
GYNECOLOGIC ONCOLOGY

OPEN SURGERY/LAPAROTOMY – PATIENT INFORMATION

What to expect before surgery

You may be asked to have a chest x-ray, EKG and blood draw prior to your surgery. If you have other significant medical problems or concerns, you may be asked to see your primary care physician to optimize your conditions prior to surgery. You will be told when you should stop eating and drinking before surgery.

On or before the day of surgery, an anesthesiologist may be talking with you about a special procedure to help with pain control after the surgery.

Surgical Risks

With any surgery there are risks of bleeding, infection, reactions to anesthesia, and need for blood transfusion. Because of the location of the ovaries, there are also small risks of damaging the surrounding structures such as: the bowel (intestines), the bladder, the ureters (tubes that carry urine from the kidneys to the bladder), the large blood vessels, nerves, or damage to the urinary tract that may result in leakage of urine from the vagina. These risks are small, but have been reported as known complications.

Surgery

Surgery usually includes at least removal of the involved organ, but may include removal of both ovaries and the uterus depending on your age and the suspicion for cancer. Once these organs are removed in the operating room, they may be sent to the Pathologists immediately for evaluation to determine if cancer is present. If cancer is present, further surgery may need to be performed at that time, during the same surgery in order to determine if cancer has spread (staging) or to remove any cancer tissue found at the time of surgery (debulking).

There are several methods in which your surgeon may choose to perform the surgery including the traditional open surgery, which involves a larger abdominal incision, or with minimally invasive techniques in which several smaller incisions are made in the abdominal wall and the mass is removed via one of these incisions or via the vagina. The method used will depend on several factors including: the size of the mass, history of prior surgeries, and the level of suspicion of cancer. Your surgeon has elected to use the open technique.

The surgery can take 2-5 hours to complete. After the surgery, you will spend 1-3 hours in the recovery. Your family will be kept informed as to how you are doing during surgery and while you are in the recovery room. You will be admitted to the hospital for 2-5 days depending on how your surgery and recovery go.

In The Room

You will have special stockings on your legs after surgery called compression stockings. These stockings are used to decrease the risk that you will have a blood clot. You will wear these at all times when you are not up and walking around. You may also be given a medication to help thin your blood slightly. You may get a recommendation to continue blood thinners for 4 weeks after surgery.

You will have a Foley catheter in place, once you are up and walking around, this will be removed. In some instances it will stay in place for 1 week after surgery.

You will be encouraged to take deep breaths and cough every 1-2 hours after surgery to prevent chest congestion.

Pain medication will be available to keep you comfortable after surgery.

What you can expect after surgery

Surgical Incision

The skin will be closed with stitches or skin staples and a dressing placed over the incision. This dressing can be removed by a member of the surgeon's team on the day after surgery. Once the dressing is off, you may shower, allowing the warm soapy water to wash over the incision and patting it dry. Be careful not to vigorously rub the incision. If you have staples, you will go home from the hospital with these staples in place and will have them removed at a follow-up visit in clinic. If you notice any redness, warmth or drainage from your incision, notify the clinic.

Activity

The majority of patients are able to return to work within 4-6 weeks after surgery. Restrictions to activity include: No heavy lifting of over 10 pounds (weight that would make you strain to pick up) for at least 6 weeks. Insert NOTHING in the vagina for 6 weeks to allow the vaginal incision to heal, IF hysterectomy was performed. You may start driving when you are no longer requiring narcotic pain medications such as Oxycodone or Norco to control your pain. It is important to continue with light exercise such as walking, and it is OK to climb stairs.

Vaginal Discharge

- Often times there is a discharge after surgery, which can be bright red, pink, or brown. THIS IS NORMAL. It is due to the healing of the vaginal cuff (the area deep inside your vagina) that has stitches from the surgery.
- If you develop continuous bleeding, similar to your menses (period), you will need to call us as soon as possible.

Constipation

Constipation after surgery is common. This is related to the anesthetic, surgical exploration, pain medication, and nerves being stretched during surgery that allows you to know when you need to have a bowel movement.

- Be sure to drink plenty of fluids, at least 64 ounces daily.
- Regular activity, even short walks daily, will help with constipation.
- Taking a stool softener daily, such as Senokot or Colace, may be helpful.
- It may be necessary to use a laxative after surgery. These can be purchased at any drug store. Examples are Milk of Magnesia, Correctol, Ex-Lax, Magnesium Citrate, or Dulcolax. Use these according to the package directions.
- Do not use suppositories unless specifically directed from our office. If you are unable to have a bowel movement after using this medication or if you have any nausea or vomiting, call our office.

Further Treatment

The need for further treatment will depend on the results of the final pathology once all of the tissue removed has been evaluated in the lab. This may take 1-2 weeks, and you will be called if results are back prior to your scheduled follow-up visit.

Follow-up Appointment

You will have an appointment to follow up in clinic 10-14 days after your surgery to discuss any further treatment and follow up at that time.

Post-Op Instructions

1. No lifting over 10 pounds for 6 weeks.
2. No strenuous exercise for 6 weeks. This includes any exercise that involves the abdominal muscles. Walking is ok and encouraged.
3. No driving for approximately 1 week. When you aren't taking narcotic pain meds and feel able to drive without pain, you may drive.
4. Nothing in the vagina for 6 weeks.
5. You may climb stairs.
6. You have no diet restrictions, yet for the first few days you may want to eat more of a soft bland diet.
7. You may shower the day after surgery. Use a mild soap and wash around the incision and let water run over the incision. Pat dry. No tub baths until we see you for the first follow-up appointment.
8. It is normal not to have a bowel movement for a couple of days after surgery. Taking a stool softener twice daily, such as Senna S, is helpful to prevent straining. Increased fluid intake also helps.
9. If you are feeling bloated and / or experiencing gas pain, Gas X[®] may be helpful.

Symptoms to Expect

1. Vaginal spotting is normal up to 6 weeks after surgery. Vaginal bleeding is not. If your bleeding is similar to a period and / or a mini-pad isn't sufficient, please call the office.
2. Numbness and tingling in the tops of the thighs and vaginal area is normal after having a lymph node dissection. This should resolve spontaneously, but could take several months to resolve.
3. Due to the catheter that is placed in your bladder during surgery, you may notice bladder symptoms such as urinary hesitancy, frequency, or mild burning with urination. If these symptoms persist past 1 to 2 days, call the office.
4. Some swelling is normal in the pelvic area and legs. However, if you notice that one leg is larger than the other, please call the office.

Call Your Doctor's Office Nurse If

1. You develop a fever greater than 100.4°.
2. One or more of your incisions become red, swollen, or begins to drain a yellow discharge.
3. If you have not urinated in over 6 hours.
4. For any abnormal symptoms or questions.

To contact your Physician's Nurse

Dr. Hoekstra's Nurse Grace -- call 269.373.7466

Dr. Mize's Nurse Sarah -- call 269.384.8637

Dr. Hay's Nurse Lisa -- call 269.373.7451

If you have questions or concerns after 5:00 p.m. Monday through Friday or on the weekend, call the main West Michigan Cancer Center Radiation & Surgical Specialties number at 269.382.2500 to speak with the physician or PA on call for Gynecological Oncology.