

Robotic Hysterectomy

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Hysterectomy: About Your Surgery

A hysterectomy (HIS-teh-REK-toh-mee) is a surgery to remove your uterus. You may be having a hysterectomy because you have:

- Uterine cancer, cervical cancer, omental cancer, ovarian cancer or peritoneal cancer
- Uterine fibroids
- Endometriosis
- Heavy vaginal bleeding/ Abnormal uterine bleeding
- Pelvic pain
- Pelvic mass

Your healthcare provider will talk with you about why you are having the surgery.

About Your Reproductive System

Your reproductive system includes your ovaries, fallopian tubes, uterus, cervix, and vagina (see Figure 1). Your uterus is in your lower abdomen (belly) between your bladder and rectum. The narrow lower end of your uterus is called your cervix. Your ovaries and fallopian tubes are attached to your uterus.

After your hysterectomy, you will not be able to have children naturally. You will also stop menstruating (getting your monthly period). A hysterectomy does not cause menopause unless your ovaries are removed.

Ask your healthcare provider for a referral to a fertility specialist, if you want to have biological children in the future

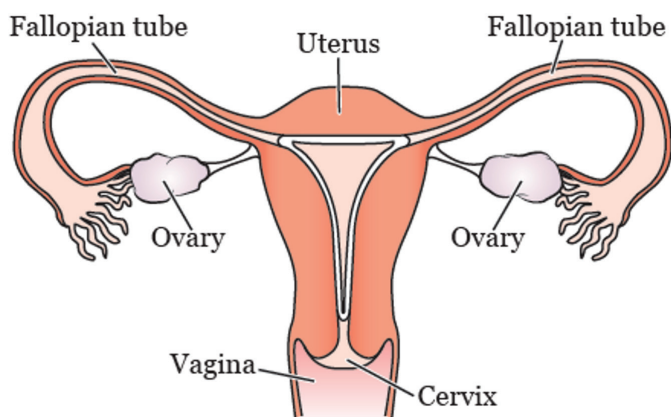


Figure 1. Your reproductive system

Robotic- Assisted or Laparoscopic hysterectomy

You will have either a robotic-assisted or a laparoscopic hysterectomy. With both types of hysterectomies, your surgeon will make several small incisions (surgical cuts) on your abdomen. They will put a laparoscope (long, thin surgical tool with a video camera) through one of the incisions into your abdomen. The laparoscope lets your surgeon see the inside of your abdomen.

Carbon dioxide gas will be pumped into your abdomen to make space. This gives your surgeon more room to do your surgery. Your surgeon will also put long, skinny surgical tools into the other incisions on your abdomen.

- With a **laparoscopic hysterectomy**, your surgeon directly controls the surgical tools with their hands. They can see the images from the laparoscope on a television monitor.
- With a **robotic-assisted hysterectomy**, your surgeon sits at a console and controls a robot that moves the surgical tools. The console has a special monitor where they can see the images from the laparoscope in 3 dimensions (3-D).

With both types of hysterectomies, your surgeon will remove your uterus and cervix through your vagina, if possible. If your uterus or cervix cannot be removed through your vagina, your surgeon will make one of your incisions bigger and remove your uterus and cervix from there. Then they will close your incisions (surgical cuts) with sutures (stitches), skin glue, steri-strips or staples.

With this type of surgery, you will normally go home the same day as the procedure. However, the surgeon can decide to keep you overnight if needed.

You might also have one or both of the following procedures during your hysterectomy. Your surgeon will talk with you about the plan for your specific surgery.

Salpingectomy and Oophorectomy

A Salpingectomy is the removal of one or both fallopian tubes. This will make it almost impossible to get pregnant naturally. It will also



lower your risk of developing fallopian tube or ovarian cancer

An Oophorectomy is the removal of one or both ovaries. If you are not yet menopausal, removal of one ovary should still allow your other ovary to work normally.

However, if both your ovaries are removed, you will go into surgical menopause. You may have some of the common symptoms, including night sweats, hot flashes, and vaginal dryness. Talk with your healthcare provider about ways to manage these symptoms. If you have already gone through menopause, you should not notice any changes.

Sentinel Lymph Node Mapping and Lymph Node Dissection

Lymph nodes are small, bean-shaped glands that make and store the cells that help your body fight infections. Lymph nodes are found throughout your body. Sentinel lymph nodes are the first lymph nodes cancer cells travel to before spreading anywhere else.

If your surgeon thinks you may have cancer, they may do sentinel lymph node mapping and remove some of your lymph nodes during your surgery. This is called a lymph node dissection.

For sentinel lymph node mapping, your surgeon will inject a small amount of dye into the cervix. This dye is called methylene blue or indocyanine green. It is different from contrast dyes some patients are allergic to. This dye will travel to the sentinel lymph node(s) and turn them blue or green.

Once the sentinel node(s) are located, your surgeon will make a small incision. They will remove the sentinel node(s) and send them to the Pathology Department to be checked for cancer cells.

Preparation for Surgery:

Preop testing:

You will be given instructions when meeting with the surgery scheduler about what blood work, imaging, and medical clearances are needed before having surgery. These steps are important. Your surgery may be rescheduled if they are not completed by the recommended time

Phone Calls Before Surgery

- Call 1: A nurse from the hospital will call you before your surgery to ask your health history, review your questionnaire, and tell you what medicines to take or stop taking before surgery. You must return this call to have surgery.

- Call 2: Registration will send an automated call beginning 1 week before surgery. They will keep calling until you register.
- Call 3: You will get a call between 3pm and 7pm the day before your surgery. If your surgery is on a Monday, they will call on Friday. This call gives you the time of surgery, when to come to the hospital, and instructions. You can also ask additional questions if needed during this call.

3 Days Before Surgery

Stop Shaving

- Do **not** shave any area of your body for at least 3 days (72 hours) before your surgery date.
- This includes legs, underarms, bikini area, or any other area of the body.

1 Day Before Surgery

Medicines

- Your surgeon may prescribe Neomycin and Flagyl. These are antibiotics that may lower your risk of infection from surgery.
- You will take these medicines on the day before your surgery.
- Take doses at 2:00 PM, 3:00 PM, and 9:00 PM on the day before your surgery.
- If Neomycin is not available, only take the Flagyl as prescribed.
- Oral medicine to clean your bowel (Bowel Prep) may be prescribed by your surgeon—a separate instruction sheet will be given to you if needed.
- If you are not able to complete the medicines given to you, please notify the nurse the morning of the procedure

Stop Eating

- Stop eating food at 12:00 AM (midnight) on the night before your surgery. Do not drink milk, cream or anything that is not clear after midnight

How to Use CHG Wipes:

- Take your first shower the night prior to your surgery date. Wash your entire body with normal soap and wash your hair with normal

shampoo. Wash your face with normal soap/cleanser

- Thoroughly rinse your hair and body with warm water from the neck down
- Turn water off
- Using all 6 cloths from the CHG package, clean each area of the body with one cloth. If given the wash use half the bottle on a clean washcloth. Wipe the area carefully back and forth, **DO NOT SCRUB HARD.**
 - o Special attention should be paid to neck, under arms, breast, belly button, skin folds in the groin and feet. **DO NOT** internally wash the vagina or place cloth inside the vagina. You **CAN** wipe the outside of the labia gently
- Let air dry, **DO NOT RINSE** or **TOWEL DRY**- the skin may feel a little “sticky” for several minutes. If itching or irritation occurs, call the office
- Throw cleansing cloths in trash can, **DO NOT FLUSH** in the toilet
- Dress in freshly washed clothing, sleep on fresh clean sheets and pillowcase after this shower
- **DO NOT USE** lotions, deodorant, powders, creams, hair products, makeup after this shower

The Morning of Surgery:

Drink 20 Oz Gatorade or Powerade (no red, blue or purple colors) this **must be finished 2 hours before arrival to hospital.**

You may have black coffee and/or plain water prior to arrival to the hospital

Repeat the shower process from the night before

- Take your first shower the night prior to your surgery date. Wash your entire body with normal soap and wash your hair with normal shampoo. Wash your face with normal soap/cleanser
- Thoroughly rinse your hair and body with warm water from the neck down
- Turn water off

- Using all 6 cloths from the CHG package, clean each area of the body with one cloth. If given the wash use half the bottle on a clean washcloth. Wipe the area carefully back and forth, **DO NOT SCRUB HARD**.
 - o Special attention should be paid to neck, under arms, breast, belly button, skin folds in the groin and feet. **DO NOT** internally wash the vagina or place cloth inside the vagina. You **CAN** wipe the outside of the labia gently
- Let air dry, **DO NOT RINSE** or **TOWEL DRY**- the skin may feel a little “sticky” for several minutes. If itching or irritation occurs, call the office
- Throw cleansing cloths in trash can, **DO NOT FLUSH** in the toilet
- Dress is freshly washed clothing, dress warmly or in layers
- **DO NOT USE** lotions, deodorant, powders, creams, hair products, makeup after this shower

What to Expect During Your Recovery- After Surgery

Here are the things to expect after your surgery (post-operative).

- You may have some residual spotting vaginally. This is from the removal of your cervix and uterus. There are blood vessels and tissues that we have touched making them irritated during surgery. This is normal and should only be present for a day or two. You may want to have a light pad or panty liner handy at home.
- Physical activity will change. You will be sore and have some pain. We will instruct you what type of pain medications we will give you at discharge, Walking is recommended to help you stay mobile and reduce the risk of blood clots forming.
- Please do not lift anything heavier than a gallon of milk until you are seen in the office.
- Nothing in the vagina for up to eight weeks – no sex, no tampons, no douches.
- Do not go into pools or hot tubs for 6 weeks or as directed.
- Wear loose-fitting clothing.
- Driving may be limited the first week.
- Return to work varies based on type of employment, please ask prior to discharge.
- Prescription medications will be sent to your pharmacy by your surgeon as indicated. Please take them as directed
- In case of a cancer diagnosis, your surgeon may ask you to take anticoagulant for 30 days (about 4 and a half weeks), if you are not on one. Usually, the medication used will be Lovenox, which is an injectable syringe. This is to help decrease risk of blood clots
- Normal sexual function should go back to normal after healing from this type of surgery
- You may feel a sense of loss and sadness after having a hysterectomy. These feelings are particularly common in women with advanced cancer, who have no other treatment option. Some women who have not yet experienced the menopause may feel a sense of loss because they are no longer able to have children.

Wound Care:

Caring for your abdominal incisions (cuts on your belly from surgery) is important to your recovery.

- The incisions should be looked at daily to watch for signs of infection. Make sure there is no redness, swelling or drainage (pus). You may have a loved one/caregiver look at the incisions if this makes you uncomfortable.
- Carefully wash around the incisions with your normal soap and warm water. It is okay to let the soap and water run over the incisions. **DO NOT SCRUB** or **PICK** the incisions. Pat dry the incisions.
- You may have skin glue or steri strips over your incisions, these will come off over the next 7-14 days, which is normal. **DO NOT PULL** or **PICK** them off

When to Call the Office

Please call (717) 851-6120 if you have:

- Fever
- Nausea or vomiting
- Pain or burning when you urinate or have trouble urinating
- Pus or foul-smelling odor coming from your vagina or incisions
- Redness or swelling that is worsening around your incisions or drains from your wound
- Pressure in your rectum that is constant
- Severe pain that is not relieved by pain medication prescribed to you
- Heavy vaginal bleeding (spotting should go away after a day or two post-surgery)



