What to expect in the hospital after your surgery

We sincerely hope that this information will help you feel more comfortable about going to the hospital. Often when one knows what to expect of a situation they feel a little less anxious about it. Remember that everyone's experience will be somewhat different so things may not happen exactly as we've mentioned here. If that is the case, please don't worry. You can simply consider it customized care

Recovery room

When your operation is over, you will be taken to the recovery room where you will be closely monitored for a period of time until you are ready to be transferred to your hospital room. The doctors and nurses in the recovery room will monitor your blood pressure, pulse, temperature, urine output, incision, pain control and overall level of consciousness. You may be very sleepy at this stage since the anesthesia will still be in effect in your body. After you are more awake and the anesthesia has worn off, you will be taken to your hospital room. All of the rooms in the hospital are private rooms with an area that a family member can spend the night.

Bladder care

Most patients have a urinary catheter placed during surgery to empty the bladder. This is done to accurately monitor urinary output and to allow you to rest after surgery without having to worry about getting into the bathroom. The catheter may feel a little uncomfortable at first. Some people feel like they still need to urinate with it in place. This is because the catheter stimulates a nerve in your bladder that sends your brain the message that it is time to urinate. If you do experience this, it is a good idea to tell your nurse so that he or she can check and make sure the catheter is working properly. Sometimes medication can also help alleviate this discomfort. The catheter will probably be removed the first or second morning after surgery.

Prevention of blood clots

You may also have something on your legs and feet to help with circulation and prevent the formation of blood clots. You may have tight-fitting stockings, a device on your legs or feet that systematically massages your lower extremities, or you may have a combination of these. The doctor will want you to wear them while you are in bed for long periods of time and until you are up and about more. The sooner you are out of bed and active after surgery, the less your risk of developing a blood clot.

Your I.V.

You will be given extra intravenous fluids during and after surgery to replace lost fluid and to prevent dehydration and electrolyte imbalance. Notify your nurse if the I.V. site begins to hurt or if the area becomes swollen or reddened. The I.V. will be removed once you are able to take food and medicine by mouth.

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For more information

Talk with your oncologist or call: 541-465-3300.

Gynecologic Oncologists:

Charles K. Anderson, MD Audrey P. Garrett, MD, MPH Kathleen Y. Yang, MD Linn Bergander, PA-C, MPH



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Care of your lungs

You will be instructed and reminded to do plenty of coughing and deep breathing after surgery. This is an important part of your recovery process because people have an increased risk of developing a respiratory infection such as pneumonia after surgery. This is because secretions build up in the lungs during surgery and most people are hesitant to cough and deep breathe afterwards because those actions are painful. Make sure you are getting adequate pain medication after surgery so that you are able to cough and deep breathe effectively. Your nurse will show you how to perform the splinting technique of holding a pillow against the abdominal wall awhile coughing to give your tender muscles support.

Eating after surgery

For most patients, it takes a few days for the gastrointestinal tract to wake up after anesthesia and surgery. For the first twenty-four hours, you will get all the fluid and electrolytes you need through your I.V. After that, your diet will be advanced slowly to prevent nausea and painful gas build-up. You will most likely start with ice chips and water and then be advanced to clear liquids, which consist of any clear fluid such as apple juice, Jell-O and broth. The next step may be full liquids, which is any smooth liquid including milk products, cream of wheat and cream soup. If you tolerate all of this without difficulty, you can then be advanced to a regular diet. Be sure to mention to your doctor or nurse if you have any special dietary needs or food allergies.

Gas pains and bowel care

Gas pains can be a problem after abdominal surgery. Pain and cramping result from trapped gas bubbles trying to make their way through the intestinal tract to be expelled. The gas cannot be expelled until the entire tract is fully awake and functioning after the anesthesia wears off and this can take a few days. There are several remedies for gas discomfort. The most effective remedy is to begin walking early after surgery. Depending on your type of surgery you will most likely get out of bed and into a chair the night of surgery and then attempt assisted walking in the hallway later that same day. Your walking should progress further every time you are out of bed until you are able to be up and about completely independent of others. Activity promotes bowel function, which in turn helps to alleviate the gas discomfort. Other remedies include suppositories, heating pads to the abdomen or hot tea. Ask your doctor or nurse about which remedy is best for you. Be sure to report any bowel movements or if you begin to pass gas without difficulty.

Bathing

A nurse's aide will come around every day and help you with your bath. During the first few days after surgery this will consist of a basin of hot soapy water and plenty of towels. You will wash what you feel capable of and the aide will help you wash the other areas. When you are feeling stronger and are up and about easier you may be able to shower. Each room has a shower in the bathroom for your use.

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