

Following your gynaecology operation

Information for patients



Outstanding
Care for One+All

About this leaflet

This leaflet is for patients who have had a gynaecology operation. It explains what to expect following your operation and how to look after yourself at home.

It includes advice on:

- Pain control
- Caring for your wounds
- when to seek hospital advice
- returning to work
- returning to driving and heavy lifting
- sexual intercourse
- follow-up care.

Pain following surgery

What is normal?

Pain is different for everyone and depends on the operation you have had.

General advice:

- Take your painkillers regularly at first, not just when you notice the pain.
- Write down the times you take them to make sure you take enough but not too much.
- Good pain relief will help you to move, walk, cough and become more active after your operation, all of which are important for a good recovery.
- Increase your activity gradually – don't overdo it.
- Some shoulder pain after keyhole (laparoscopic) surgery is common. Some people find fizzy drinks can help.
- Distraction can help too, such as watching films, reading, breathing exercises, mindfulness or colouring.

Pain medication:

- Following your operation, you can usually manage pain with paracetamol and ibuprofen.
- Some operations might require stronger (opioid) pain relief initially. If so, you will be discharged with an appropriate supply.
- If you are given these stronger painkillers, try to reduce and stop them first, before stopping paracetamol and ibuprofen.
- Opioid painkillers (cocodamol, codydramol, tramadol, codeine, morphine) can cause constipation. If you are taking them regularly, buy a laxative from the pharmacy and take this whilst you are taking the opioid pain relief.

Wound care

Normal healing

All your stitches are dissolvable unless you are told otherwise.

It is normal to feel:

- stretching or pulling
- tingling or numbness
- itching
- a slightly lumpy texture as the wound heals.

For vaginal surgery:

- The vagina usually heals quickly
- some light bleeding on and off is normal
- vaginal stitches can feel prickly to the finger and will take at least 3 to 6 months to dissolve
- Avoid sexual intercourse for at least 8 weeks, or until your doctor advises it is safe.

Helping your wounds heal

- Shower only for the first 7 days, then you may bath or shower. If you only have a bath, limit the time your wounds are submerged in water.
- Gently pat wounds dry – do not rub.
- Do not use powders or creams on the wounds.
- Avoid smoking, as this slows healing.
- Eat a good diet with enough protein.
- Dressings can be removed after 48 hours. You do not need to apply a new dressing or plaster unless the area may rub or get dirty.
- Steri-strips can be removed after 5 days.
- Once the scabs have fallen off, you can gently massage around the wound(s) if they feel hard or lumpy.

When to seek medical advice

For the first 28 days after discharge, you have open access to Eden ward for problems related to your surgery. Please phone the ward first. You may need to leave your details and contact number if there is no one free to discuss your problems straight away.

Often advice can be given over the phone. If needed, you may be asked to attend Eden ward for review.

Contact Eden Ward urgently if you have:

- vaginal bleeding that is heavy or smelly
- wound(s) that are red, swollen or oozing pus or blood
- a fever or feeling generally unwell
- pain that is not controlled with ibuprofen and/or paracetamol (or prescribed painkillers).

After 28 days, please see your GP if you have any problems.

Emergency symptoms

If you notice one calf is swollen much more than the other, or have difficulty breathing or chest pain, go to the Emergency department or dial 999 in an emergency.

Returning to work

Your recovery time depends on the type of surgery and the nature of your job. The table below offers a guide only. Your surgeon may advise differently depending on your circumstances.

Procedure	Return to work
Hysteroscopy	The next day
Minor laparoscopy (diagnostic procedures, ovarian cystectomy or sterilisation)	1 week
Major laparoscopy (removal of endometriosis)	2 weeks
Laparoscopic hysterectomy	4-6 weeks
Open or vaginal hysterectomy	6-8 weeks
Prolapse surgery	6-8 weeks

Returning to driving

If you have had major surgery, it is important to check your insurance will cover you before you resume driving. Do not drive if you are taking strong (opiate-based) painkillers. Make sure that you can wear a seatbelt comfortably, can turn to check blind spots and do an emergency stop if required.

As a general guide, see the table below.

Procedure	Return to driving
Hysteroscopy	The next day
Simple laparoscopy (not hysterectomy)	1 week
Any hysterectomy	4-6 weeks
Any open surgery	6 weeks
Prolapse surgery	6 weeks

Heavy lifting

Following your operation, avoid heavy lifting as follows:

- open or vaginal operation – no heavy lifting for 6 weeks
- laparoscopic (keyhole) surgery – no heavy lifting for 4 weeks.

Heavy lifting means very heavy shopping bags, suitcases, hoovering or digging in the garden.

If you have had a urogynaecological procedure (for example prolapse repair), please follow the personalised advice from your consultant, if it differs from this leaflet.

Sexual intercourse

When you can return to sexual intercourse depends on your operation and your personal recovery. For operations not involving the vulva, vagina or cervix you can have sex when you feel comfortable. If you have had a hysterectomy or any type of urogynaecological operation to the vagina (such as a prolapse repair), avoid sex for at least 8 weeks to allow the vaginal skin to heal.

If you have problems with sex after your operation, please do discuss this with your healthcare team so they can help you.

Urinary catheters

Some people go home with a catheter (a tube inserted into the bladder to drain urine). This may stay in for a few days or weeks. You will usually be shown how to remove it at home. You will be given an appointment to return the Emergency Gynaecological Unit for a bladder scan the day the catheter is removed to make sure that your bladder is emptying properly. The catheter may need to be reinserted if the bladder doesn't empty properly. If there are any issues with the catheter, please call the Eden Ward for advice.

Follow-up care

Before you are discharged, you will be advised about what follow-up to expect.

- You may be given a follow-up appointment with a doctor or nurse specialist.
- This may be face-to-face or by phone.
- You may be offered PIFU (Patient Initiated Follow-Up).
- This means you can contact the team yourself if problems occur within a set time.
- If you are having problems or your symptoms return, you can call the nurse specialists or your surgeon's secretary to arrange an appointment.

Contact us

Eden Ward (24 hours):

➔ Telephone: 01872 252090

Hospital switchboard:
(Ask for your gynaecologist's secretary)

➔ Telephone: 01872 252000

The phone number for your gynaecologist's secretary can also be found on your outpatient letters.

Further information

These RCOG leaflets provide more detailed information:

About recovery after a keyhole gynaecological surgery

➔ Website: www.rcog.org.uk/media/qxtf3uxb/laparoscopy-recovering-well-patient-information-leaflet.pdf

About recovery after laparoscopic hysterectomy

➔ Website: www.rcog.org.uk/for-the-public/browse-our-patient-information/laparoscopic-hysterectomy-recovering-well



**To get this information in a different format
call 01872 252690**

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