

Hysterectomy: Home Instructions

Recovery is different for every woman and has a lot to do with the type of surgery you've had. It can last anywhere from 3 to 8 weeks. Be sure to follow your own care team's specific instructions if different from what you see here.

Expect vaginal discharge

After a hysterectomy, it's normal to have light vaginal discharge for up to 6 weeks. At first, the discharge may be bright red or pink. Gradually, it changes to a brownish or yellowish color. Here's what to do:

- **Use pads to absorb discharge.** Change them every time you go to the bathroom.
- **Do NOT use a douche, tampons, or have sex** until your healthcare provider says it's okay to do so.
- **Wipe front to back after going to the bathroom** to prevent infection.

Increase physical activity slowly

During your recovery, light activity is good for you. It helps prevent problems such as gas, stiffness, weakness, and blood clots. The trick is being active at the right level. Here are a few guidelines:

- **Take it easy for the first 2 weeks.** This means:
 - Don't sit or stand for more than half an hour at a time.
 - Take short walks several times a day. Ask someone to go with you at first and if you feel shaky or dizzy. Start with short distances, and work up to longer walks.
 - Don't push, pull, or strain.
 - Don't lift anything heavier than 5 pounds. When you're picking things up, bend carefully at the knees and lift slowly.
 - Don't do housework or yard work. Ask friends or family to pitch in, or hire help.
 - You can drive as soon as your pain is gone and you are NOT taking any opioid pain medicine.



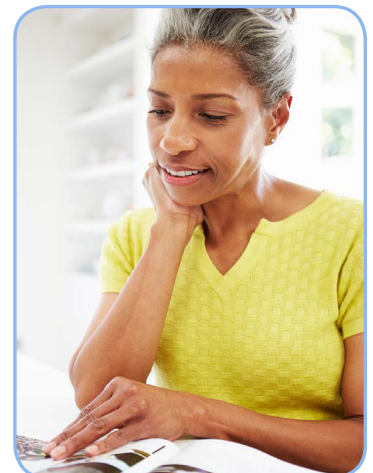
What do I need to do next?

- 1 Arrange to take some time off of work — at least 2 weeks. This will give your body the time it needs to heal.
- 2 Ask a friend or family member to help with daily chores, such as cooking, cleaning, and yard work, for the first 2 weeks.
- 3 Talk with your partner about sex and when you can be active again.
- 4 Know who to call with self-care questions:

- **Avoid climbing stairs if it hurts,** but climb them as soon as you can do so without pain.

Ask your healthcare provider when it's okay to return to work or do more strenuous exercise.

Many patients can return to work within 2 weeks, depending on the type of surgery.



Care for your incisions (for abdominal and laparoscopic hysterectomy)

If you've had an abdominal surgery, your incision will take longer to heal than the smaller incisions from a laparoscopic surgery. But, basic care for the incisions is the same:

- You may take a shower after the first 48 hours (2 days).
- You may sit in a few inches of warm water. Just don't let the water reach your incision, and don't put soap or shampoo in the water.
- Do NOT soak in a bath, hot tub, or swimming pool until your doctor says it's okay.

Note: If you had a vaginal hysterectomy, you won't need to take care of the incision. The internal stitches will dissolve on their own. When this happens (usually about 2 weeks after surgery), your vaginal discharge may increase or reoccur.

Manage pain and constipation

Take your pain medicine EXACTLY as prescribed. This will help to prevent addiction or accidental overdose. Your pain and soreness should gradually go away as the days pass.

Cramps, a bloated belly, and low back pain are all common complaints. Also, if you have incisions, they may be sore at first and itchy as they heal.

Pain medicine can cause constipation after surgery, which can add to your discomfort. To prevent and relieve constipation:

- Drink at least 6 to 8 glasses of water each day.
- Eat high-fiber foods, such as fresh fruit, vegetables, and whole grain bread.
- Take a stool softener or mild laxative if needed.
- Don't strain during bowel movements, and don't use an enema.



When should I call my healthcare provider?

CALL YOUR HEALTHCARE PROVIDER if:

- You have signs of infection, such as:
 - Ongoing red bleeding from your incision (It's normal to have a small amount of bloody discharge, but not red bleeding.)
 - Redness, swelling, odor, or yellowish drainage from your incision.
 - Fever of 100.4°F (38.0°C) or greater.
 - Flu-like symptoms (for example, chills, body ache, fatigue, or headache).
- Your incision separates.
- Your pain gets worse, or your pain medicine isn't working.
- You have a lot of bloating or swelling in your belly.
- You have pain, redness, or swelling in one leg or in your groin.
- You become more tired (rather than less) each day, or you're dizzy for more than a few seconds at a time.
- You can't urinate or have ongoing difficulty urinating.
- You have problems with your catheter or with self-catheterizing.
- You have bloody, cloudy, or foul-smelling urine or burning, painful, or frequent urination.
- You can't relieve your constipation.

CALL 911 or get emergency treatment if:

- You have chest pain, a cough (not from a cold), or trouble breathing.
- Your bleeding becomes as heavy as a normal menstrual period, or if you pass bright red clots.

When can I have sex?

Don't have sex until your doctor says it's okay. Tell your partner that it's important to check with the doctor before having sex to protect your healing.

Manage gas

Gas after surgery is common. Here are some things to do to prevent or treat gas:

- Walk more often or a little farther every day.
- Stay away from carbonated (bubbly) drinks, and don't use a straw. Drink warm drinks.
- Lay on your left side, with your knees drawn up to your chest. Or, get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.

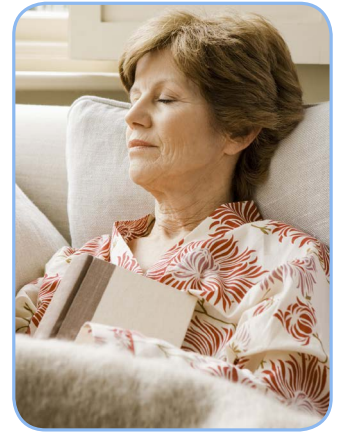
When you have gas, gently press on your belly every hour, following these steps:

- 1 Take a few deep breaths. Blow out slowly.
- 2 Place your hands below your navel with the fingertips touching.
- 3 Take a deep breath, and hold it for 5 counts.
- 4 Breathe out slowly and completely through your mouth while pressing in and down on your belly.
- 5 Move your hands a half-inch closer to your incision, and repeat steps 2 to 4.

Manage your energy

You can expect to feel tired while your body is healing. To help, follow these tips:

- Try to get at least 8 hours of sleep each night. Rest off and on during the day.
- Eat well-balanced, healthy meals.
- Let your family know what they can do to help so that you get the rest you need.



Urination (peeing)

After surgery, you might have trouble urinating (peeing). This might be due to your surgery. But it may also come from pain medicine, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while going to the bathroom. This can damage the area of your recent surgery.
- Urinate while sitting in a few inches of warm water. Remember to avoid getting your incision wet if it hasn't healed yet.
- Don't let your bladder get too full. It's easier if you urinate more often.
- Do Kegel exercises to strengthen the muscles around your vagina, bowel, and bladder. To start, tighten the muscles you use to stop the flow of urine. Hold for a count of 10. Then, relax the muscles slowly. Repeat several times a day, working up to 100 Kegels a day.
- If you can't urinate on your own before you leave the hospital, you may need to go home with a **urinary catheter** (a small tube to drain urine from the bladder). Until you can urinate on your own, follow these instructions:
 - **If you go home with a catheter in place**, follow the nurse's instructions for caring for the catheter and drainage bag. Do any exercises you've been taught. And make sure you know when and how the catheter will be removed.
 - **If you need to self-catheterize**, a nurse will teach you how before you leave the hospital. Be sure to self-catheterize as often as your nurse has told you to, usually every 3 to 4 hours during the day.

