Preparing for Surgery for Uterine Cancer

Date of Surgery: _____________________

Your Surgery: _______________________

Surgeon: ____________________________

Before your clinic visit, please:

- Complete the Patient Health Profile
- Read this booklet
- Fill out a Power of Attorney for Health Care form, if you wish.

Bring this booklet, your medicines, vitamins, and herbal supplements, any medical records that have been given to you, recent X-rays and test results to your pre-surgery clinic visit.

First Day Surgery Unit (608) 265-8857
Welcome to University of Wisconsin Hospital and Clinics

Knowing what to expect is an important part of getting ready for surgery. This booklet helps you to learn about:

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About First Day Surgery

First Day Surgery is a program that allows you to be admitted to the hospital the same day as your surgery and provides high quality care. Your doctor will decide whether First Day Surgery is right for you.

Your Pre-Surgery Clinic Visit

Members of the Surgery team will meet with you to:

- Talk with you about having surgery.
- Learn more about your health history.
- Perform a physical exam.
- Complete any tests or procedures that are needed before your surgery.

This clinic visit may take 2-4 hours or more to complete. A nurse will talk with you about what to expect before and after surgery. You will learn how to prepare for surgery and what you can do to speed your recovery.

In the clinic, we will ask you about your health history and perform a physical exam. You will have a chance to ask questions about your specific surgery.
You may need to have tests if they have not already been done. If needed, you may have an ECG (electrocardiogram), a chest X-ray, and blood tests. If you have not already met with your surgeon, you may meet him at your clinic visit. The risks and benefits of your surgery will be explained to you. You will be asked to sign a consent form showing that you understand and wish to have the operation. You may also meet with the Anesthesia staff either at your clinic visit or the morning of your surgery.

By law, we are required to ask if you would like to complete a Power of Attorney (POA) for Health Care or a Living Will. This decision is up to you. A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an advance medical directive, you must be 18 or older and of sound mind. **You have the choice of completing the document or not. It is a voluntary action.**

If you choose to fill out a document it **must be** completed, signed and witnessed before arriving the morning of surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital employees, except chaplains, social workers or volunteers. Also the person you named to be your health care agent may not be a witness. We suggest you choose a neighbor or friend. If you need help in completing this form or have questions, call our Patient Relations office at **(608) 263-8009**. A videotape explaining advance directives is also available for your viewing in the Learning Center located at E5/684, just off the D elevator on the 6th floor.

Some people wish to have a pastor, priest or rabbi visit while in the hospital. If you would like a visit, let us know so that we can arrange for it or call the Pastoral Care office at **(608) 263-8574**.
Uterine Cancer

The most common form of uterine cancer is called adenocarcinoma. This refers to cancer cells that are found in the lining of the uterus, also known as the endometrium. Sarcoma is another type and involves the muscle tissue on the outer layer of the uterus. This outer layer is called the myometrium. These two types of tissue can be seen here in the picture.

Pelvic exam, ultrasound, and uterine biopsy help to make the diagnosis of uterine cancer. Some patients may even have a CT scan done once the cancer is found.

Treatment

Because of your uterine cancer, your doctor recommends surgery. This will allow your doctor to determine the exact stage of the disease. Surgical staging will show if cancer cells have spread and where they are found. During the procedure a vertical incision is made in the abdominal area. The uterus, fallopian tubes, and ovaries are removed. This surgery is called a hysterectomy and bilateral salpingo-oophorectomy. Your doctor will also explore the abdominal space. Lymph nodes in the area may be removed for examination. Along with the lymph nodes, your doctor may take fluid samples from the area. A pathologist will examine the tissue and fluid to determine the stage of the disease.

There are four stages used to rank uterine cancer. Depending on what stage is found, further treatment may be needed. If this is the case, your doctor will discuss your options with you. Treatment may include chemotherapy or radiation.
Steps for Getting Ready

Because of constant changes in scheduling due to emergencies and cancellations, the time of your surgery will not be set until the day before your surgery. Sometime between 9:00 am and 4:00 pm on the day before your surgery (on the Friday before a Monday surgery), a nurse will call you at your home or the number you have given us. She will let you know when to arrive, where to go, and answer any questions that you might have. Before this call, please review any special instructions that were given to you. **If you do not hear from us by 2:00 pm, please call (608) 265-8857.**

If you have a cold, fever or other illness the day before surgery, please call your surgeon, Monday through Friday between 8:00 am and 4:30 pm. If you need to reach us after hours or on weekends, please call the hospital paging operator at (608) 262-0486 and ask to speak with the anesthesiology resident on call.

1. Your doctor may ask you to stop taking medicine that “thins” your blood. For example:

   **Seven (7) days** before surgery, you may be asked to stop taking aspirin or products that have aspirin in them. This includes Excedrin®, Ascriptin® and Ecotrin®.

   If you are on Coumadin® or warfarin, you will be told if and when to stop taking it.

   **Twenty-four (24) hours** before surgery, you may be asked to stop taking anti-inflammatory medicines such as Advil®, Motrin®, Nuprin®, and Aleve®. Celebrex® and Vioxx® are two drugs that do not need to be stopped unless your surgeon has told you to do so. Your surgeon will let you know.

   If you regularly take any of these medicines listed above or herbal supplements, please let your surgeon or nurse know.

   It is all right to use acetaminophen (Tylenol®) for general discomfort or pain.
2. Depending on when your surgery is scheduled, you will be told when to stop eating and drinking. This is usually about 8 hours before surgery. You will also be asked not to chew gum or tobacco. Diet restrictions will depend on your age, time and type of surgery, medical condition and type of anesthesia that will be used.

3. Your surgeon may want you to take laxatives to clean out your bowels before surgery. You will get instructions about the bowel preparations and what you can eat the day before surgery during your presurgery visit.

4. Do **not** drink alcohol after 8:00 pm. When mixed with anesthesia, it can have serious effects on your body.

5. Stop smoking or at least cut back to reduce your risk.

6. Whether it’s the evening before or the morning of surgery, your last shower should be with an antibacterial soap called Hibiclens®. You will get this soap during your clinic visit. Scrub from your neck to your toes for about 10 minutes. Rinse off. Do not put on any lotions or powder. Do not get Hibiclens® in your eyes or genitals. If you don’t get Hibiclens® at your clinic visit, please use your usual soap.

7. Please remove all make-up and nail polish from one finger. If you are having hand or foot surgery, all the polish and acrylic nails should be removed from that extremity and from one finger on the non-operative hand.

8. Try your best to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. A Housing Accommodations Coordinator, **(608) 263-0315**, can provide you with a list of nearby motels and arrange for your stay at a discount rate.

9. The morning of surgery, brush your teeth and rinse, but please do not swallow.

10. If you are taking medicines, the anesthesia staff will tell you during your pre-surgical clinic visit whether you should take them the day of surgery. If you take them, do so with just a sip of water.

*If you have diabetes, you will be given special instructions about your insulin or oral medicines at your clinic visit.*
11. Please leave all jewelry, rings, large sums of money and credit cards at home.

12. Bring along any inhalers or CPAP equipment, your glasses, eye drops, hearing aids, dentures, prostheses or other special equipment that you will need during recovery. Be sure these items are labeled and in a case, if appropriate.

13. You may bring a comfortable pair of pajamas, a robe, non-skid slippers and other personal items. You may want to bring reading materials or something to do while hospitalized. Bedside televisions are available in your room at no charge.

14. When you return home after surgery, it may take a few days or weeks for you to resume your usual activities (for example, returning to work, child care, laundry, shopping), so plan accordingly. The length of time you need to recover will vary depending on the type of surgery. During your clinic visit and hospital stay, nurses and doctors will give you specific instructions on how to take care of yourself at home. Plan to discuss these details with them. You may need to make special arrangements before surgery.

15. If you did not stop at the Admissions Department the day of your pre-surgical visit, plan to come to the hospital 15-20 minutes before your arrival time for surgery and stop at the Admissions Department to sign forms. If you are scheduled for surgery before 7:00 am, sometime during the day a family member will need to go to Admissions and confirm your information and pick up the parking pass. Admissions is open 7 am to 9 pm.

Questions about Getting Ready
________________________________________________________________________
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The Day of Surgery

The First Day Surgery Unit’s hours are 5:30 am to 6:00 pm. The Main Hospital Entrance is open at all times. Please check in at the First Day Surgery Unit at your scheduled time. To arrive at the First Day Surgery Unit, use the Main Hospital Entrance the day of your surgery. As you approach the Information Desk, follow the gray tile on the floor to your left until you come to the “D” elevators. Take the “D” elevator to the 3rd floor. Turn left and walk down the hallway to the First Day Surgery Unit entrance.

When you arrive at the hospital a nurse will ask you questions about your health and help you get ready for surgery. An anesthesiologist will meet with you and answer your questions. You will have an IV (intravenous catheter) placed in a vein of your hand or arm. An IV is used to give fluids and medicines. You may be given something to help you relax.

In the Operating Room

Your family may stay with you until you are taken to the OR on a rolling cart. Once you are in the OR, your nurse will answer questions, make sure you are comfortable and explain what is happening.

When you enter the operating room, the staff will be wearing masks and surgical hats. They will help you to move onto a narrow, firm bed. The nurse will place a safety belt, similar to a seat belt, across your legs for your protection. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen levels. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and medicines will be given to you through your IV. After you are asleep, a breathing tube (endotracheal or ET tube) will be placed in your windpipe to breathe for you. Other lines and monitors will be added after you are asleep.
A Note to Families

The amount of time your loved one will spend in the operating room depends on the type of surgery being done. The staff will let you know where to wait during this time. It may be on the second floor in the Surgical Waiting Area (C5/2) or on the nursing unit. Feel free to bring along a book or something to do since the time may seem to pass slowly. Coffee, tea, reading materials and a television are available in the surgical waiting area from 8:00 am until 5:00 pm weekdays. If you wish to leave the waiting area, sign in/out at the nurses’ station or the volunteer desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

Sometime during the day, you may wish to take your parking pass to the main hospital information desk to have it stamped and to get one pass to be used during your loved one’s stay.

Recovery Room (Post-Anesthesia Care Unit)

After your surgery, you will be taken from the operating room to the Recovery Room. During your time in the Recovery Room, the nurses will be checking you often and giving you medicine, if needed, to keep you comfortable. Most patients have oxygen when they first arrive. It is usually given by a mask or a tube under your nose. If you are uncomfortable with something over your face, please let the nurse know. Usually, once you are more awake and taking deep breaths, the oxygen may be removed. You may need to continue using oxygen when you have been moved to your room.

When you first arrive in the Recovery Room, you will have a tape or plastic clip placed on your finger, toe, or earlobe to check your pulse and the amount of oxygen in your bloodstream. You will also have a blood pressure cuff on your arm. This will tighten for a few seconds every 10-15 minutes so the nurse can record your blood pressure. If your temperature is low or you feel cold, a heated blanket or heat lamp can be used to warm you up. You may notice beeps from the equipment in the room.
Nausea and vomiting are common problems after surgery. If you are nauseated, let your nurse know. Medicines can be given.

If you feel the need to urinate, please do not attempt to get out of bed. For your safety, call for help and the nurse will give you a bedpan or urinal to use. Some patients have a catheter placed in the bladder during surgery. The catheter will continually drain the bladder.

The time you spend in the Recovery Room will depend on the type of surgery you have and how quickly you wake up. This may be one hour or longer. Family and friends are not allowed in the Recovery Room. Once you are settled in your hospital room, they may join you. You will be in a single room with a private bathroom. There is a phone and television in your room. Some patients may be transferred to an Intensive Care Unit (ICU) for special care. The staff in the unit will let your family and friends know about the visiting hours.

**Recovering After Surgery**

Once you are in your hospital room, nursing staff will continue to check you often. Your postoperative routine depends on the type of anesthesia and surgery you had. You may have a variety of tubes, drains or equipment such as:

- An **IV (intravenous tube)** in your hand or arm to provide fluids and medicines until you are able to drink fluids well.

- A face mask or tube under your nose to supply **oxygen**.

- A **plastic clip** on your finger to monitor your oxygen levels.

- A **catheter** to drain urine from your bladder. The catheter will continually drain urine from your bladder though you may have the urge to urinate.

- An **NG (nasogastric)** tube through your nose into your stomach to help prevent nausea and vomiting.

- **Wound drains** to help your incision heal properly.

- **Leg wraps** that inflate and deflate or **elastic stockings** to help circulation during reduced activity.
A nurse will help you to understand how these items work and how long they will be in place.

You may not be allowed to eat right after surgery because eating may cause nausea or vomiting. At first, you may receive ice chips. As your system allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

**Coughing and Deep Breathing**

Once the breathing tube is out, nurses will ask you to breathe deeply, cough and use a breathing tool (Incentive Spirometer). Good breathing helps you to get rid of the anesthesia and prevent pneumonia.

To cough and deep breathe:

1. Place a pillow over your chest to lessen the pain while coughing.
2. Breathe in deeply and slowly through your nose. Hold it.
3. Exhale slowly through the mouth.
4. Repeat twice more.
5. Breathe in again; hold it, and then cough.

To use the Incentive Spirometer:

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Try to raise the cup or ball as high as you can.
3. Hold it.
4. Exhale and relax.
5. Repeat 10 times each hour while you are awake.
Pain Control

People used to think that severe pain was something you just had to put up with. That’s no longer true. Today, you can work with your nurses and doctors to prevent or relieve pain. Good pain control helps you to:

1. Enjoy greater comfort.
2. Heal faster.
3. Start walking, breathing and gaining strength quicker.
4. Leave the hospital sooner.
5. Have better results and avoid complications.

Drug and non-drug treatments can help prevent and control pain. Don’t worry about getting “hooked” or “addicted” to pain medicines. Studies show that this is very rare unless you already have a problem with drug abuse.

For best results:

1. Discuss your options with your doctor and nurses. There are many different choices from IV medicine to pills. You and your doctor can decide which is best for you.

2. Take (or ask for) pain relief drugs when pain first begins. Waiting until your pain becomes severe limits the effectiveness of the medicine. Pain pills take 20-30 minutes to work.

3. After surgery, you will be asked to rate your pain using the following scale.

   0-10 Number Pain Intensity Scale

   | 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
---|----|----|----|----|----|----|----|----|----|----|----|
No Pain | Mild | Moderate | Severe | Worst Pain | Possible
4. The goal should be a level that will allow you to do your deep breathing exercise, walk, and sleep with little pain. Rating your pain helps us to know how well your pain medicines are working.

5. Tell the nurse or doctor about any pain that won’t go away. Don’t worry about being a “bother”. Pain can sometimes be a sign of problems.

Pain medicine may cause you to become drowsy, dizzy or lightheaded. Do not drive, use machines or drink alcohol while taking pain pills.

Narcotics can cause constipation. When you go home, be sure to increase your daily water or juice intake to 6-8 (8-ounce) glasses. Increase the fiber in your diet as well.

**Going Home**

The length of your hospital stay will depend on your type of surgery. Before you leave, you will learn how to care for yourself at home. A friend or family member should be present the day of discharge to hear instructions. You will receive prescriptions for medicines. Please bring your insurance card if you plan to fill your prescriptions at the UWHC pharmacy.

Plan to leave the hospital by noon. A responsible person needs to drive you home and stay with you for 24 hours. In fact, it may be helpful to have someone stay with you for the first week or two after you go home. A case manager is available to help arrange for Home Health, a nursing home stay or Meals on Wheels, if needed.

**When to Call Your Doctor:**

- If you have a temperature above 100.4°F
- Uncontrolled nausea or vomiting
- If you have increasing redness or separation of your incision
- If you have pain or discomfort that is not relieved by Tylenol®, Advil®, or the prescription pain medicine given to you at the time you leave the hospital.
Other Common Concerns

Weakness and fatigue are common after surgery. It is important to stay active, get up each day and dress in comfortable clothes. Limit activities over the next 4-6 weeks since you may not have your usual stamina. It is acceptable to go out in public, shop, visit church, etc. but avoid people who are sick.

You should avoid vigorous exercise and heavy lifting (greater than 10 pounds) for 6 weeks after surgery. We recommend walking to preserve and regain your strength.

You may start driving again when you have stopped taking pain medicines and are confident you can control the car in an emergency, such as hard braking.

Do not have sexual intercourse, douche, use tampons, or insert anything into the vagina for 6 weeks.

If you have abdominal staples in place after surgery, these will be removed 10 – 14 days after your surgery. These may be taken out by your local doctor or by your surgeon.

If you are bothered by nausea or vomiting, try the following:

- Eat small, frequent meals rather than large meals.
- Drink liquids an hour before or after a meal rather than with your meal.
- Avoid foods that are fatty, fried, or highly spiced.
- Eat and drink slowly.
- After eating, rest in a chair. Don’t lie flat for several hours after eating.

Medicines

If you were taking blood pressure, diabetes, heart or other prescribed medicines before coming to the hospital, you should resume taking these medicines unless told otherwise by your doctor or pharmacist.

If you have pain or discomfort, you can use the opioid pain medicine prescribed at the time of discharge or Tylenol® 625-1000mg every 4 hours or Advil® 400mg every 4 to 6 hours. If you were prescribed Percocet®, do not take Tylenol® along with this medication.
Elimination: Bowel movements and urination:

You may be discharged from the hospital before you have a bowel movement. We recommend that you take a stool softener after surgery, especially if you are taking narcotic pain pills such as oxycodone. We usually recommend docusate sodium (Colace®) 100mg once or twice daily. This is available without prescription. If you have no bowel movement within 48 – 72 hours after leaving the hospital, consider taking the stimulant/laxative Senokot-S® (also available over the counter). Take 2 Senokot-S® tablets by mouth twice a day. You may increase your dose of Senokot-S® to 4 tablets twice a day if you don’t have a bowel movement after the first two doses. Once you have had a bowel movement, you may stop or decrease the Senokot-S® and continue taking the stool softener. Call the doctor’s office if you have not had a bowel movement within 72 hours after leaving the hospital.

If you have burning with urination or frequent urination and the feeling that you must urinate shortly after a trip to the bathroom, you may have a bladder infection and you should call our office or your primary care doctor.
Glossary

Adenocarcinoma – A type of uterine cancer that involves the lining of the uterus

Biopsy – The removal of a sample of tissue that is then examined under a microscope to check for cancer cells.

Chemotherapy – Treatment with anti-cancer drugs.

CT Scan – A computerized x-ray exam that takes pictures of body structures.

Endometrium – The inner layer or lining of the uterus

Fallopian tube – A tube leading from an ovary to the uterus; an egg released from the ovary travels through the fallopian tube to the uterus. There are two fallopian tubes.

Hysterectomy – An operation to remove the uterus and cervix

Lymph nodes – Small, bean-shaped glands located throughout the body that filter out and destroy bacteria. These nodes can collect cancer cells.

Myometrium – The outer layer or muscle of the uterus.

Ovary – A female reproductive organ that produces eggs and female hormones. A woman has two ovaries.

Radiation – The use of high-energy X-rays to destroy cancer cells.

Salpingo-oophorectomy – An operation to removal of the fallopian tubes and ovaries.

Sarcoma – A type of uterine cancer that involves the muscle tissue of the uterus.

Ultrasound – A test that uses sound waves to create images of parts of your body.

Uterus – The female reproductive organ where the unborn child develops until birth.
Important Phone Numbers

Admissions
To speak with a financial counselor or verify insurance .. (608) 263-8770

Admissions Office (insurance verification) .................... (608) 263-9172

Business Office .......................................................... (608) 263-4466

General Billing Office .................................................... (608) 262-2221

General Information ..................................................... (608) 263-6400

Gynecologic Oncology Clinic
Daytime hours .......................................................... (608) 263-7010

Hospital Paging Operator ............................................. (608) 262-0486
Toll-Free Hospital Paging Operator ......................... 1-800-323-8942
After hours, weekends, and holiday: This will give you the paging operator.
Ask for the Gynecology doctor on call. Give the operator your name and phone number with the area code. The doctor will call you back.

Housing Accommodations ........................................... (608) 263-0315

First Day Surgery Unit ............................................... (608) 265-8857
Fax ................................................................. (608) 265-8858

Patient Information (for room number) ......................... (608) 263-8590

Pharmacy ............................................................... (608) 263-7025

Pastoral Care .......................................................... (608) 263-8574

Patient Relations Office ............................................. (608) 263-8009

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5976
To go to the **Outpatient Surgery Center**, enter at the clinic entrance. Once inside the lobby, it’s the 1st door on your left.

To go to the **Ambulatory Procedure Center**, enter at the hospital entrance. Follow the gray path past the D elevator. Turn left when you see the APC sign.

To go to the **First Day Surgery Unit**, enter at the hospital entrance. Follow the gray path to the D elevator. Take the D elevator to the 3rd floor and turn left to the First Day Surgery Unit entrance.

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**This is the 2nd floor…**

**To get to the …**

- Cafeteria: H4/1 – H elevator to the 1st floor
- ECG: F6/354 – F elevator to the 3rd floor
- Pulmonary Function: E5/520 – E elevator to the 5th floor
- Inpatient X-Ray: E3/3 – E elevators to the 3rd floor
- Admission: 2nd floor behind the information desk