

Abdominal Hysterectomy

Getting Ready to Learn About an Abdominal Hysterectomy

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review this information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

Because this teaching is about your health, the staff may explain something more than once and give you information in “bite size” pieces over several days. If there is something you don’t understand **it’s okay to ask us to explain.**

What I Need to Learn About an Abdominal Hysterectomy

By the time I leave the hospital I will be able to tell the staff how I will:

1. Be active.
2. Care for my incision(s).
3. Eat in order to heal.
4. Manage my pain.
5. Contact the doctor’s office with questions and/or problems.
6. My body has changed after the surgery.

The staff will use three questions to teach me about an Abdominal Hysterectomy:

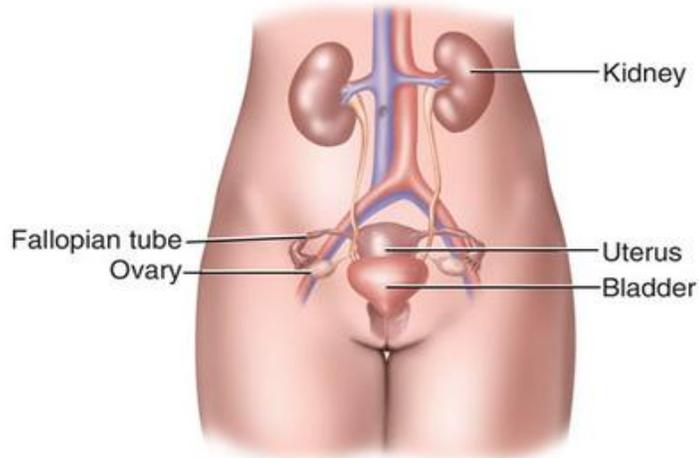
1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my disease and how to take care of myself.

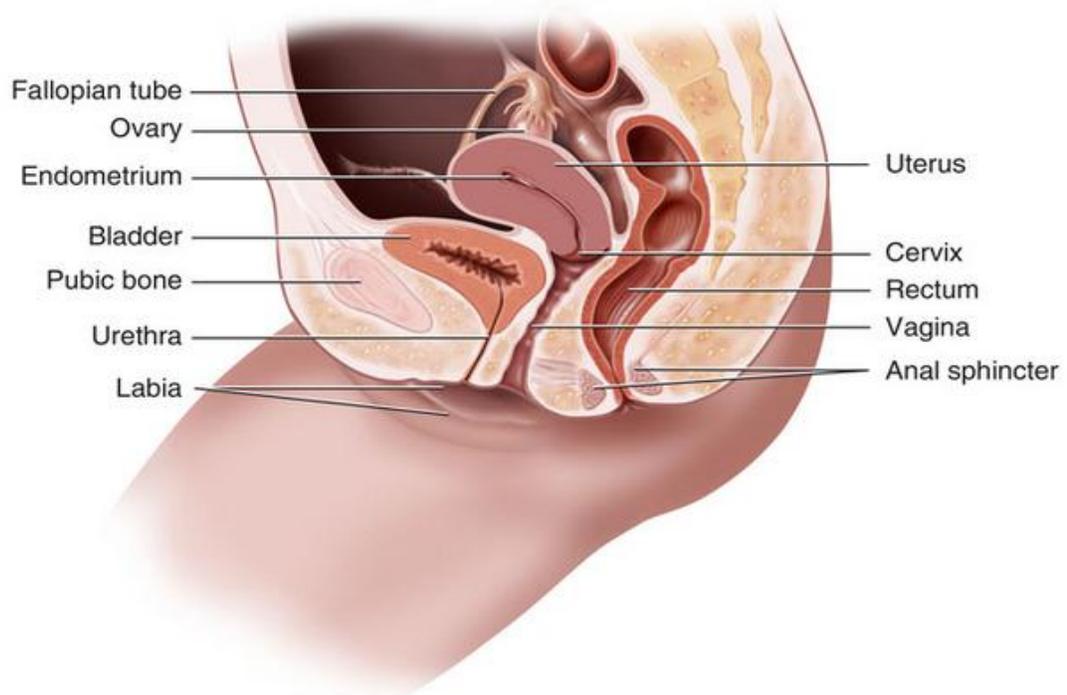
What is my main problem?

I am having or have had an abdominal hysterectomy. An abdominal hysterectomy is surgical removal of the uterus. My fallopian tubes and ovaries may also be removed. I will have a 4-5 inch incision on my lower belly.

Female Pelvis



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What do I need to do?

I will be able to tell the staff how I will be active after surgery.

- Move around every 2 hours while I am awake.
- Slowly increase my walking. My doctor will decide how much I should walk.
- Not drive until my doctor says I can.
- Follow my doctor's instructions on how much I can lift. My doctor will tell me when I can lift more.
- Check with my doctor on when I can resume sexual activities.

I will be able to tell the staff how I will care for my incision after surgery.

- Wash my hands before touching my incision or bandage.
- Keep the incision clean and dry. I will not take a bath or shower until my doctor says it is okay.
- Change the dressing as ordered by my doctor.
- Not use ointments, lotions or creams on or around my incision.
- Not sleep with my pets. I will keep them away from my incision and my bandage.
- Look for signs of infection.
 1. Increased tenderness or pain around the incision
 2. Increased swelling around incision
 3. New or more drainage from the incision
 4. Fever (temperature greater than 100.0° F.)
 5. Increased redness around the incision

I will be able to tell the staff what I will eat to help me to heal from the surgery.

- Eat at least 2 servings of food rich in protein each day. Foods rich in protein include meats, chicken, turkey, fish, eggs, beans, peas, and peanut butter.
- Eat 3 servings of dairy foods rich in protein each day. Dairy foods that are rich in protein include yogurt, cheese and milk.
- Eat 5 servings each day of fruits or vegetables each day. These foods are rich in vitamins that will help my incision heal.

To help keep my bowels working normally while I recover from surgery, I can:

- Eat whole grain breads and cereals. Eat brown or wild rice instead of white rice.
- Add beans, peas, or lentils to soups and casseroles.
- Eat fresh fruits and vegetables.

- Drink plenty of fluids. Set a goal of 6 to 8 cups a day.

I will be able to tell the staff how I will manage the pain from my surgery.

- I will take the pills my doctor ordered to manage my pain.
- I will take the pills before the pain gets too bad. The medicine works best if I take it before the pain is too bad.
- Call my doctor if I think my pills are not helping or if I feel I am having side effects.
- Check with my doctor or pharmacist if I have questions about my medicine.
- I will talk with the staff about other ways I can manage pain.
 - Warm showers, baths (not until okayed by my doctor), hot water bottles, or warm washcloths
 - Cool cloths
 - Positioning with pillows
 - Relaxation techniques

Being careful with my medicines

- I will take my pain medicine with crackers or food. This may keep me from having an upset stomach which may cause nausea and vomiting.
- I will not drive if I am taking pain pills that make me drowsy.
- Let my doctor know if I am taking aspirin or another blood thinner medicine.
- Let my doctor know if I have bruising or a lot of bleeding.

I will be able to tell the staff when I will call my doctor.

- Fever greater than 100.0° F
- Increased tenderness or pain around incision site
- Increased swelling or redness around incision site
- Drainage from incision site
- Nausea or vomiting
- Chest pain
- Shortness of breath
- Pain when I urinate
- Swelling, redness, or pain in my leg
- Abdominal pain or swelling that gets worse

- Constipation
- Dizziness and fainting
- Heavy bleeding from the vagina (more than 1 pad an hour)

I will be able to tell the staff about changes to my body.

Uterus removed

- I will no longer have menstrual periods
- I will not be able to get pregnant

Ovaries removed

- I will go into menopause suddenly.
 - Common physical symptoms of menopause are:
 - hot flashes
 - night sweats
 - dizziness
 - headaches
 - muscle and joint pain
 - palpitations - feels like your heart is pounding or racing
 - tiredness
 - trouble sleeping
 - Psychological symptoms of menopause are:
 - anxiety
 - depression
 - tearfulness and irritability
 - mood swings
 - less interest in sex
 - lack of concentration
 - more trouble remembering things
 - My doctor may talk with me about hormone replacement
 - I will talk with my doctor about any concerns I have about menopause.

Why is this important to me?

Following these directions will help me heal and keep me safe after surgery.

As part of my care I have received this education plan.

Abdominal Hysterectomy Education Plan

Resources for Staff

- [Nursing Reference Center Plus](#)- Abdominal Hysterectomy Pictures
- [Nursing Reference Center Plus](#)- Abdominal Hysterectomy

Teaching Tools (Items given to the patient)

- Abdominal Hysterectomy Education Plan

References:

- [Nursing Reference Center Plus](#)

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Always close each teaching session with the question, “What questions do you have for me?”

***This page is intended for staff use only. Do not give to the patient. This document is not a part of the permanent medical record.**