/lack of control of what comes next
- Worry about upcoming treatment(s) (if this applies to you)
- Hormone changes



Feeling depressed, isolated and withdrawn from friends and family is a concern. Talk to the nurse about your feelings and ask for resources on coping and support. Call our Psychosocial Oncology department to speak with a psychologist or social worker at 403-355-3207.



Going Home

G

Getting Ready to Go Home

If you have any questions, please call the Nurse Coordinator at 403-521-3083. Your call will be returned, generally within 2 business days.

For urgent after hours concerns, call the Foothills Hospital at 403-944-1110 and ask for the Gynecologist Oncologist on call.

For emergencies, call 911 or go to the nearest hospital.



Recovering from this surgery can be slow. Other health conditions such as diabetes can affect your recovery time. It's also common to have setbacks that slow your recovery. Try not to let it get you down if you feel you're not making steady progress each day.

If you have concerns about managing at home:

- talk with your nurse to see if Home Care can help
- for heavy housework (lifting over 10 pounds; see list on page 27), arrange homemaking services can be found in the Yellow Pages under "Nurses or Nurses' Registries" or online

A dietitian may meet with you to go over your nutritional status and speak with you about your diet.

If you go home with:

- a drain or a bladder catheter, you will be shown how to care for it
- a blood thinner medication, you will be shown how to give it to yourself

Follow Up Appointment



Questions to Ask Before You Leave the Hospital



Your surgeon or nurse will answer your questions before you go home. Some common questions you should have answers to include:

- Is there any medication I should stop taking now?
- Are there any medication prescriptions I need?
- Are you referring me to the cancer centre?
- When can I get back to my normal activities such as work, travel, or exercise?
- When can I do housework, laundry, and other activities around the house?
- When can I go back to work?

H

The First Few Weeks at Home After Surgery

Nutrition

Your body needs extra calories and protein after surgery to help you heal. Meat, chicken, fish, eggs, dairy products, nut butters such as peanut butter, nuts, tofu, and dried, cooked beans such as chickpeas are some higher protein foods.

Canada's Food Guide is a great resource to help you choose nutrient-rich foods. Ask your dietitian for a copy or you go to:

 www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Tip!

If you are diabetic: continue your regular medications once you are eating solid foods.

Losing Weight

You **may** lose weight before and after surgery. Losing weight can affect how fast you heal after surgery. If you're losing weight, you must eat and drink more.

Nutrition supplement drinks can add more calories and protein. You can buy them at grocery and drug stores. If you keep losing weight or are have problems with appetite or eating, ask for a referral to a dietitian.

High blood sugar

Ask your health care provider about supplements that are lower in sugar.

Alcohol

Don't drink alcohol during your recovery.

Constipation (No bowel movement)

It's important to prevent straining when you have a bowel movement. Eat a high fibre diet and drink enough fluid everyday to keep your urine pale and help prevent constipation. This is really important when you're taking pain pills with codeine such as Tylenol # 3®, as they can make you constipated. Get more fibre in your diet by eating whole-grain breads and cereals. Make sure you drink plenty of fluid to make the fibre work. Regular exercise like walking will help too. Ask your doctor about bowel routines to prevent constipation.

Foods to Eat	Foods to Limit or Avoid
<ul style="list-style-type: none"> • whole grains (barley, bulgur) • brown rice • fresh fruits and vegetables • dried beans and peas • prunes or prune juice • raisins or dates • grapes 	<ul style="list-style-type: none"> • white rice • white pasta • dairy products like milk, cheese and ice cream • bananas

Showering and Personal Care

Washing

You can shower. Do not soak or take a bath until you have come for your follow-up appointment and have been told it's okay to bathe. The skin around your incision may be numb, so use only **warm** water so you don't burn yourself.

Vaginal Flow

You can expect some vaginal flow or discharge that comes and goes for about up to 6 weeks after surgery. Use sanitary pads during this time. Do not use tampons — they may cause vaginal irritation or infection.

Caring for Your Incision

- Gently wash your incision with mild soap and water then pat it dry.
- Do not use products with alcohol or hydrogen peroxide in them to clean the incision.
- Do not use Vitamin E or BioOil® until after your follow up visit.
- If you have a dressing (if your incision is oozing), make sure you change your dressing every 4–6 hours or as often as you need to keep it as clean and dry as possible.
- You will likely go home before the staples come out. Please read the section on **Wound Care and Incisions** on page 21 for information about staples, stitches and paper tape.
- Check your incision for the signs of infection every day **for the first 2–3 weeks** (see page 29). A little redness from the staples is normal and will go away over time once the staples are removed.



Watch for signs of infection: If it has a bad smell and/or you get a fever, **call the Nurse Coordinator right away**. We want to check you, even if you went to your family doctor or got a prescription for an antibiotic.



Vulvectomy patients read Section H in the handout **Vulvectomy Surgery**.

Rest and Exercise

Both rest and exercise are important to your recovery.

- You will probably feel weak and will tire easily during the first few weeks at home.
- During this time, limit your exercise to short walks. Let the way you feel be your guide. When you start to feel tired, stop whatever you are doing and rest. In time, you should be able to walk further and become more active.
- Do not climb stairs too often during the day as it is tiring.
- Do not stand still for long periods of time. If you have to, shift your weight from 1 leg to the other.

- Do not sit in one place for more than 1 hour at a time without getting up.
- Rest when you feel tired. Rest often throughout the day. This is better than 1 long rest. Take a nap, if you need to, but get at least 8–10 hours of sleep at night.
- Do not lift anything over 10 lbs.(4.5 kg) for at least 6 weeks after surgery (see next page for an idea of how much 10 pounds is in everyday life). Check with your doctor before you try any strength exercises.

Driving

Do not drive for at least 1–2 weeks after you come home from the hospital. Do not drive until you:

- are no longer taking pain medications that make you feel sleepy
- you can hit the brake pedal for an emergency stop without pain
- you can shoulder check without pain
- you feel stronger and comfortable

For more information, speak with your oncology team.

Non-Surgery or Non-Cancer Health Concerns

Please see **your family doctor** for any health concerns that are **not related** to your surgery or cancer.

Follow-Up Appointment

- Usually 4–8 weeks after surgery
- If your doctor needs to see you earlier than 4 weeks, we will make an appointment for you (if the appointment is booked in the next 2 weeks, a clerk will call you. If the appointment is more than 2 weeks away, you will get a letter in the mail)
- Results of your surgery and tests will only be discussed at that time
- At this appointment, your doctor will talk with you about bathing and hormone replacement therapy (if needed)

V Vulvectomy patients read Section H in the handout **Vulvectomy Surgery**.

Sexual Health

Questions about sexuality and femininity are very common. Talking with your nurse, doctor, or a cancer centre counsellor may be helpful. Here are a few important things to know:

- **Removal of the uterus** (hysterectomy) will NOT cause menopause. But it does mean you will no longer have menstrual periods or be able to become pregnant.
- **Removal of the ovaries** will cause symptoms of menopause such as hot flashes, night sweats or mood swings, or vaginal dryness.
- Sometimes, even if your ovaries are not removed and you have not reached menopause, your ovaries may still be "shocked" by the surgery and may slow down the production of estrogen for a short time.

You may notice some changes in sexual desire and response after surgery. These changes are different for every woman.

Having sexual intercourse

- **Do not** have intercourse before your follow-up appointment with the surgeon (usually about 6 weeks after you leave the hospital). It takes 6–8 weeks after coming home from the hospital to let your incisions heal completely.
- At first, you and your partner should start to have intercourse slowly and gently — your abdominal muscles may still be sore and your vagina may be a bit tender. This will improve with time. Use vaginal moisture products such as Replens® to help increase your comfort. Ask your nurse for the pamphlet **Choosing a Personal Lubricant**.
- There are many resources available to help you maintain good sexual health. Ask your nurse for a copy **Sexual Health Information for Women** and the **Sexual Health Resources** handout. A booklet called "Sexuality and Cancer" is also available from the Canadian Cancer Society.



The “Do Nots” After Surgery

- No lifting anything over **10 pounds (lbs)** for 4–6 weeks. It increases blood pressure and might cause your incision to open.
- No sexual intercourse
- No vacuuming
- No driving while on pain medications
- No tampons
- No work
- No swimming, bathing or hot tubs (showers only)

 When you come back for your follow-up visit, we'll look at this list again. If you're healing well, we can change and update the list.

How much is 10 pounds (lbs)?


At home:

- Average 3-month old baby
- A full laundry basket
- Medium size cat or small dog
- Large, filled garbage bag
- Medium size bowling ball
- Small microwave oven
- Most vacuum cleaners



At the grocery store:

- Large watermelon
- Large bag of sugar or flour
- A sack of potatoes
- Two, 4 litre jugs of milk
- Three, 2-litre bottles of pop
- A holiday ham or turkey

 **Tip!** Sit on a couch to hold a baby or pet. Ask for help to lift items or buy smaller containers while you are recovering. If you are not sure if something weighs 10 or more pounds, do not pick it up.

I

Treatment After Surgery

If you are diagnosed with cancer, you may be offered chemotherapy or radiation treatment. If this is the case, our doctors and nurses who specialize in these areas will meet with you to talk about possible treatment options.



Forms

J

Completing Forms and Paperwork

Disability Insurance Claims

Contact the Human Resources department at your workplace if you want to make a claim to either:

- Your work's disability insurance provider
- Service Canada (Canada Pension Plan Disability Benefits)

Time Off from Work

Most people are usually off work for **6 to 8 weeks** after this type of surgery. At the end of this time, you will come for a follow up appointment. During that visit, you and your doctor will decide if you need more time off.

Need a letter from your doctor?

You and your doctor will need to fill out some forms. Call us at 403-521-3721 or fax the paperwork to 403-521-3573.

Make sure you:

- Tell us the person the letter should be addressed to
- Tell us the exact dates you will be off work
- Complete the AHS form **Consent to Disclose Health Information** given to you or print one:
www.albertahealthservices.ca/frm-18028.pdf

What else do I need to know?

- Forms will take up to **4 weeks** to be completed. Call the office after the 4 week period has passed.
- Doctors cannot complete these forms during clinic hours.
- Tell the doctor at **every visit** if you need ongoing documentation for insurance, disability or work claims.
- **Do not give any documents or forms to clinic staff.** They may get misplaced and will not get done in a timely manner.

Bring your forms to:

Oncology Offices
Main Floor, Room CC110
Tom Baker Cancer Centre
7:30 am – 4:00 pm

Questions?

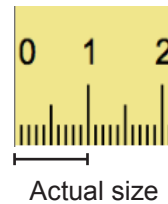
Call: 403-521-3721
Fax: 403-521-3573



Emergency Symptoms

Call the surgeon or go to the Foothills Hospital Emergency Department if you have any of the following signs or symptoms:

- Chills or a fever (temperature greater than 38.5°C or 101.3°F lasting more than 1 hour or 60 minutes). **If you are on chemotherapy, the temperature for a fever is different. Your nurse will give you this information if you start chemotherapy treatment.**
- Trouble passing urine or no bowel movement in 3 days
- Discharge from your vagina that has large blood clots (larger than a toonie or walnut) or soaks more than 1 large feminine pad in 1 hour
- The incision has:
 - increasing redness, swelling, yellow or green discharge, or a bad smell
 - bleeding (bright red)
- The incision has come open
 - Small gaps of less than 1 cm, make an appointment with your family doctor
 - Large gaps of greater than 1 cm, call the surgeon
- Increased pain or swelling in your abdomen
- Nausea that is not getting better with your medication or throwing up longer than 24 hours



**Chest pain, chest tightness or shortness of breath:
call 911 or go to emergency!**

(Do not call the doctor's office or wait for it to get better)

Find other Alberta cancer care resources
at your cancer centre and online:

www.cancercontrolalberta.ca

CancerControl Alberta

Leading care through compassion, courage, learning and discovery

www.cancercontrolalberta.ca

