

Total Laparoscopic/Laparoscopic Supracervical Hysterectomy Education Plan

Resources for Staff

- [Mosby's Nursing Consult](#) (Supracervical Hysterectomy)
- [Mosby's Nursing Consult](#) (Laparoscopic Hysterectomy)

Teaching Tools (Items given to the patient)

- Total Laparoscopic/Laparoscopic Supracervical Hysterectomy Education Plan

References:

- Mosby's Nursing Consult

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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.

Total Laparoscopic (TLH)/Laparoscopic Supracervical (LSH) Hysterectomy

Getting Ready to Learn About TLH/LSH

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 TLH/LSH

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

1. I will be active.
2. I will care for my incision(s).
3. I will eat in order to heal.
4. I will manage my pain.
5. I will contact the doctor’s office with questions and/or problems.
6. My body has changed after the surgery.

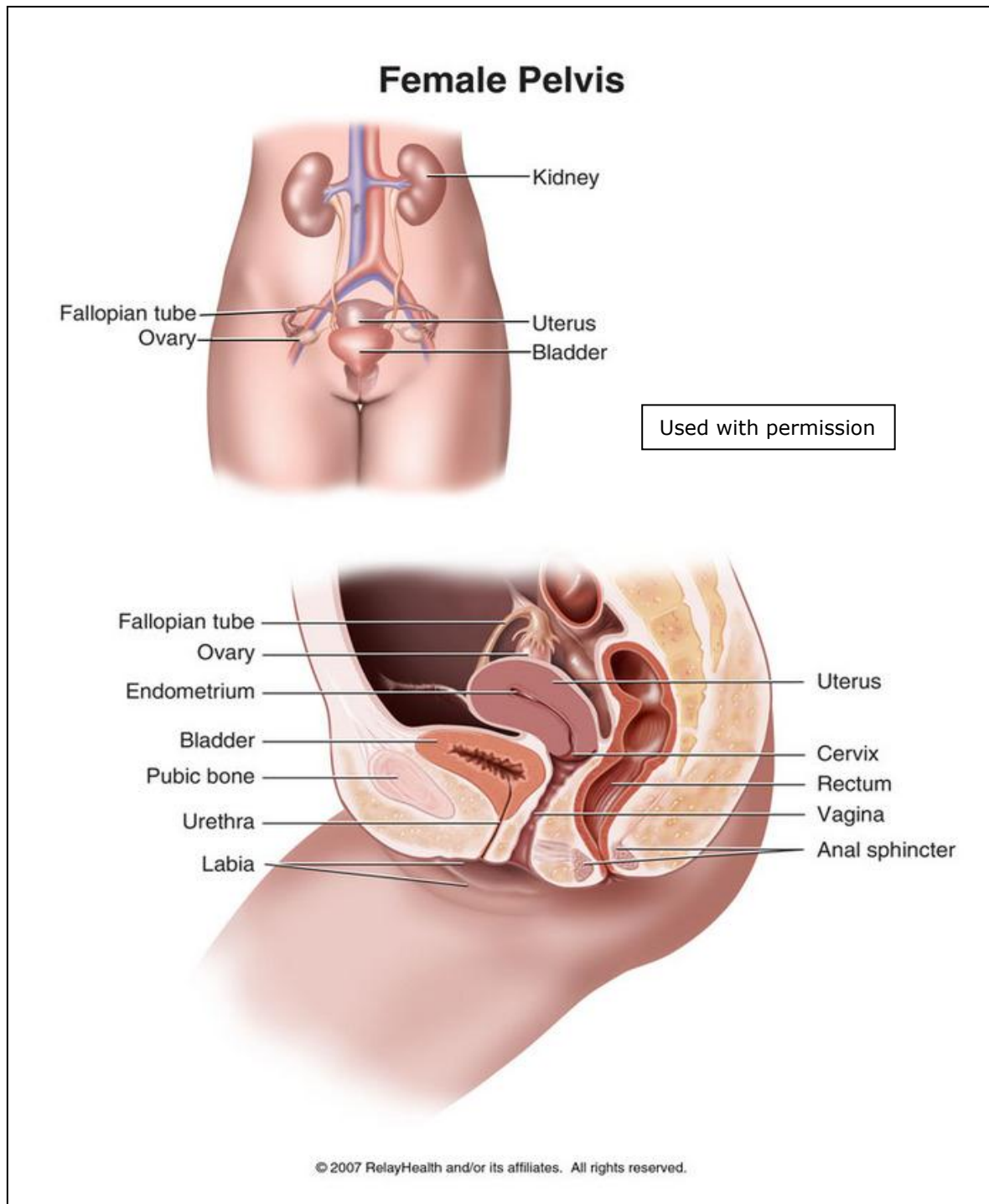
The staff will use three questions to teach me about TLH/LSH:

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

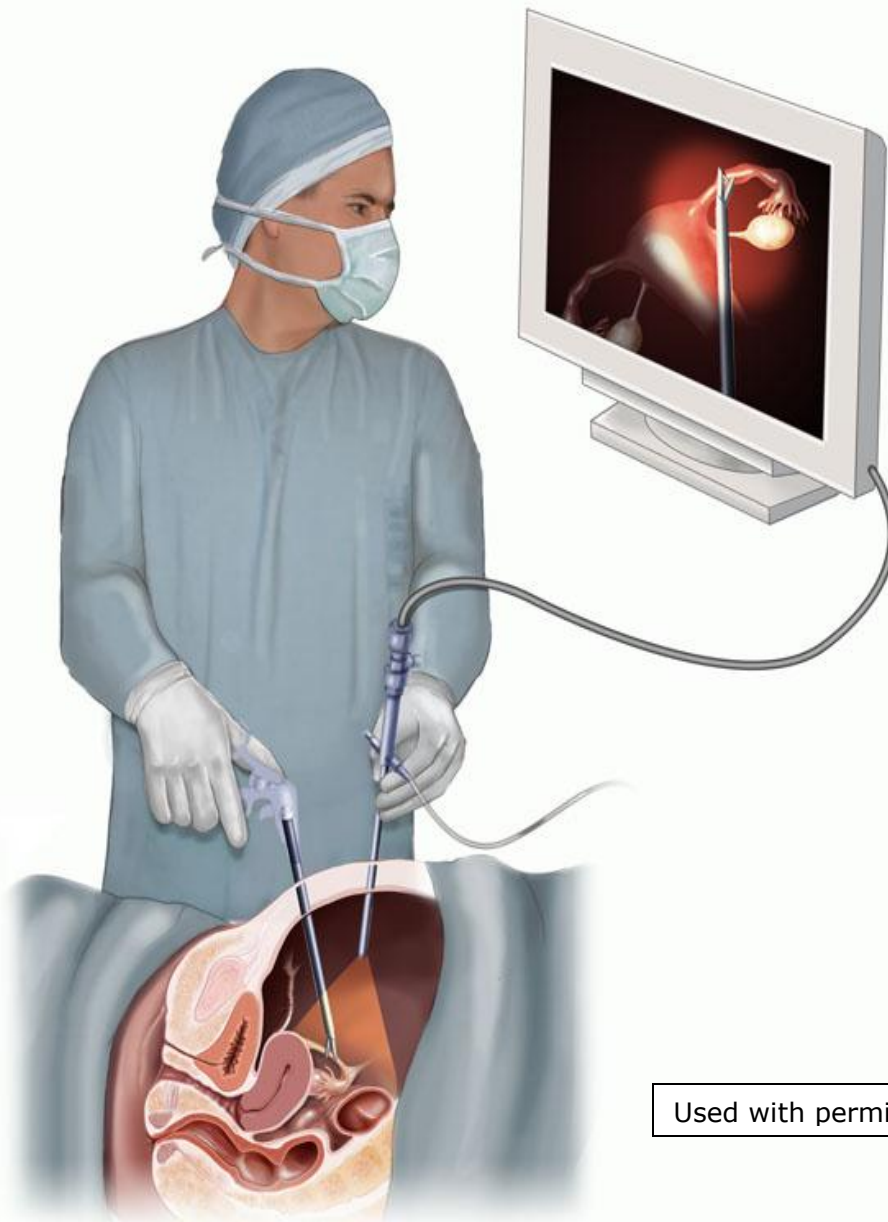
The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know about my disease and how to take care of myself.

What is my main problem?

I am having or have had a total laparoscopic hysterectomy (TLH) or a laparoscopic supracervical hysterectomy (LSH). A TLH/LSH is surgical removal of the uterus (cervix remains with an LSH). My fallopian tubes and ovaries may also be removed. I will have several small incisions on my belly.



Laparoscopy



Used with permission

What do I need to do?

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

After surgery I will:

- 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.
- Not drive if I am taking pain pills that make me drowsy.
- Follow my doctor's instructions on how much I can lift. My doctor will tell me when I can lift more.
- Be aware that I may have some right shoulder pain when I get up. This is from the carbon dioxide gas used to inflate my belly during the procedure. This will go away in a day or two. Pain medicine, lying flat or lying on one side or the other may help.
- 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.

To care for my incisions I will:

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

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

To help my incision heal, I can:

- 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 per 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.

Managing Pain

- I will take pills my doctor ordered to manage my pain.
- I will not wait until the pain is too bad before taking my pills. The medicine works best if I take it before the pain is too bad.
- I will call my doctor if I think my pills are not helping or if I feel I am having side effects.
- I will check with my doctor or pharmacist if I have questions about my medicine.
- I will talk with the staff about how I have managed pain in the past.
 - Warm showers, baths, hot water bottles, or warm washcloths
 - Use of cool cloths
 - Positioning with pillows
 - Relaxation techniques
 - _____

Being careful with pain 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 that I will call my doctor if I have concerns to share with my doctor.

Concerns to share

- Fever greater than 100.0° F
- Increased tenderness or pain around incision sites
- Increased swelling or redness around incision sites
- Drainage from incision sites
- Nausea or vomiting
- Chest pain
- Shortness of breath
- Cannot urinate
- Pain or burning feeling 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 one 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 (TLH)
- I will not be able to get pregnant (TLH/LSH)

Cervix and ovaries remaining (LSH)

- I will need to discuss the need for PAP smears with my doctor

- I may have monthly spotting (occurs in 5% of women) and associated premenstrual syndrome (PMS) - headache, bloating, breast tenderness, food cravings

Ovaries removed (TLH/LSH)

- 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.