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BEFORE AND AFTER ROBOTIC / LAPAROSCOPIC HYSTERECTOMY

Admission form to hospital

Your Surgery Admission Booklet can be either completed online or filled in and handed to the hospital Admission Office.

Surgical Fees

You will be given a quote of an estimated surgical fee with a breakdown of the amount that Medicare and your private health fund will rebate you, and your out-of-pocket cost. Anaesthetist fees can be obtained directly from your anaesthetist and our staff will provide you with his / her contact details. You should contact your health fund about your cover eligibility and your excess fee. Additional pathology costs may be involved.

Preoperative tests and preparation

You may require preoperative blood tests and some patients may also require a preoperative chest X-ray and ECG. Bowel preparation may be required, in which case a separate information sheet on "Bowel Preparation" will be provided to you.

What to do with my regular medications?

Most of your regular medications can be continued except medications that can thin your blood, which could increase the chance of bleeding during and after surgery. Some of these medications need to be stopped up to a week before surgery, including Aspirin, Warfarin, Xarelto, Eliquis and Pradaxa just to name a few. It is recommended that you speak to the doctor who prescribed the medication to determine whether it is safe for you to stop the medication prior to surgery. Occasionally, an alternative medication needs to be taken prior to surgery and switched back after surgery.

On the day of surgery

You would already have been informed of your fasting time and when to present to hospital for your admission, usually a couple of hours before your scheduled surgery. When you arrive at the hospital, the hospital's clerical staff will complete all necessary paperwork and the nursing staff will admit you and perform appropriate preoperative checks. Dr Chou will see you before your surgery to go through the planned operation and answer any remaining questions you may have. Your anaesthetist will also see you before you are sedated.

What to expect after surgery

After your operation, you will wake up in the Recovery Ward. You will feel drowsy from the anaesthesia and may experience some mild pain. Nursing staff in the Recovery Ward can provide you with painkillers if necessary .

You will have an intravenous (IV) drip in your arm for fluid and medications and most likely a urinary catheter to drain your bladder. Both the IV drip and urinary catheter will be removed the morning after surgery. Nursing staff will provide you with adequate painkillers to keep you comfortable. Pain management is a crucial part of recovery and it is encouraged that you ask the nursing staff for analgesia as required. The aim is to keep a pain score of around "5/10" and under. Pain medication can be in the form of an oral tablet, suppository or by either intramuscular or intravenous injections. A more sophisticated form of administering pain medication is by way of Patient Controlled Analgesia (PCA). The medication is administered intravenously however is activated by pressing a button that the patient has access to, removing the need to ask nursing staff. The medication is available in timed doses, and it is not necessary to use it every time it becomes available if your pain is already well controlled. PCA is commonly used following a robotic or laparoscopic hysterectomy and is taken down the following morning, together with the IV drip and urinary catheter. Once the PCA is removed, you will be given oral painkillers to manage your pain. It is very important to remember what was given to you at the hospital to control your pain so you that you can take the same medications once you are discharged. Over the next few days your pain level will gradually decrease and so should the amount of pain medication. Regular use of painkillers as required is encouraged, not only to reduce discomfort, but also to facilitate early mobilization. Physical activity plays an important role in minimising postoperative complications including the formation of bloods clot in the legs and chest infections. Recovery will also be faster with early resumption of physical activity.

Pain is commonly experience around the pelvis, over the skin incision sites, around the ribcage and also over the right shoulder tip. This shoulder tip pain is due to residual carbon dioxide gas that was inflated into your abdomen during the operation. This pain will subside as your body absorbs the gas over the next 72 hours.

An oral diet can be started as soon as you desire. Following surgery, the bowels often slow down for a brief period of time due to the pain medications and the decrease in physical activity. You are encouraged to maintain a high fiber diet with adequate hydration in order to avoid constipation. The use of mild aperients may be required.

You will be wearing a compression stocking called TED stocking to minimise the risk of blood clots forming in your leg. As mentioned earlier, early mobilisation after the removal of the intravenous drip and urinary catheter is recommended in order to promote faster recovery. You can stop wearing the TED stocking after a few days when you are sufficiently mobile.

Dr Chou will see you after your surgery and the following day to check on you and explain about your surgery. He will go through postoperative care including when to book your postoperative checkup. Patients are usually discharged after 2 nights in hospital but can go home earlier if all is well.

The dressings over your small keyhole incisions are water resistant therefore you can shower with them the day after your surgery. These dressings can be taken down 3-4 days after surgery and no further coverings are required. The skin sutures are placed under the skin and are absorbable therefore after removal of these dressings, there will be no visible sutures.

Discharge from hospital

By the time you are discharged, you will have recovered from your anaesthesia and your pain should be adequately managed on oral medication. You will be provided with a few days' supply of painkillers or given a script for such.

If you have any postoperative issues, please contact our office. Outside of business hours, you can contact your hospital ward for handy advice.

You will be asked to make a postoperative checkup appointment in 4-6 weeks following your surgery to discuss your operation, pathology results and any further questions you may have.

The recovery period following a robotic / laparoscopic hysterectomy varies for each individual but averages around 4-6 weeks, with some people feeling well after only 2 weeks.

As your body expends a lot of energy whilst healing internal wounds, it is very common to feel lethargic and easily fatigued during this period. You will fully regain your energy and stamina over the next few weeks.

You can have some vaginal discharge, however this is usually minimal. Around 7-10 days after surgery, there can be a slight increase in the amount of vaginal discharge due to reduced swelling around the suture line at the top of vagina. This results in slightly larger gaps between the sutures through which fluid inside the abdomen can drain out. This can appear as if you are bleeding but is quite common and should settle with no treatment required. You should use sanitary pads and not tampons to minimise the chance of infection. There is a small chance of infection which can cause symptoms such as heavy bleeding or discharge, pain and fever. You should contact us promptly if this occurs as it may require antibiotic treatment.

Heavy lifting and strenuous physical activities should be avoided for 4 weeks following the surgery. Driving should be avoided for the first 1-2 weeks, and you also should not drive whilst under the sedative influence of stronger painkillers.

Abdominal distension is common following laparoscopic surgery due to swelling and inflammation in the abdominal wall, and this may take 6 or more weeks to resolve.

In most cases, you will be able to return to office work within 4 weeks. For more physical work, 4-6 weeks may be required.

Sexual intercourse should be avoided for the first 8 weeks following surgery.

If you haven't had any abnormal Cervical Screening Tests prior to your hysterectomy, no further cervical screening is required.