

GYN Oncology Handbook of Care





GYN Oncology Handbook for Care

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Your GYN Center Team

Welcome to the
GYN Center

The Gynecologic Oncology Team

The gynecologic oncology team includes health professionals with different specialties to meet your needs and those of your family:

- **Attending physicians** perform surgery and manage all aspects of your care.
- **Gynecologic oncology fellows** are physicians who have completed a four-year residency program in obstetrics and gynecology and are training to become gynecologic oncologists. Fellows assist with your treatment and will see you during your hospitalization. A fellow is on-call after office hours, as well as on weekends and holidays to handle emergencies and to answer questions.
- **Nurse practitioners (NP) and physician assistants (PA)** help schedule your surgery and assist with your care following surgery.
- A **registered nurse (RN)** will care for you during your hospitalization and clinic visits and will also act as a liaison between all disciplines within Roswell Park.
- An **Oncology Nurse Coordinator** is available to help assist you with navigation of your care before and after surgery. They are especially focused on patient education and providing a seamless process from initial visit through recovery.
- **Resident** physicians are physicians who have completed medical school and are receiving advanced training in obstetrics and gynecology.
- A **social worker** is available to meet with you and your family to discuss topics such as social and psychological support.
- A **case manager** will communicate with your insurance company while you are hospitalized and will coordinate home care services, if needed.
- If you require chemotherapy after surgery, a **chemotherapy nurse** will meet with you to discuss the type of medicines you will receive and what to expect.
- **Clinical pharmacists** are licensed by the state to prepare and dispense prescription medications. They are highly educated on the composition, action, interactions and side effects of drugs and are the best resource for any questions you may have about your medications. They are available on the inpatient units and in the outpatient centers.



How to Contact Us

Contacting Us

The GYN Center is open between the hours of
8:00a.m. and 5:00p.m., Monday through Friday.

- For medical questions, problems, prescriptions, and appointments, call the GYN Center **during business hours at 716-845-5855.**
- After hours, please call 716-845-2300 and our Call Center staff will assist you. If it is determined you need to be seen, you may be asked to come to our Assessment & Treatment Center (ATC), which is open 24/7. You need to be referred to the ATC by your provider or the doctor on call; it is not a walk-in clinic.
- For Case Management (if you need assistance with your home care), call **716-845-5735.**
- For Social Work Department, call **716-845-8022.**
- For Pre-op/Anesthesia, call **716-845-1673.**
- For billing issues or medical records, call **716-845-5760.**

For questions on disability forms:

- If your last name begins with **A-H: 716-845-1623.**
- If your last name begins with **I-P: 716-845-5969.**
- If your last name begins with **Q-Z: 716-845-7335.**
- Disability Department: fax **716-845-3896,**
email HIMDisabilitySpecialists@roswellpark.org

What To Do in an Emergency

Here are some general guidelines about when to call your doctor and when to go to the emergency room.

Call your doctor if:

- your temperature is **100.4°F (38°C)** or higher, or you have shaking chills
- you vomit more than 4 times in 24 hours
- you have new pain or your existing pain gets worse
- you have swelling or pain in your legs

Go to the emergency room or call 911 if:

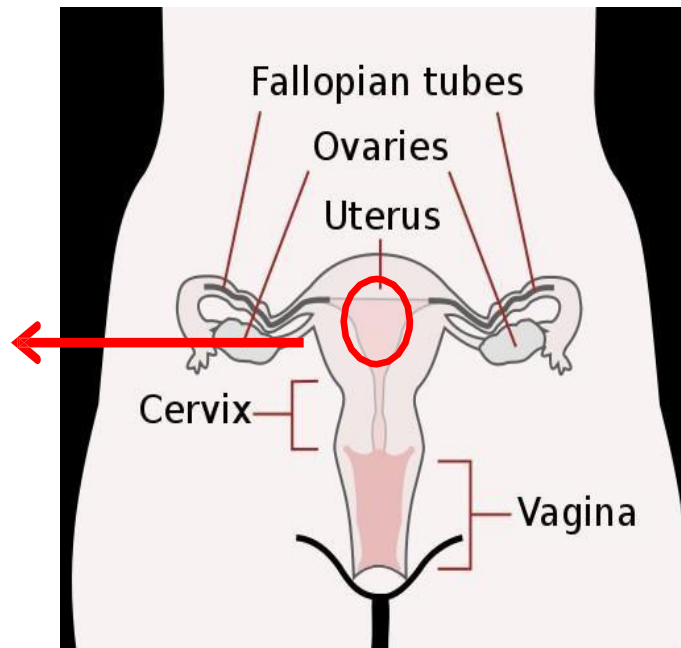
- you have trouble breathing or start having chest pain
- you develop severe pain in your abdomen or chest
- you have a change in vision or level of consciousness (such as becoming less alert or more confused)

About Endometrial Cancer

What is the Endometrium and What Does it Do?

The endometrium is the layer of tissue that lines the uterus – the hollow, muscular organ where a fetus grows. The endometrium prevents the muscular walls (myometrium) from sticking together. This keeps the uterine cavity open and healthy. During the menstrual cycle, the endometrium grows thick with blood vessels and glandular tissue, preparing the uterus for a fertilized egg to implant. If no fertilized egg implants, the built up tissue leaves the body as menstrual bleeding (period).

Site of Endometrial Cancer



Understanding Endometrial Cancer

Cancer begins in cells, the building blocks that make up tissues. Tissues make up the organs of the body. Normally, when cells grow old, they die, and new cells take their place. Sometimes, this orderly process goes wrong. Extra, abnormal cells can form a mass of tissue called a tumor. Tumors can be benign (non-cancerous) or malignant (cancerous).

Endometrial cancer is a disease in which malignant cancer cells form in the endometrium. Most uterine cancers start in the endometrium. Breast cancer patients who have been treated with tamoxifen and women who take estrogen without progesterone are at higher risk. Taking estrogen with progesterone does not appear to increase the risk.

Symptoms	<p>Possible signs of endometrial cancer include unusual vaginal discharge, pelvic pain, abnormal uterine bleeding (bleeding when you are not having your period), or bleeding after you have been through menopause.</p> <p>Other conditions may cause these symptoms, so it is very important that a doctor makes a correct diagnosis.</p>
Diagnosis	<p>To find and diagnose endometrial cancer, the endometrium must be examined. Because this type of cancer begins inside the uterus, it does not usually show up in the results of a Pap test. For this reason, a sample of endometrial tissue is removed and examined under a microscope to look for cancer cells. The tissue sample may be taken by biopsy or D&C.</p> <ul style="list-style-type: none"> • Endometrial biopsy: a thin, flexible tube is inserted through the vagina and cervix and into the uterus. A small amount of tissue is gently scraped from the endometrium and sent to the lab. A pathologist views the tissue under a microscope to look for cancer cells. • Dilation and curettage (D&C): This is a surgical procedure that removes tissue from the endometrium. The cervix is dilated and a curette (spoon-shaped instrument) is inserted into the uterus to remove tissue samples. A pathologist views the tissue under a microscope to look for cancer cells.
Staging	<p>Endometrial cancer is staged into different categories of development and aggressiveness:</p> <ul style="list-style-type: none"> • In Stage I, cancer is found in the uterus only. Stage IA: cancer in the endometrium only or less than halfway through the muscle layer of the uterus (myometrium). Stage IB: cancer halfway or more into the myometrium. • In Stage II, cancer has spread from the uterus to the cervix, but has not spread outside the uterus. • In Stage III, cancer has spread beyond the uterus and cervix, but not beyond the pelvis. Stage IIIA: spread to outer layer of the uterus and/or to the fallopian tubes, ovaries, and ligaments of the uterus. IIIB: spread to the vagina and/or to the connective tissue or fat around the uterus. IIIC: spread to lymph nodes in the pelvis and/or around the aorta – the largest artery in the body. • In Stage IV, cancer has spread beyond the pelvis. IVA: spread to bladder or bowel wall. IVB: spread to other parts of the body.

What are the Treatment Options?

- **Surgery** may be used to find out if cancer is present and/or to remove the tumor(s). If cancer is found, that organ is removed, along with any other organs where the cancer has spread. The most common surgery for endometrial cancer is a hysterectomy (removal of the uterus with or without other organs or tissues).
- **Radiation therapy** uses high-energy x-rays or other types of radiation to kill cancer cells or keep them from growing. There are two types: External radiation therapy uses a machine outside the body to send radiation toward the cancer. Internal radiation therapy uses a radioactive substance sealed in needles, seeds, wires, or catheters that are placed directly into or near the cancer. The way radiation therapy is given depends on the type and stage of the cancer being treated.
- **Chemotherapy** uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from reproducing. Chemotherapy is a systemic treatment. When taken by mouth or injected, the drugs enter the bloodstream and can reach cancer cells throughout the body. How chemotherapy is given depends on the type and stage of the cancer being treated.
- **Hormone therapy** is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing. Hormones are substances made by glands in the body and circulated in the bloodstream. Some hormones can cause certain cancers to grow. If tests show that the cancer cells have places where hormones can attach (receptors), treatment will focus on reducing the production of hormones or blocking them from working.
- **Immunotherapy (biological therapy)** is a treatment that uses your immune system to fight cancer. Substances made by the body or made in a laboratory are used to boost, direct, or restore the body's natural defenses against cancer.
- **Clinical trials**, also called research studies, compare new treatments with standard of care treatments. They are the way that new treatments become the new standard of care. One benefit of being treated at a cancer center is access to these treatments. Your physician may ask if you want to participate in a trial but you should also ask frequently if there are any new studies for which you may qualify.

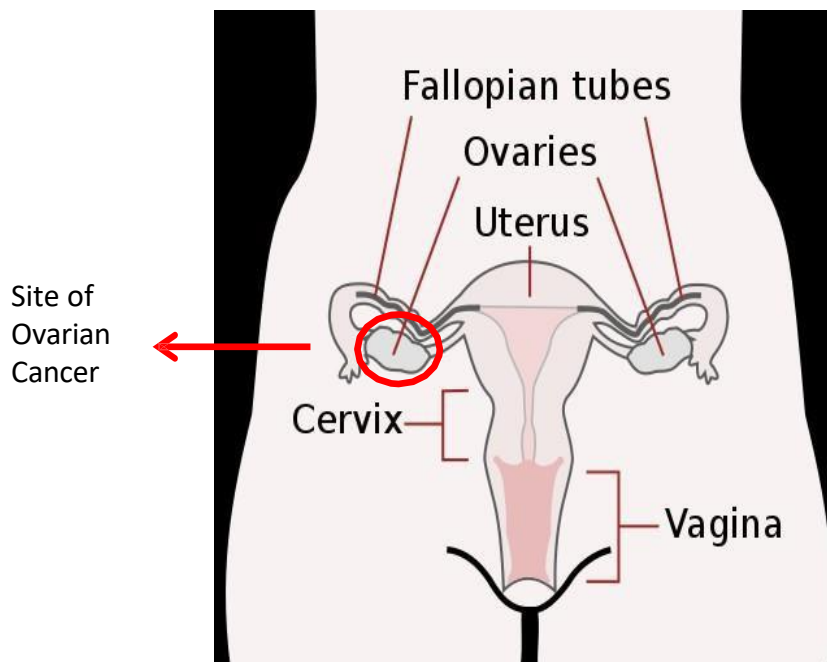


What are the Ovaries and What Do They Do?

About Ovarian Cancer

The ovaries are part of a woman's reproductive system. They are in the pelvis, one on each side of the uterus. Each ovary is about the size of an almond. The ovaries make the female hormones estrogen and progesterone, and release eggs. About once a month, an egg travels from an ovary through a fallopian tube to the uterus.

As a woman ages, the ovaries produce less hormones and, eventually periods stop completely (menopause). When ovaries are removed surgically, a woman will immediately go into menopause, regardless of her age.



Understanding Ovarian Cancer

Cancer begins in cells, the building blocks that make up tissues. Tissues make up the organs of the body. Normally, when cells grow old, they die, and new cells take their place. Sometimes, this orderly process goes wrong. Extra, abnormal cells can form a mass of tissue called a tumor. Tumors can be benign (non-cancerous) or malignant (cancerous).

Ovarian cancer can invade, shed, or spread to other organs:

- **Invade:** A malignant ovarian tumor can grow and invade organs next to the ovaries, such as the fallopian tubes and uterus.

- **Shed:** Cancer cells can shed (break off) from the main ovarian tumor. Shedding into the abdomen may lead to new tumors forming on the surface of nearby organs and tissues.
- **Spread:** Cancer cells can spread through the lymphatic system to lymph nodes in the pelvis, abdomen, and chest. Cancer cells may also spread through the bloodstream to organs such as the liver and lungs.

When cancer spreads from its original place to another part of the body, the new tumor has the same kind of abnormal cells and the same name as the original tumor. For example, if ovarian cancer spreads to the liver, the cancer cells in the liver are actually ovarian cancer cells. The disease is metastatic ovarian cancer, not liver cancer. For that reason, it is treated as ovarian cancer, not liver cancer. Doctors call the new tumor "distant" or metastatic disease.

Diagnosis and Staging

Early ovarian cancer may not cause obvious symptoms. But, as the cancer grows, symptoms may include:

- pressure or pain in the abdomen, pelvis, back, or legs
- a swollen or bloated abdomen
- nausea, indigestion, gas, constipation, or diarrhea
- feeling very tired all the time
- lack of appetite, or getting full quickly
- shortness of breath (less common)
- feeling the need to urinate often (less common)
- unusual vaginal bleeding – heavy periods, or bleeding after menopause (less common)

Most often these symptoms are not due to cancer. If you have a symptom that suggests ovarian cancer, your doctor must find out whether it is due to cancer or to some other cause. Your doctor may ask about your personal and family medical history and order tests.

- **Physical exam:** Your doctor checks general signs of health. He or she may press on your abdomen to check for tumors or an abnormal build-up of fluid (ascites). A sample of fluid can be taken to look for ovarian cancer cells.
- **Pelvic exam:** Your doctor feels the ovaries and nearby organs for lumps or other changes in their shape or size. A Pap test is part of a normal pelvic exam, but it is not used to collect ovarian cells. The Pap test is used to find cervical cancer, not ovarian cancer.
- **Blood tests:** You doctor may order a CA-125 level. CA-125 is a substance found on the surface of ovarian cancer cells and on some normal

tissues. A high CA-125 level could be a sign of cancer or other conditions. The CA-125 test is not used alone to diagnose ovarian cancer. This test is approved by the Food and Drug Administration for monitoring a woman's response to ovarian cancer treatment and for detecting its return after treatment.

- **Ultrasound:** The ultrasound device aims sound waves at organs inside the pelvis. The waves bounce off the organs and a computer creates images from the echoes. The picture may show an ovarian tumor. For a better view of the ovaries, the device may be inserted into the vagina (transvaginal ultrasound).
- **Biopsy/Laparotomy:** The removal of tissue or fluid to look for cancer cells. Biopsy is usually done after getting the results of blood tests and ultrasound. Your doctor may suggest surgery (a laparotomy) to remove tissue and fluid from the pelvis and abdomen. A pathologist uses a microscope to look for cancer cells in the tissue or fluid. Surgery is usually needed to diagnose ovarian cancer.
- **Biopsy/Laparoscopy:** Although most women have a laparotomy for diagnosis, some women have a procedure known as laparoscopy. The doctor inserts a thin, lighted tube (a laparoscope) through a small incision in the abdomen. Laparoscopy may be used to remove a small, benign cyst or an early ovarian cancer. It may also be used to learn whether cancer has spread.

To plan the best treatment, your doctor needs to know the grade of the tumor and the extent (stage) of the disease. The stage is based on whether the tumor has invaded nearby tissues, whether the cancer has spread, and if so, to what parts of the body.

Usually, surgery is needed before staging can be complete. The surgeon takes samples of tissue from the pelvis and abdomen to look for cancer.

Your doctor may order tests to find out whether the cancer has spread.

- **CT scan:** An imaging test that creates a series of detailed pictures of an area inside the body, taken from different angles. The pictures are made by a computer linked to an [x-ray](#) machine. A [contrast](#) may be given to create clearer images. Can show tumors or fluid.
- **Chest x-ray:** X-rays of the chest can show tumors or fluid.

Stages of
Ovarian
Cancer

Stage I: cancer is found in one or both ovaries

Stage IA: Found in one ovary

Stage IB: Found in both ovaries

Stage IC: Found in one or both ovaries AND

- on the outside surface of one or both ovaries - OR –
- in the fluid of the peritoneal cavity (where abdominal organs are located) or in washings of the peritoneum (tissue lining the peritoneal cavity) – OR –
- the capsule (outer covering) of the ovary broke open before or during surgery

Stage II: Cancer found in one or both ovaries and has spread within the pelvis

Stage IIA: Cancer has spread to the uterus and/or the fallopian tubes

Stage IIB: Cancer has spread to organs in the peritoneal cavity (the space that contains the abdominal organs)

Stage III: Cancer found in one or both ovaries and has spread outside the pelvis to other parts of the abdomen and/or to nearby lymph nodes.

Stage IIIA: Cancer in lymph nodes outside or behind the peritoneum only.

OR- microscopic cancer on the surface of the peritoneum outside the pelvis. Cancer may have spread to nearby lymph nodes.

Stage IIIB: Cancer (2 centimeters or smaller) found in the peritoneum outside the pelvis. Cancer may have spread to lymph nodes behind the peritoneum.

Stage IIIC: Cancer (larger than 2 centimeters) has spread to the peritoneum outside the pelvis. Cancer may have spread to lymph nodes behind the peritoneum or to the surface of the liver or spleen.

Stage IV: cancer has spread to areas outside the abdomen

Stage IVA: Cancer cells are found in extra fluid that builds up around the lungs.

Stage IVB: Cancer has spread to organs and tissues outside the abdomen, including lymph nodes in the groin.

What are the Treatment Options?

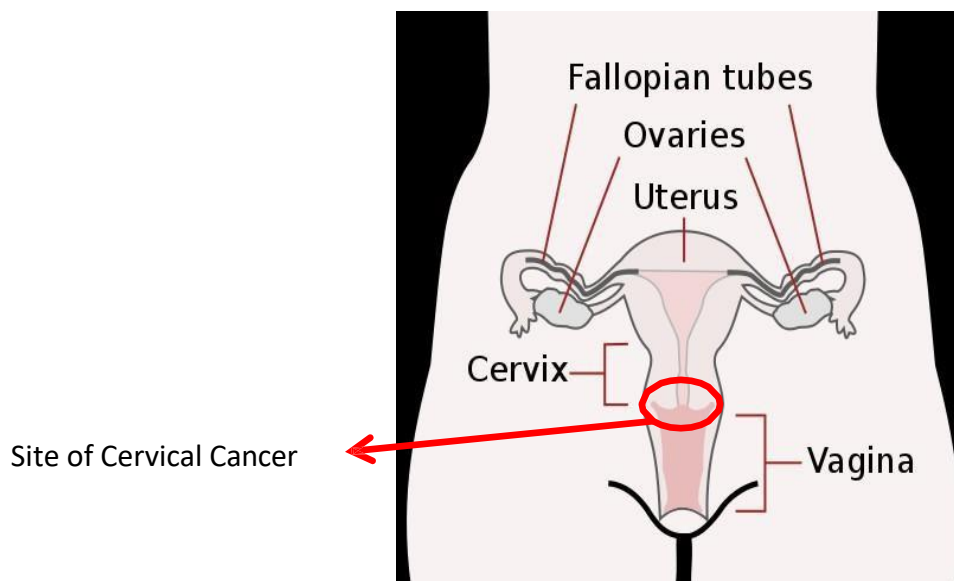
- A **diagnostic laparoscopy** may be done to confirm a diagnosis of ovarian cancer and determine the most appropriate treatment plan. Your treatment plan is based on your individual disease pattern.
- An **exploratory laparotomy** is another procedure to confirm the presence of a gynecologic cancer. Your surgeon will make an incision in the abdomen and examine your reproductive organs. If cancer is found, that organ is removed, along with any other organs where the cancer has spread.
- Following surgery, your attending physician will review the results of pathology studies and determine if your condition warrants **chemotherapy**. Chemotherapy can be given through the abdomen (intraperitoneally), or through a vein (systemically). Medications, usually given intravenously (through a vein, IV), travel throughout the entire body in search of cancer cells that may have spread to other parts of your body through your lymphatic or blood system.
- **Clinical trials**, also called research studies, compare new treatments with the standard of care treatments. They are the way that new treatments become the new standard of care around the country and world. One benefit of being treated at a cancer center is access to these treatments. Your physicians may ask you if you want to participate in a trial but it is also important for you to ask frequently if there are any new studies for which you may qualify.



What is the Cervix and What Does It Do?

About Cervical Cancer

The cervix is the lower, narrow end of the uterus (the hollow, pear-shaped organ where a fetus grows). The cervix leads from the uterus to the vagina (birth canal).



Understanding Cervical Cancer

Normally, healthy cells grow, divide and replace themselves. Cancerous cells are abnormal mutations of these cells. Cervical cancer usually develops slowly over time. Before cancer appears in the cervix, the cells of the cervix go through changes known as dysplasia, in which cells that are not normal begin to appear in the cervical tissue. Later, cancer cells start to grow and spread more deeply into the cervix and to surrounding areas.

Infection of the cervix with human papillomavirus (HPV) is the most common cause of cervical cancer. Not all women with an HPV infection, will develop cervical cancer. Women who do not have Pap smears to detect HPV or abnormal cells in the cervix are at increased risk of developing cervical cancer.

A weakened immune system, many sexual partners, and cigarette smoking also increase risk.

Symptoms of Cervical Cancer

Early cervical cancer may not cause noticeable signs or symptoms. Women should always have yearly check-ups, including a Pap smear to check for abnormal cells in the cervix. The prognosis (chance of recovery) is better when the cancer is found early. These and other symptoms **may** be caused by cervical cancer. A doctor should be consulted if any of the following problems occur:

- abnormal vaginal bleeding
- persistent vaginal discharge
- pelvic pain
- pain during sexual intercourse

Diagnosing Cervical Cancer

Tests that examine the cervix are used to detect (find) and diagnose cervical cancer. The following procedures may be used:

- **Pelvic exam:** an exam of the vagina, cervix, uterus, fallopian tubes, ovaries, and rectum. The doctor, nurse practitioner or physician assistant inserts 1 or 2 lubricated, gloved fingers into the vagina and places the other hand over the lower abdomen to feel the size, shape, and position of the uterus and ovaries. A speculum is also inserted into the vagina to look at the vagina and cervix for signs of disease. The doctor, nurse practitioner or physician's assistant also inserts a lubricated, gloved finger into the rectum to feel for lumps or abnormal areas.
- **Pap smear:** a procedure to collect cells from the surface of the cervix and vagina. A brush or a small plastic spatula is used to gently scrape cells from the cervix and vagina. The cells are viewed under a microscope to find out if they are abnormal. This procedure is also called a Pap test.
- **Human papillomavirus (HPV) test:** a laboratory test used to check DNA (genetic material) for certain types of HPV infection. Cells are collected from the cervix and checked to find out if an infection is caused by a type of HPV that is linked to cervical cancer. This test may be done if the results of a Pap smear show certain abnormal cervical cells. This test is also called the HPV DNA test.
- **Colposcopy:** a procedure in which a colposcope (a lighted, magnifying instrument) is used to check the vagina and cervix for abnormal areas.
- **Biopsy:** a sample of tissue is cut from the cervix and viewed under a microscope by a pathologist to check for signs of cancer.

Staging Cervical Cancer

Cervical cancer is staged into different categories of development and aggressiveness:

- In **Stage 0**, abnormal cells are found in the innermost lining of the cervix. These abnormal cells may become cancer and spread into nearby normal tissue. Stage 0 is also called carcinoma in situ.
- In **Stage I**, cancer has formed and is found in the cervix only.
- In **Stage II**, cancer has spread beyond the cervix but not to the pelvic wall (the tissues that line the part of the body between the hips) or to the lower third of the vagina.
- In **Stage III**, cancer has spread to the lower third of the vagina, may have spread to the pelvic wall, and/or has caused the kidney to stop working.
- In **Stage IV**, cancer has spread to the bladder, rectum, or other parts of the body.

Stage I is divided into stages IA and IB, based on the amount of cancer found. Stages II, III, and IV are divided into stages A and B based upon where the cancer has spread.

What are the Treatment Options?

Your treatment options will depend on the results of your examination and biopsies.

- **Hysterectomy** is the surgical removal of the uterus.
- **Radiation therapy** uses high-energy x-rays or other types of radiation to kill cancer cells or keep them from growing. External radiation therapy uses a machine outside the body to send radiation toward the cancer. Internal radiation therapy uses a radioactive substance sealed in needles, seeds, wires, or catheters that are placed directly into or near the cancer. Your therapy depends on your cancer type/stage.
- **Chemotherapy** uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from reproducing. When chemotherapy is taken by mouth or injected into a vein or muscle, the drugs enter the bloodstream and can reach cancer cells throughout the body (systemic chemotherapy). The way the chemotherapy is given depends on the type and stage of the cancer being treated.
- **Chemoradiation** is a combined treatment of weekly chemotherapy and radiation for the treatment of advanced cervical cancers.

- **Clinical trials**, or research studies, compare new treatments with the current standard of care. This is how new treatments become the standard of care around the world. One benefit of being treated at a cancer center is access to these treatments. Your doctors may ask you if you want to participate in a trial, but you can ask frequently if there are any new studies for which you may qualify.

Pelvic Ultrasound

Overview

Ultrasound imaging, also called ultrasound scanning or sonography, involves exposing part of the body to high-frequency sound waves to produce images of that body part. Ultrasound exams do not use radiation (as used in x-rays). The images are captured in real-time so they can show the structure and movement of the body's internal organs, as well as blood flowing through blood vessels.

A pelvic ultrasound provides pictures of the structures and organs in the lower abdomen or pelvis.

Preparing for Your Ultrasound

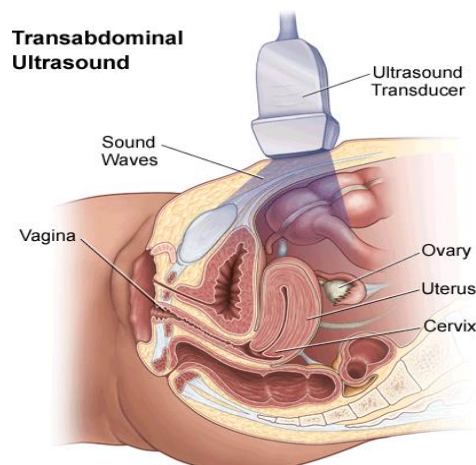
- Wear comfortable, loose-fitting clothing for your ultrasound exam. You may need to remove all clothing and jewelry in the area to be examined.
- You may be asked to wear a gown during the procedure.
- You will be asked to drink plenty of fluids. A full bladder helps to visualize the uterus, ovaries, and bladder wall during the ultrasound. The test is painless, but a full bladder may cause discomfort.

The Day of Your Ultrasound

Transabdominal Ultrasound

For a transabdominal ultrasound exam, you will be face-up on an examination table. A clear water-based gel is applied to the pelvic area to help the transducer make secure contact with the body and eliminate air pockets between the transducer and the skin.

The technician presses the transducer firmly against the skin, sweeping over the pelvis and angling the sound beam to better see any areas of concern.

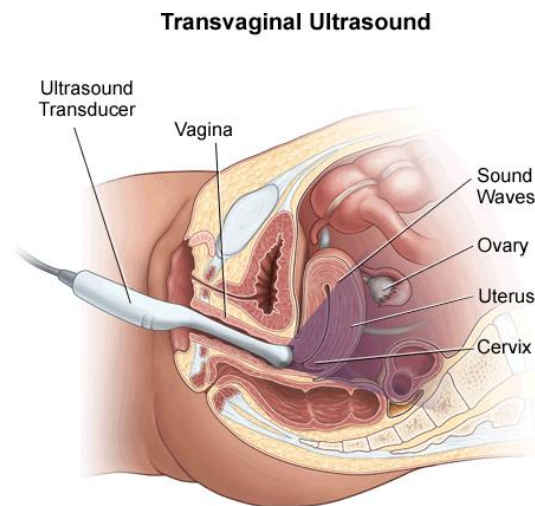


Transvaginal Ultrasound

Transvaginal ultrasounds are also used during gynecologic exams. In this type of ultrasound, the transducer is inserted into the vagina (instead of being rolled across your belly). The tip of the transducer is smaller than the speculum used when you have a Pap test.

A protective cover is placed over the transducer, lubricated with a small amount of gel, and then inserted into the vagina. Only 2-3 inches of the transducer end are inserted into the vagina.

The images are obtained from different angles to get the best views of the uterus and ovaries. Transvaginal ultrasound is usually performed while you are lying on your back, possibly with your feet in stirrups.



After the Exam

You can expect to resume your normal activities immediately after your ultrasound, including driving



CT Scan

Overview

A CT (computed tomography) scan, also called a CAT (computed axial tomography) scan, is a diagnostic exam used to detect tumors, determine the stage and location of a cancer, and find out about the effectiveness of cancer treatment.

The CT scan may also be used to guide a doctor who is performing a biopsy (the removal of a small amount of tissue for examination).

The CT scan obtains multiple cross-sectional images of your body by using special x-rays and computer enhancement, creating an image many times more sensitive than the image from a simple x-ray.

The visit will generally last 1 to 1 ½ hours, although the scanning itself takes only 10 to 15 minutes. When the scan is finished, you may be asked to remain on the exam table while a radiologist reviews the images to determine if additional images are needed.

Preparing for Your CT Scan

- Tell the doctor if you previously had an **allergic reaction to intravenous (IV) dye** or any other allergies, especially **iodine**.
- When your doctor schedules a CT scan, let him or her know if you have diabetes (sugar in the blood) and take a drug called Glucophage® (metformin). You may be asked **not** to take it the day of your CT scan, and for 2 days after your CT scan. Check with your doctor for your specific instructions.
- Tell your doctor/nurse about all your medications, including over-the-counter products, vitamins, and herbal supplements.
- Check with your doctor/nurse to see if you should take your regular medications that day.
- Tell your doctor if you are breastfeeding or may be pregnant.
- Do not eat anything for 6 hours before your scan.
- Do not drink anything for 2 hours before your scan.

The Day of Your CT Scan

- If you have been instructed to take medications on the day of your scan, you may take them with a small sip of water.
- Wear loose, comfortable clothing to your appointment. When you arrive for your CT scan, you may need to change into a gown.

- You will be asked to remove any item that contains metal (including jewelry, eyeglasses, dentures and hairpins) because metal objects may affect the CT images. You may also be asked to remove hearing aids and removable dental work.
- Tell the technologist if you have:
 - any allergies to IV dye or iodine
 - asthma, diabetes, or multiple myeloma
 - any disorder of the heart, kidneys, or thyroid gland
- You may receive a contrast agent before the scan, which may be a drink, an intravenous (IV) injection or both. The contrast helps create a clearer picture of the parts of the body being scanned.
- Intravenous contrast may cause you to feel hot or get a metallic taste in your mouth; both sensations should disappear after a few minutes. If you experience a more serious reaction, tell the technologist immediately.
- If you have a liquid contrast drink, you will need to wait up to 1 hour before your scan can begin.
- A technologist will help position you on the table and then monitor the procedure from an adjoining control room. You can communicate through an intercom system.
- The CT scan resembles a large donut. The exam table will slide back and forth through the large hole in the center of the machine as the scanner rotates around you. You will hear whirring or clicking sounds from the machine; some machines are noisier than others.
- CT scans are not painful. You will need to lie still for the entire scan, which may become uncomfortable. You may be asked to hold your breath during part of the scan because the motion created by breathing can blur the images. The exam table may be raised, lowered, or tilted to create the correct angle for the x-rays. Ask the technologist performing the scan to tell you when the table will move.

After the Exam

You can expect to resume your normal activities immediately after your CT scan, including driving. If you received a contrast agent for the scan, you may be asked to drink a lot of water to help flush it out of your body.



MRI (Magnetic Resonance Imaging)

Overview

An MRI (magnetic resonance imaging) is an imaging machine that uses a large magnet, a computer, and radio waves to look inside and evaluate various parts of your body. Having an MRI scan is painless and requires minimal preparation.

The test can take anywhere from 30 minutes to 2 hours.

If you become uncomfortable lying still for a long time or if you are uncomfortable with close spaces, talk to your doctor beforehand. They may make arrangements for you to receive a sedative before your scan. If you have a sedative, you will need to inform the receptionist and arrive one half hour before the scan to take the medication. If you have a sedative, you must have someone to drive you home.

Preparing for Your MRI

IMPORTANT: If you have a cardiac (heart) pacemaker or brain aneurysm clips you cannot have an MRI. Please discuss your options with your doctor.

- Tell your doctor and nurse if you have any allergies.
- Leave all personal belongings, especially jewelry, money, credit cards, etc., at home on the day of the test.
- Because the MRI uses a large magnet, no metallic objects or mechanical devices can be in the MRI room.
- Let your doctor know if you have:
 - artificial heart valve or vascular stent
 - metal plate, pin, or another metallic implant
 - a recently placed artificial joint (hip, knee, etc.)
 - insulin pump or other infusion pump
 - previous gunshot wound
 - inner ear implant
- Let your doctor know if you are pregnant or on dialysis.
- **Diet:** Generally, there are no restrictions to your diet. Please check with your doctor if you have to follow any special instructions.
- **Medications:** Generally, you may take your usual medications. Please check with your doctor if you have to follow any special instructions that day.
- **Jewelry:** All metal jewelry and watches must be removed.

- **Dental devices:** If you wear dentures, or partial dental plates, they must be removed.
- **Hair products:** Many hair products and attachable hair weaves contain magnetic particles and must be removed. You should also remove hair clips, ties, or pins that are made of metal or have metal parts on them.
- **Make-up:** Because some make-up, particularly mascara, is made with a metallic base, it is best not to wear any on the day of your appointment.
- **Tattoos:** If you have any tattoos, be sure to tell the MRI technologists before your scan.

Day of Your MRI

- You will change into a hospital gown and be asked to remove all personal belongings, including anything with metal (i.e., jewelry, bank cards, make up, hearing aids etc.).
- Let the MRI technologist know if you are hard of hearing without your hearing aide.
- You may be given a contrast dye before the exam to improve the quality of the images made by the machine. If so, a nurse will start an IV before or during the exam. You may feel a brief sting in your arm when the IV is inserted.
- The technologist will position you on the scanning table and then move the table to the center of the MRI machine. The inside of the machine is like a giant tunnel that is well lit and open on each end.
- A coil device will be placed either over or under you. The coil collects the radiofrequency signals that are sent to your body from the MRI machine. The signals go to a computer, and the computer creates clear images from these signals. The coil poses no health risk and causes no discomfort.
- After you are precisely positioned, the technologist will leave the room. The technologist will be able to see and hear you during the test. Let them know if you need help.
- During the MRI scan, you will hear tapping, thumping, and other noises. Earplugs may be provided to help block the noise.
- Try to relax and lie as still as possible. Any movement will blur the picture.

After the Exam

When scanning is complete, you can return home and resume your normal activities, medications, and diet. The radiologist will interpret the scan and send a report to your physician.



PET (Positron Emission Tomography) Scan

Overview

- A PET (positron emission tomography) scan is used to detect changes in the tissues and organs of your body.
- X-rays, CT scans, and MRIs show the shape and structure of your body's organs and tissues. A PET scan shows how they work.
- A PET scan uses small amounts of radioactivity, called a radionuclide, to take detailed pictures of different areas inside your body.

A small dose of the radionuclide is injected into a vein in your hand or arm. The radionuclide gives off positively charged energy particles, or positrons. The PET scanner rotates around the body to detect these positrons from many different angles.

If you become uncomfortable lying still for a long time or if you are uncomfortable with close spaces, talk to your doctor beforehand. He or she may make arrangements for you to receive a sedative before your scan. If you have a sedative, you will need to inform the receptionist and take medication one half hour before the scan to take the medication. If you have a sedative, you must have someone to drive you home.

Preparing

- Do not eat or drink for 4 hours before your appointment.
- If you need to take medications, take them with a small sip of water.
- If you have diabetes, contact your physician for specific instructions. You may need to follow special guidelines.
- Do not take insulin for 4 hours before your scan.

The Day of Your PET Scan

- Plan to report to the imaging center on time. The dose of your radionuclide is made precisely for the time of your appointment.
- If your brain is being scanned, you will need to wait quietly, usually in a dimly lit room. You will need to avoid any mental stimulation such as reading or talking.
- If other areas of the body are being scanned, you will be able to read, listen to music, etc.
- You may spend 2 to 3 hours at the imaging center. The actual scanning time is anywhere from 20 to 60 minutes. The time can vary depending on the number of areas being scanned that day.
- An IV—a soft, flexible tube or needle—will be inserted into one of

your veins. You may feel a brief sting in your arm when the IV is inserted. The radionuclide will be given to you through this tube. You may need to wait about 60 minutes for the radionuclide to move through your body.

- You may be asked not to speak during the procedure in order to prevent the radionuclide from going to your tongue or vocal cords.
- You will be placed on a flat table that moves through a donut-shaped opening on the PET scan machine. The scan makes no noise.
- During the scan, you will need to lie very still because any movement could interfere with the test results. The table moves and glides you through the machine, so you do not need to move.

After Your Scan

- If you were not sedated, you may leave as soon as the scan is complete.
- Unless you receive special instructions, you may eat and drink immediately and go back to your usual activities and diet.

Risks

No side effects are associated with the radionuclide tracer. The tracer is eliminated rapidly from your body, making it safe for you to be near others during and immediately after a PET scan.



Hysterectomy

Introduction

A hysterectomy is the surgical removal of the uterus. During the procedure it is also possible that the doctor will remove the ovaries, fallopian tubes, and/or lymph nodes. A hysterectomy is often used for women with early stage GYN cancers - cervical, uterine, and ovarian cancers. The treatment options depend on the specific type of cancer and stage. A hysterectomy is the second most common surgical procedure for women in the United States. It is also estimated that one third of all women in the United States will have a hysterectomy by age 60.

Types of Hysterectomies

- **Vaginal Hysterectomy**

In a vaginal hysterectomy, the uterus is removed through the vagina. The incision is made inside the vagina instead of through the abdomen. The benefits may include a faster recovery, less pain, and a shorter hospital stay. It is a safe way to remove the uterus and has fewer complications than the other surgeries. There are some women who cannot have this kind of surgery because of the shape of their uterus and/or previous surgeries.

- **Abdominal Hysterectomy**

In an abdominal hysterectomy, a vertical or horizontal incision is made through the skin and tissue in the lower abdominal area. This gives the surgeon a good view of the uterus and the other organs during surgery. This surgery tends to require a longer recovery time and a longer stay in the hospital.

- **Laparoscopic Hysterectomy**

Laparoscopy is an operation that is performed in the abdomen and/or pelvis through a few very small incisions. A lighted camera (laparoscope) attached to a video source is used to view the uterus and surrounding organs. The abdominal cavity is filled with carbon dioxide (CO₂) to help separate the organs and provide a space for the operation to be performed. The uterus (along with fallopian tubes and ovaries, if applicable) is removed through the vagina. The CO₂ is removed from the abdominal cavity when the procedure is over.

Benefits of laparoscopic hysterectomy

- Smaller incisions and less scarring
- Less pain
- Shorter hospital stay
- Lower risk of infection
- Less blood loss
- Resuming normal activities sooner

Although there are many benefits to this type of approach, not all patients are candidates for a laparoscopy.

There are 2 types of laparoscopic hysterectomies offered at Roswell Park.

- **Laparoscopic Assisted Vaginal Hysterectomy (LAVH):** This is when laparoscopic assistance is used during a vaginal hysterectomy. The uterus is freed up laparoscopically through the abdominal incisions. The remaining portion of the surgery is described under the “Vaginal Hysterectomy” portion of this section.
- **Robotic Assisted Vaginal Hysterectomy:** The Robotic Surgical System builds upon the laparoscopic approach. It has a 3-dimensional (3-D) lens system and offers greater magnification of the surgical field. All surgical movements of the robotic arms are done through direct input from the surgeon via hand controls and foot pedals. Robotic arms **cannot** be pre-programmed, and the system **cannot** make its own movement decisions. For more information on this procedure please see our website at <http://www.roswellpark.org/robotics>.

After the Surgery

You will stay in the hospital after your hysterectomy. How long you stay will depend on the type of hysterectomy you have. Expect some pain for a few days – we can give you medication. Expect light vaginal bleeding/ discharge for several weeks. Use sanitary pads, not tampons.

Follow these important instructions from your health care provider:

- get lots of rest
- do not lift anything heavier than a gallon of milk for 6-8 weeks
- do not put anything in your vagina for the first 6 weeks. For example, do not douche, use tampons, or have sexual intercourse.
- continue to see your doctor for routine exams even after you recover



Enhanced Recovery After Surgery (ERAS) Program

Roswell Park's Enhanced Recovery After Surgery (ERAS) program offers a better, faster recovery and the chance to get back to your normal self as soon as possible after your surgery.

The overall goal of the ERAS program is to shorten your recovery after surgery by:

- reducing the length of your hospital stay
- avoiding or minimizing the use of medications (such as narcotics) which may delay your recovery
- lowering your risk of complications after surgery

Successful ERAS starts *before* the operation with medications and other therapies aimed at giving you a head-start on your recovery.

Action	Benefit
Drinking 8 ounces of apples juice provided by your clinic, 90 minutes prior to your arrival time...	helps your bowels recover after surgery and provides the nutrition you need to heal.
Taking laxatives soon after surgery...	prevents constipation
Starting pain medication* before your surgery... (*Taken by mouth instead of given by IV/through a vein)	provides a head start on controlling postop pain, and enables you to get up and move soon after surgery
Getting out of bed soon after surgery... AND Walking on day 1 after the surgery ...	helps prevent pneumonia and blood clots (called deep vein thromboses or DVTs)
Starting a normal diet on day 1 after surgery...	gives you the nutrition needed to heal faster



Getting Ready for Surgery: Prehabilitation

You are about to have a major operation and there are things you can do to increase your body's ability to heal and reduce the risk of infection.

- Good nutrition and physical fitness are important to a smooth and quick recovery. Eating a healthy diet of fruits, vegetables, and proteins can help maintain weight and reverse recent weight loss. High calorie protein drinks between meals can be helpful as well.
- If you smoke, it is important to give up smoking as soon as possible. Roswell Park has a smoking cessation program that provides support. For more information, please call **716-845-8803**.
- If you develop a cold or any other type of infection before your surgery date, notify your provider. Infections at the other body sites may increase your risk of developing an infection at the surgical site after the operation. There may be effective treatments that can be started before your surgery date.
- Please avoid any alcohol before your surgery.
- Daily exercise is a great way to improve your conditioning before an operation. Even a 30 minute walk every other day is valuable.
- Practice using your incentive spirometer and doing leg exercises – they can help prevent pneumonia and blood clots after surgery. Instructions are included on the next 2 pages.



Preparing for Surgery: Breathing Exercises and Using the Incentive Spirometer

Introduction

Coughing and deep breathing exercises will help you clear and expand your lungs and help prevent pneumonia. They will also help you recover from surgery more quickly. Please practice them before you go to surgery.

Incentive Spirometer: Deep Breathing Exercise



1. Place the mouthpiece in your mouth.
2. Draw in air as if you were sipping liquid through a straw.
3. **Do this 10 times every hour while you are awake.**
4. Try taking slow, deep breaths to hold the piston up for as long as possible.

Coughing and Deep Breathing

1. Take a deep breath through your nose to filter, warm and moisten the air.
2. Hold your breath for a short time.
3. Exhale slowly and gently through pursed lips (as if you were blowing out a candle).
4. Do this for 3 breaths. On the 3rd breath, cough instead of breathing out.
5. Repeat this deep breathing 2 more times.



Preparing for Surgery: Leg Exercises

Introduction

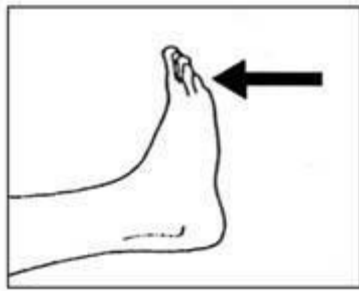
Leg exercises are important in helping to prevent the formation of blood clots in your legs following surgery.

These exercises will help you recover from surgery more quickly. Please practice them before you go to surgery.

1.)

With your legs straight, first point your toes down. Then bring your toes up towards your head.

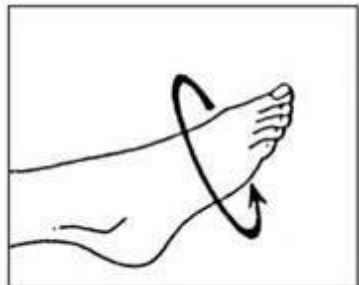
Do these exercises 10 times every hour with one foot and then the other foot.



2.)

With your legs straight, rotate your ankles one at a time as if you were drawing little circles with your toes.

Do this exercise 10 times every hour with one foot and then the other foot.





Day Before Surgery: Getting Ready

Arrival Time

48 business hours before your surgery, the Ambulatory Surgery Center (ASC)/3 West will call you between **1p.m. and 3p.m.** with your arrival time for the procedure. If you do not receive a call by 3p.m. 2 days before your procedure, please call **716-845-8476** for your arrival time.

Food & Drink

- Full meals: eat any time before midnight the day before surgery. If your meal is in the early evening, we encourage you to have a snack before you go to bed.
- **Do not eat or drink after midnight the night before surgery.**
- ***If you have certain medical conditions, you may have different instructions. This will be discussed during your appointment at the Anesthesia Perioperative Evaluation Center (APEC).***



The Day of Surgery: At Home

Food & Drink

- Juice: **Drink 8 oz. of apple juice included in your kit 1 1/2 hours before your arrival time.** (The surgery team gave you an arrival time when they called you the day before.) **Stop drinking once you've had your juice or your surgery may be delayed!**
- **If you have certain medical conditions, you may have different instructions.** This will be discussed during your appointment at the anesthesia perioperative evaluation center (APEC).

Bathing – The night before your surgery

You must shower the night before your surgery.

1. Wash your hair as usual with your regular shampoo. Then rinse your hair and body thoroughly to remove any shampoo residue.
2. Wash your face with regular soap and water only.
3. Wash your genital area with regular soap and water only.
4. Thoroughly rinse your body with warm water from the neck down.
5. Pat yourself dry with a clean towel.
6. **Do not apply powders, deodorants, creams, hair products, or makeup to your skin after your shower.**
7. **After your body has dried for 60 minutes,** wipe down your entire body (except your face) with CHG cloths, as shown on the CHG (antimicrobial) Bathing Cloths card. **The CHG cloths will be used externally only.** Allow to air dry.
8. Dress in freshly washed clothing.

Medications

Take any medications approved by your anesthesiologist with a very small amount of water.

When you check into the Ambulatory Surgical Center (ASC), a nurse will give you 3 long-acting pain medications. These medications are **not** opioid (narcotic) medications. Taking them before surgery will help relieve pain after your operation. It can also help reduce or eliminate the need for opioid medications.

The medications are:

- acetaminophen (Tylenol®)
- celecoxib (Celebrex®)
- gabapentin (Neurontin®)

If you have a medical condition or allergy that would make any these medications unsafe for you, you will not receive it



The Day of Surgery: At the Hospital

When to Arrive, Where to Go

Please make certain to arrive at the hospital promptly at the time you were assigned. ***Once you have arrived, go to Ambulatory Surgical Center/3 West on the third floor and check in at the desk.***

In the Surgical Center

Ambulatory Surgery Center (ASC)/3 West Staff

- A staff member from the ASC will attach an ID bracelet to your arm and give you a hospital gown to wear. These are the **only things** you can wear to the operating room.
- Make sure you are not wearing anything that might come off during surgery such as dentures or partial plates, eyeglasses or contact lenses, jewelry, wigs, or a removable prosthesis such as an artificial eye or leg.
- A nurse will help you onto a stretcher, take your vital signs (pulse, respiration, blood pressure, and temperature) and review your medical history.
- Tell your nurse if you have any allergies, particularly to **adhesive tape, seafood, or iodine** (the skin cleanser used before surgery contains iodine).
- An IV (intravenous tube) containing saline solution will be placed in a vein in your arm.

In the Operating Room

Operating Room Staff

- There are various operating room staff members that will come over to confirm your ID and the information that is in your chart. For your safety, many questions will be repeated.
- The doctor will initial your abdomen according to your procedure; whether one, both, or none of your ovaries are going to be removed.
- After all paperwork and staff duties are complete, you will be transferred to the operating room for your procedure.
- While you are in the operating room, your family may wait in one of our surgical waiting areas. Your physician will speak with them when surgery is over.
- The staff in the OR will be wearing uniforms, masks, and caps to protect you from infection.

In the Operating Room (cont.)

- You will be transferred to the OR table and SCD stockings will be placed on your lower legs. SCD stands for Sequential Compression Device. These special stockings are used to prevent blood clotting and vein damage.
- Your arms and legs will be gently secured for your safety.
- An anesthesiologist or nurse anesthetist will monitor you closely.
- Medications will be given through your IV to make you sleep.
- While you are sleeping, a tube will be put in your throat to help you breathe.
- A blood pressure cuff will be put on your arm.
- An EKG machine will monitor your heart rate.
- Your abdomen will be washed and dried. A special surgical skin preparation will be applied; this is color-tinted and will remain on your skin for a few days after surgery.
- A Foley catheter will be inserted. The skin preparation for this is called Betadine® and will be washed off after surgery.
- After surgery, you will be moved to the Post Anesthesia Care Unit.

In the Recovery Room (PACU)

Your surgery may take from 2-6 hours followed by 1-2 hours in the recovery room also known as the Post-Anesthesia Care Unit (PACU). You will be watched closely and cared for until the effects of your anesthesia have worn off.

When you awake, you may find that your vision is blurry. This is caused by the medicine used to protect your eyes during surgery. The blurriness will go away in a short time.

You may also:

- receive extra oxygen through a thin tube (nasal cannula) that passes under your nose
- have a Foley catheter to drain your urine into a collection bag
- have a Jackson-Pratt (JP) drain to drain excess fluid from your body
- be wearing special stockings called Sequential Compression Devices (SCDs) that intermittently squeeze your legs to help prevent blood clots and assist your circulation
- have an IV in place. Let your nurse know if you notice any swelling, redness, or irritation at your IV site

	Day 1 Day of Surgery	Day 2 Day After Surgery	Days 3 to 4 After Surgery
Comfort	<p>Oral pain medication is given before surgery.</p> <p>Spinal medication is given just before you go to sleep.</p> <p>Oral and IV pain medication is given both before and after surgery.</p> <p>You will rate your pain on a scale from zero (no pain) to ten (severe pain).</p> <p>Tell your nurse if pain worsens or pain medication is not working.</p>	<p>Oral pain medication is given after surgery.</p> <p>Talk with your nurse about your pain goal.</p> <p>Your nurse will ask you about your pain level – be honest.</p> <p>You may try integrative therapies (such as relaxation and massage).</p>	<p>Oral pain medication is given after surgery.</p> <p>If you have trouble sleeping, ask your nurse for suggestions to help you sleep.</p> <p>Integrative therapies may be used if they are helpful.</p>
Breathing	<p>Take deep breaths and cough often. Hold a pillow over your incision (splinting) to reduce discomfort.</p> <p>Use the incentive spirometer every hour while you are awake.</p> <p>An oxygen monitor checks the oxygen level in your blood.</p> <p>If you need oxygen, which is common on the first night, we will run a tube under your nostrils.</p>	<p>Take deep breaths and cough often. Splint over your incisions.</p> <p>Use the incentive spirometer every hour while you are awake.</p> <p>If the monitor shows the oxygen level in your blood is OK, we will remove the tube from under your nose.</p>	<p>Take deep breaths and cough often. Splint over your incisions.</p> <p>Use the incentive spirometer every hour while you are awake.</p> <p>Your doctor may give you medicine to help you remove extra fluid from your body and improve your breathing.</p>
Food and Drink	You will be started on a clear liquid diet.	If nausea is not a problem, you will advance to soft foods.	If nausea is not a problem, you will advance to soft foods.

	Day 1 Day of Surgery	Day 2 Day After Surgery	Days 3 to 4 After Surgery
Bladder/ Bowel	<p>While you are in surgery, a catheter (small flexible tube) is placed in your bladder to drain your urine.</p> <p>Your nurses will help you to the bathroom or to use a commode if you need to have a bowel movement.</p>	<p>We may remove the catheter from your bladder.</p> <p>Let your nurse know if you are passing gas.</p> <p>We will give you stool softeners and laxatives to prevent constipation.</p>	<p>We may remove the catheter from your bladder.</p> <p>Let your nurse know if you are passing gas, feel constipated or have loose stools.</p> <p>We will give you stool softeners and laxatives to prevent constipation.</p>
Education	<p>Your nurses will teach you:</p> <ul style="list-style-type: none"> • Breathing and leg exercises • Safety and fall prevention 	<p>Your nurses will teach you:</p> <ul style="list-style-type: none"> • Breathing and leg exercises • Safety and fall prevention • About preventing DVTs (blood clots) 	<p>Your nurses will teach you:</p> <ul style="list-style-type: none"> • Breathing and leg exercises • Good nutrition • How to care for your drain (if you have one)
Activity	<p>You will sit on the edge of the bed and dangle your feet or be assisted into a chair.</p> <p>We will keep the head of your bed raised.</p> <p>You will be wearing sequential compression devices (SCDs) while you are in bed. These sleeves wrap around your legs and squeeze them gently by continually inflating and deflating. SCDs help prevent blood clots.</p>	<p>Your nurse will help you to walk in the hall at least 3 times per day.</p> <p>Keep the head of your bed raised.</p> <p>The SCDs will be worn when you are in bed.</p> <p>Heparin shots are given to help prevent blood clots. These injections are given just under the skin (not into a muscle).</p>	<p>Continue walking in the hall 4-5 times per day.</p> <p>Keep the head of your bed raised.</p>

	Day 1 Day of Surgery	Day 2 Day After Surgery	Days 3 to 4 After Surgery
Tests, Labs, and Procedures	<p>We will give you fluids and medications through your IV.</p> <p>Routine blood tests will be done.</p> <p>Weight is monitored.</p> <p>You may have a drain to prevent fluid from building up at the site where you had surgery.</p>	<p>Routine blood tests will be done.</p> <p>Your weight will be monitored.</p>	<p>Routine blood tests will be continued.</p> <p>Your doctor will remove and change the dressing for the first time.</p> <p>If you have a drain, it may be removed before you go home.</p>
Plans for Leaving the Hospital (discharge)	<p>Plan to stay for 3 to 4 days.</p>	<p>You and your nurse should start talking about your discharge plans.</p> <p>Tell your nurse who will be your caregiver/ support person when you get home.</p>	<p>A social worker will discuss discharge plans.</p> <p>Your nurse or pharmacist will discuss medications you will take at home.</p> <p>Are you ready?</p> <ul style="list-style-type: none"> ✓ Your doctor says you are ready ✓ Pain is under control ✓ You're eating soft foods ✓ You're walking (with or without help) ✓ You do not have problems with urination or bowel movements ✓ You understand how to take care of yourself at home



Discharge: Caring for Yourself at Home

About Your Discharge

Your doctor will determine when you are able to go home. A nurse or other member of your health care team will give you:

- **written discharge instructions:** Don't hesitate to ask your doctor, resident, fellow, nurse, or anyone else on your health care team for additional help or information
- **prescription for medications:** You will receive pain pills, a stool softener medication, and anti-nausea medication
- **an appointment for your first follow up visit:** You will receive instructions when to call your doctor to schedule that appointment

General Instructions

Each day following your surgery, you should feel better. Here is a guide to some general instructions for you to follow to aid in your recovery.

Infection Prevention Tips After Surgery

Washing or sanitizing your hands is the single most important thing you can do to prevent the spread of germs. There are some other important steps you can take in preventing a surgical site infection.

- You may have sutures (stitches) in place to keep your incision closed for proper healing. The sutures will dissolve on their own.
- If you have steri-strips, leave them in place until they begin to fall off on their own, then you can gently wash them off. Do not pull on them earlier because you could pull on your incision. Do not scratch or pick your incision.
- Change your bandages as instructed by the hospital staff. It is important to keep your incision clean and dry. It is important to wash/sanitize your hands before touching your bandages.
- You will be instructed when it is OK to shower. When showering, it is important to gently wash the incision with soap and water and pat the area dry. Keep it clean and dry between washings. Daily self-care is important. Change your towels daily and do not share towels.
- Do not submerge the incision under water for a prolonged period of time (no swimming, taking a bath, or sitting in a hot tub) until approved by your healthcare team.
- Avoid irritants near the incision - perfume, powder or lotions.
- If you have diabetes: Keeping your glucose (blood sugar) levels under

control before, during and after surgery will help you resist infections.

- Eating healthy is important for wound healing. Make sure your diet is rich in fruits and vegetables. The quicker a wound heals the less likely an infection will develop.
- You should be as active as permitted by your doctor. Even a slow walk across the room can promote wound healing.

Please call your doctor immediately if you develop:

- a fever of **100.4°F (38 °C)** or higher
- chills
- increasing redness, pain, swelling at the surgical site, or drainage that is cloudy, yellow, foul smelling, or contains pus
- bleeding that does not stop with firm pressure, continues for more than 10 minutes, or increases in the amount of blood

Activity

- Increase your activity each day. You may walk outdoors and use the stairs.
- When sitting, prop your feet up on a stool or sit on a recliner to keep your feet elevated and prevent swelling in your lower legs. If swelling occurs, lie in bed and raise your feet on pillows higher than your head.
- Do not resume driving until after your post op visit your doctor says you can.
- Do not lift anything heavier than 8 pounds (for example, a gallon of milk), for the next 8 weeks (about 2 months).
- Continue to do your incentive spirometer breathing exercises each hour while you are awake.

Diet

Return to your usual diet (unless otherwise instructed). Eat foods high in fiber like bread and cereal from whole grains, raw fruit and vegetables with the skin on to prevent constipation. Increase protein intake with foods such as lean meat or low-fat dairy.

To manage constipation, drink at least 8 cups of fluid a day to help keep stools soft. Water, prune juice, warm juice, decaffeinated tea, warm broth, and warm lemonade are good choices.

Increase your fiber intake by choosing more fruits, vegetables, whole grains, beans, legumes (ex.: peas, chickpeas, lentils), and nuts.

Avoid inactivity. Move around for a few minutes every hour during the day.

Medicine to Take at Home	<ul style="list-style-type: none"> • Only take medicine ordered or approved by your doctor. • May include prescription (tramadol, oxycodone) and over-the-counter medications (Senna-S, Colace®, ibuprofen, or Tylenol®) • The maximum combined total of acetaminophen present in all your medications is 3 grams (or 3,000 mg) of acetaminophen a day.
Your Emotions	<p>Cancer is a stressful disease and the treatment can be complicated. Each woman reacts differently. You may feel anxious, worried, depressed or bewildered about the way your life and the lives of those close to you will be affected. Allow yourself some time to adjust. Talking to your nurse, physician, family, or close friend can help you find answers and emotional support.</p> <p>See the section <i>“Managing the Symptoms of Surgical Menopause”</i> for more information.</p>
Sexuality	<p>Once the uterus is removed, your periods will stop and you will no longer be able to get pregnant and have children. In younger women, removal of the ovaries causes menopause (also known as “change of life”). In some cases, symptoms such as hot flashes, night sweats, or sudden mood swings may be moderate to severe. Sometimes these symptoms can be lessened by medication or complementary/holistic therapies. You will have an internal suture line after your hysterectomy. For 6-8 weeks after your surgery, you will be on pelvic rest and you must avoid anything in the vagina, including sexual intercourse, vaginal douching, and tampon use. Feel free to discuss with your physician or nurse any concerns you and your partner have about sexual activity.</p> <p>See the section <i>“Managing the Symptoms of Surgical Menopause”</i> for more information.</p>
When to Call Your Doctor	<p>Call your us as soon as possible if you have:</p> <ul style="list-style-type: none"> • any sign of infection: Fever of 100.4 °F (38°C) or higher, shaking chills or sweats; your incision or IV site becomes red, swollen, or painful, feels hot to the touch, or has pus or foul-smelling drainage from it; painful or burning urination or urine that has an unusual odor; redness, pain, swelling, or drainage from any tube or urinary catheter • increasing redness, pain, swelling at the surgical site, or drainage that is cloudy, foul-smelling, or contains pus

- excessive bleeding (if you are saturating a maxi pad in an hour's time)
- bleeding from your incision that does not stop with firm pressure, continues for more than 10 minutes, or increases in the amount of blood
- unusual pain or swelling in the leg
- difficulty breathing; pressure in your chest; cough with phlegm pain in your abdomen or pelvis that is getting worse and pain medication is not helping
- soreness, white patches, swelling in your mouth, or any change in the color of your gums
- changes in odor, texture, or frequency of bowel movements – especially diarrhea
- skin irritation; especially armpits, buttocks, mouth, genital, or anal areas
- vaginal discharge or itching
- feeling like you are getting the flu, even if you have none of the other symptoms listed above
- vomiting that lasts longer than 24 hours or that prevents you from eating and drinking
- diarrhea (loose stools) more than 3 times in 24 hours
- disturbing emotional reactions

During business hours (M-F, 8:00am – 5:00pm) call the GYN Center at **716-845-5855**

After business hours and on weekends and holidays, call our main number **716-845-2300** and you will be connected to the staff on duty.

Urgent Care at our Assessment and Treatment Center- Roswell Park's Assessment & Treatment Center (ATC) located on the 2nd floor of the main hospital is for URGENT, **but not life threatening**, medical issues related to your cancer and treatment. It is open 24 hours a day, seven days a week, year-round. To be seen in the ATC, you must be referred by a Roswell Park physician as the ATC has a limited number of beds. To obtain a referral, please call your clinic.

NOTE: The ATC is not an emergency room and does not accept walk-ins or ambulances. In the case of a life-threatening emergency, dial 911.

Call 911 or go to the nearest hospital emergency department if you:

- suddenly have trouble breathing or start having chest pain
- have a change in your level of consciousness, vision, or strength

Make sure to let the ER staff know you are being treated at Roswell Park.



Infection Prevention: What You Can Do

Hand-washing Guidelines

Taking infection prevention into your own hands is very important. Handwashing is one of the best methods for preventing the transmission of infections.

- Washing hands with an antimicrobial soap or gel is the single most important action that can be taken. Wash your hands often, before and after you eat, and after you have used the restroom.
- If your hands are visibly dirty, you should wash your hands with soap and water until clean. To be most effective, hands should be washed for at least 15 seconds.
- It is OK to use alcohol-based hand sanitizers when soap and water are not available.
- Always wash or sanitize your hands:
 - before eating, drinking, or taking medication
 - after using the bathroom, coughing, sneezing, or blowing your nose
 - before touching your eyes, nose, or mouth
 - before any care involving intravenous lines, catheters, or bandages
 - after touching things that are frequently touched by others, such as doorknobs
- It is also important for your healthcare providers, family, friends, and caregivers to wash or sanitize their hands before touching you. Don't be afraid to ask others if they have washed or sanitized their hands.

Personal Hygiene

- Your skin is your first line of defense in preventing infections from entering your body.
- The first step to ensuring good hygiene is to bathe or shower regularly with a mild soap.
- Change towels daily, and do not share towels with others.
- Regularly inspect your skin closely for rashes, redness, signs of infection, and cuts that do not heal properly.
- Use a soft-bristle toothbrush to clean your teeth after meals and before going to bed.

Vaccinations

- Ask your health provider about vaccines that prevent illness.
- Talk to your health provider before receiving any vaccines because live vaccines can potentially be harmful to people with certain types of cancer. Encourage those around you to get vaccinated as well.

Other Important Tips

- Avoid people who may be sick, especially during cold and flu season.
- Do not handle animal excrement; have someone else change the litter box.
- Get plenty of rest.
- Eat a well-balanced diet.
- Do not eat spoiled or expired foods, and do not consume raw meat or raw seafood. Thoroughly wash fruits and vegetables.

Empowering Yourself

- You have the right to ask everyone who participates in your care to wash their hands.
- Make sure that anyone who visits you is healthy.
- Ask questions when you are unsure.
- Contact your healthcare provider if you suspect you may have an infection.
- Remember that infections caught early are easier to treat.



Wound Care

Overview

Your doctor has put in stitches (sutures) to keep your incision closed and help it heal properly. These stitches may be under your skin with only steri-strips (little strips of white paper tape) over the incision. The stitches under the skin will dissolve on their own.

To care for your incision, leave the original surgical bandage in place for 48 hours and then gently remove it. If the bandage becomes loose before 48 hours, use surgical tape to secure it.

After 48 Hours: When the Bandage is Off

- If you have steri-strips, leave them in place until they begin to fall off on their own, then you can gently wash them off. Do not pull on them earlier because you could pull on your incision.
- You can shower, gently wash the incision with soap and water, pat the area dry, and leave it open to the air. Keep it clean and dry between washings.
- Surgical glue will be used to cover your smaller outside incisions, this will come off over time. Do not pick at the glue or incisions.
- Do not use antibiotic ointment, alcohol, or hydrogen peroxide on your incision.
- If your clothes are bothering your incision or if you have slight drainage, cover the incision with a small piece of gauze and tape it in place. Use the least amount of tape possible as it may irritate your skin. If you have sensitive skin, paper surgical tape may be less irritating.
- For the first few days after surgery, a small amount of clear, red, or yellow drainage from the incision is not unusual (and it usually goes away on its own). If you notice bleeding from the incision, apply firm, direct pressure for 10 minutes. If you are still bleeding, call us or go to the nearest emergency room.
- Do not submerge the incision under water for a prolonged period of time. No swimming, taking a bath, or sitting in a hot tub.
- No vigorous activities or exercise that may put stress on the incision.
- Do not take aspirin, ibuprofen, or any other medication that may cause problems with bleeding, unless your doctor gives you permission.
- Avoid perfume or scented lotions near the incision as it may cause irritation.
- Do not lift anything that weighs more than 8 pounds (a gallon of milk).

When to Call Us

Please contact us immediately if you develop:

- a fever of **100.4°F (38°C)** or higher, chills, or night sweats
- increasing redness, pain, swelling, or pus at the surgical site
- bleeding that does not stop with firm pressure

Follow Up Care

You will be scheduled for a follow up appointment in the GYN Center when you are discharged from the hospital. Since this appointment is very important, please contact the GYN Center if you need to change the date or time.

PICO Dressing

Some patients may be discharged home with a PICO dressing covering their wound to improve healing.

The nurse discharging you from the hospital will give you written instructions letting you know how to manage this wound system.

Important reminders:

Leave the wound system in place for 1 week and then remove the large white dressing. Keep the underlying dressings or staples in place. You may discard of the system in the garbage.

If the system begins to malfunction, follow the instructions provided on your discharge information. If you are unable to solve the malfunction, remove the large white dressing while keeping the underlying dressings in place. Discard of the system in the garbage.





Follow-Up Visits

First Postop Visit

- At your first visit, usually about 2 weeks after your surgery, your doctor will discuss your pathology report with you.
- Your doctor will perform a physical exam, check your vital signs, bladder, bowel function, and your incision.
- Keep a list of any problems or questions you have before this appointment so you can discuss them with your doctor.
- If you are having pain, discuss it with your doctor so you can work out a pain management plan.
- You may be referred to another physician, including a radiation oncologist at Roswell Park depending on your pathology report and your treatment plan.

For larger surgeries, your provider may require a second post op visit.

Second Postop Visit

- At this follow up visit, about 4-6 weeks after surgery, you can expect to have a physical examination.
- Keep a list of any problems or questions you have before this appointment so you can discuss them with your doctor.
- Let your doctor know if you are still having pain.



Managing the Symptoms of Surgical Menopause

General Care

While menopause is a natural process that all women will experience, surgical menopause brings some unique challenges. Rather than being a slow transition that takes many years, surgical menopause happens suddenly. Before surgery, you may have had regular menstrual cycles; the day after, you immediately become postmenopausal. Because of this abrupt change, you will feel the symptoms of menopause with greater intensity than do women who experience natural menopause.

While you are in the hospital, the members of your Roswell Park health care team will do whatever they can to make this transition easier. In addition, there are a range of things you can do to help yourself after you have returned home and recovered from surgery.

First, make sure you are eating a well-balanced diet, including lots of vegetables and fruits. Exercise. Try some of the suggestions listed below to relieve specific symptoms.

Hormone Replacement Therapy

Hormone replacement therapy (HRT) was the standard treatment for hot flashes and other menopausal symptoms and thought to prevent heart disease. In 2002, a large clinical trial questioned the safety of HRT. Hormone therapy is no longer recommended for disease prevention but evidence since 2002 shows it may be a good choice for certain women, depending on their risk factors. Please discuss your options with your doctor.

Hot Flashes

How you may feel

Also called hot flushes, these are feelings of great heat that suddenly rush through your upper body and face. Your skin may redden like a blush, and you may sweat. You may be anxious or feel your heart racing. Hot flashes can happen at any time and last for a few seconds to a few minutes.

What you can try on your own

- Try to identify what triggers your hot flashes and avoid your triggers. Hot beverages, spicy food, alcohol, caffeine, cigarette or cigar smoke, tight clothing, warm temperatures, and certain medications are common triggers.

- Dress in layers during the day so you can remove a layer or two when a hot flash occurs. Wear clothes made of natural fibers that “breathe,” such as cotton. Use an electric fan to relieve the heat, or modify the temperature in the room.
- Exercise daily. Swim, walk, ride a bike, or go dancing.
- Practice deep breathing exercises. Take slow, deep, full breaths at about 6-8 breaths per minute, expanding and contracting your abdomen as you breathe and release. Practice for 15 minutes, twice a day, or when you feel a hot flash coming on. Better yet, take a yoga or meditation class to learn classic breathing techniques.
- Naturally occurring substances called bioflavonoids may help with hot flashes. Bioflavonoids are plant pigments that give many fruits and flowers their color. Good sources of bioflavonoids include all citrus fruits, berries, red onions, parsley, white and green tea, and dark chocolate containing 70% or more of cocoa.

Ask your doctor

Speak to your doctor before you take any “natural” or herbal remedies, or vitamins. **Herbal remedies can cause side effects and drug interactions, just like prescription drugs.** Soy products, black cohosh (sold under the name Remifin®) and red clover may reduce hot flashes, but they are natural estrogens and should not be taken by women who have certain kinds of cancer. Other herbals, such as kava, may affect the liver. Even Vitamin E has been shown in some studies to be unsafe for women with breast cancer. Always consult your doctor about any medications you want to take.

Night Sweats and Trouble Sleeping

How you may feel

Many postmenopausal women have trouble sleeping. Intense hot flashes, called “night sweats,” can disrupt sleep. Some women sweat so much they soak through their pajamas and sheets. Other women don’t have night sweats but find they are restless, able to sleep for only a few hours, or awaken too early and can’t get back to sleep. Lack of sleep can make you tense, irritable, and moody.

- Have a cup of chamomile tea before you go to bed. It may relax you.
- If you can't sleep, get up and do something rather than lying in bed getting frustrated. Don't go to bed until you are tired, no matter how late it gets. In this situation, becoming truly exhausted may be the best way to finally get to sleep.

Ask your doctor

If your insomnia is severe, speak to your doctor. Extreme lack of sleep can make you miserable and cause serious health problems. There are many prescription medications and over-the-counter drugs that can help you sleep. All such drugs, however, are for short-term use only, unless your doctor prescribes otherwise. They all have side effects.

Vaginal Changes

How you may feel

Reduced estrogen causes the vaginal lining to thin and makes the vagina shorter and narrower. These changes may result in vaginal dryness, irritation and, ultimately, inflammation. The dryness may make sexual intercourse uncomfortable or even painful. Continued vaginal inflammation can lead to further thinning or vaginal ulceration.

Remedies you can try on your own

- Use vaginal lubricants or moisturizers—for example, K-Y® Jelly, Replens® or Astroglide®—as needed to treat vaginal dryness.
- Regular sexual stimulation, with the help of a vaginal lubricant, can help maintain vaginal health. Be sure the lubricant is compatible with latex condoms, if your partner uses them.
- Bioflavonoids may also help with vaginal dryness. See the section *Hot Flashes* for more information about bioflavonoids.

Mood Swings

How you may feel

Many postmenopausal women feel sudden changes in mood in a matter of a few minutes. Depression or anxiety also may result. These symptoms may be caused by the decrease in estrogen, or they can be the result of stress and disrupted sleep.

Remedies you can try on your own

- Follow the recommendations discussed in the section, *Night Sweats and Trouble Sleeping*.
- Exercise regularly. When you exercise, your body releases chemicals called endorphins. These chemicals have been shown to reduce stress, balance moods and improve sleep.

- Meditation, yoga, tai chi, or other relaxation techniques can help with this symptom, too.

Ask your doctor

If the symptoms aren't relieved by these self-help measures, ask your doctor if you may be a candidate for prescription antidepressants or other mood-stabilizing medications.

Problems with Memory and Concentration

How you may feel

Postmenopausal women often complain of "brain freezes," where they try and try but cannot remember something they once knew very well. You may find you cannot recall the names of your family members or friends, or you may be standing in a room suddenly unaware of what you walked in there for. Some women also have difficulty reading or concentrating on work activities. Researchers are not sure why these troubling symptoms occur in postmenopausal women, but stress and fatigue may be the cause.

Remedies you can try on your own

- Follow the recommendations discussed in the section, *Mood Swings*.
- Exercise your brain! Keep your brain sharp by doing crossword puzzles, playing board games, trying a new computer program, or taking a class.
- Add "brain foods" to your diet, such as blueberries, fish, and beans.

Changes in Sexual Desire

How you may feel

Often postmenopausal women find that their interest in sex has decreased. This may be the result of the loss of estrogen, but it also could be related to lack of sleep, the pain that may accompany vaginal dryness, or a change in a women's attitude toward her body following surgery.

Remedies you can try on your own

- Talk with your partner about how you feel. Discuss your expectations and needs, and let your partner do the same. A new level of emotional closeness can inspire desire.
- Pamper your body. Buy new clothes, indulge in a spa day or a massage

Ask your doctor

If you are troubled by the decrease in your sexual desire, make an appointment to see a therapist to discuss your feelings. A trained sexual counselor can suggest exercises to help increase intimacy.

Dry Skin, Eyes and Hair

How you may feel

Estrogen is involved in the production of collagen and oils, so the loss of estrogen may cause your skin, eyes, and hair to become drier. Skin may seem to lose its elasticity or become scaly or irritated. Hair may not be as shiny as it once was, and your eyes easily may become irritated.

Remedies you can try on your own

- Stop smoking and reduce your intake of alcohol. Both can damage skin.
- Use gentle, unscented soaps. Scented, antibacterial, and deodorant soaps are very hard on the skin.
- Drink at least 8 glasses of water a day. Make sure it's water, and not iced tea, coffee, soda, or any drink containing sweeteners.
- Eat salmon, mackerel, sardines, or other oily fish as often as you can.
- Exercise. It brings more oxygen to your skin which can increase the production of collagen.
- If your eyes are dry, make sure you take regular breaks when you're working at a computer, drawing, reading, knitting, or performing any kind of activity that requires intense visual concentration. Remind yourself to blink! If you wear contact lenses, switch to high-moisture lenses or consider wearing glasses.

Ask your doctor

For extreme eye dryness, ask your doctor to recommend moisturizing eye drops. Visit your doctor regularly to monitor eye dryness and so help prevent possible damage to your eyes.

Urinary Incontinence

How you may feel

Urinary incontinence is somewhat common in women who have had a hysterectomy, as estrogen loss may cause changes in the anatomy of the urinary system. Problems may include having to visit the bathroom more often in the day or night, feeling the need to urinate when your bladder is not full (called "urge incontinence"), pain with urination, and leaking urine when laughing, sneezing, or coughing (called "stress incontinence").

Remedies you can try on your own

- Reduce your intake of coffee, tea, alcohol, citrus juices and other beverages that can irritate the bladder.

Urinary Incontinence
(cont.)

- If urge incontinence is a problem, try “training” your bladder. Each time you feel the need to urinate, wait five minutes before you actually go to the bathroom. Do this as best you can every day for a week. The following week, increase the waiting period by five more minutes. Continue this process as needed.
- Kegel exercises can strengthen the muscle you use to stop your flow when you urinate. To identify the muscle, try stopping the flow a few times while you urinate. Then try contracting the muscle when you’re not urinating. For each exercise, contract the muscle for 3 seconds and then release for 3 seconds. Repeat this process 6 times, at least 3 times a day



Managing Pain After Surgery

Low Opioid Use Policy

The Gynecology Service has a policy to effectively manage your pain while reducing the number of opioids given after surgery. This policy reduces the negative side effects of taking opioid medications, including the risk of addiction and abuse.

Opioids

Opioid medications, also called narcotics, are commonly prescribed because they are effective in relieving some types of pain. These medications include:

- hydrocodone (Vicodin® or Norco®)
- oxycodone (Percocet® or OxyContin®)
- tramadol (Ultram®)

Side Effects of Opioids

While opioids can relieve pain, they also have side effects that may actually slow your recovery. Some of these side effects include:

- itching
- nausea and/or vomiting
- constipation
- sluggishness
- dizziness
- slow or shallow breathing

All of these side effects can make your recovery more difficult. Opioids can also mask important pain signals. These signals can tell you that you may be doing too much and need to slow down, or that something may be wrong.

Benefits of our Low Opioid Use Policy

There are many advantages to using less opioids after surgery.

- Your pain is effectively managed.
- Your recovery will be quicker and less difficult.
- The risk of addiction and abuse is greatly reduced.

Managing Post Op Pain – What You Can Do

Here are some suggestions to lessen your postop pain besides taking opioid medications.

- Make sure to get up and walk around as often as you can.
- Listen to your body. Continue with your daily activities. If something makes you sore or causes pain, stop and rest.
- Always balance your activity with rest periods. Your body is still recovering and will need rest.
- Meditation, yoga, guided imagery, and relaxation exercises can be very helpful in reducing your pain and anxiety.



Ibuprofen

Names

The generic name is ibuprofen (eye-bue-PROE-fen). Common brand names include Advil® and Motrin®. There may be other names for this medication and it may be found in combination drugs such as Advil® PM and Vicoprofen® (hydrocodone and ibuprofen).

Why Am I Taking Ibuprofen?

This medicine is an NSAID – a nonsteroidal anti-inflammatory drug. It is taken to relieve fever, pain, tenderness, and swelling.

How Do I Take This Medication?

- Your doctor will tell you how much medicine to use. Do not use more than directed.
- Prescription ibuprofen should come with a Medication Guide. Ask your pharmacist for the Medication Guide if you do not have one.
- Follow the instructions on the medicine label if you are using this medicine without a prescription.
- Take this medicine with food or milk to avoid stomach upset. **Do not take NSAIDs on an empty stomach.**
- Oral liquid: Shake well just before using. Measure with a marked measuring spoon, oral syringe, or medicine cup.
- Chewable tablet: Chew completely before you swallow it. Then drink some water to make sure you swallow all of the medicine.
- Adults: **Do not take more than 6 pills in 1 day** (24 hours) unless your doctor tells you to.
- Missed a dose? If you take this medicine on a regular basis and miss a dose, take it as soon as you can. If it is almost time for your next dose, wait until then to use the medicine and skip the missed dose. **Do not use extra medicine to make up for a missed dose.**
- Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Do not freeze the oral liquid.
- **Drugs and Foods to Avoid:** Some foods and medicine can affect how ibuprofen works. Tell your doctor if you are also using lithium, methotrexate, a blood thinner (such as warfarin), a steroid medicine (such as hydrocortisone, prednisolone, prednisone), a diuretic (water pill), or an ACE inhibitor blood pressure medicine.
- Do not use any other NSAID medicine (aspirin, diclofenac, naproxen, or celecoxib) unless your doctor says it is okay.

- Do not drink alcohol while you are using this medicine.
- Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products. This drug may interact with other medications. Tell your doctor and pharmacist about all your prescription and over-the-counter medications, vitamins, and herbal or diet supplements.

What Should I
Tell My Doctor
Before I Begin?

Tell your doctor if you:

- are allergic to ibuprofen or other NSAIDs
- have kidney disease, liver disease, asthma, lupus, or a history of ulcers or digestion problems
- smoke or have heart or blood circulation problems, including high blood pressure, heart failure (CHF), or bleeding problems
- are pregnant or breastfeeding

What Are Some
Possible Side
Effects?

- Upset stomach, gas, heartburn, nausea, constipation, diarrhea
- Headache, dizziness, nervousness, skin itching or rash
- Blurred vision, Ringing in the ears
- Sleepiness, problems falling or staying asleep

When Should I
Call the
Doctor?

Call your doctor right away if you have:

- signs of an allergic reaction, such as rash, itching or hives. Call 911 or go to the emergency room if you have swelling in your face or hands, mouth, or throat; difficulty breathing; dizziness; or palpitations (the feeling of a fast or irregular heartbeat)
- blistering, peeling, or red skin rash
- change in how much or how often you urinate
- weakness on one side of your body, severe headache
- trouble seeing or talking, pain in your lower leg
- dark urine or pale stools, nausea, vomiting, loss of appetite, stomach pain, yellow skin or eyes
- fever, neck pain, stiff neck
- severe stomach pain, blood in vomit, bloody or black, tarry stools
- unusual bleeding, bruising, or weakness

Talk with your doctor if you notice these less serious side effects:

- constipation, diarrhea, gas, mild upset stomach
- dizziness, headache, ringing in the ear



Acetaminophen

Names

Tylenol®, Anacin-3®, Datril®, Liquiprin®, Panadol®, Tempra®, Lortab®, Norco®. Acetaminophen is an ingredient in many prescription and over-the-counter medications.

How Do I Take This Medication?

Acetaminophen comes as a tablet, chewable tablet, dissolving tablet, capsule, liquid, drops, and granules (to be dissolved in water) to take by mouth. It is also available as a rectal suppository.

Why Am I Taking Acetaminophen?

Acetaminophen relieves mild to moderate pain and reduces fever.

Important Notice: Taking more than 3,000 milligrams (mg)* of acetaminophen in 24 hours may damage your liver or lead to your death. Do not take more than 1000mg at one time.

Acetaminophen is an ingredient in over-the-counter and prescription medications treat pain, cold, flu, or allergy symptoms, and sleeplessness. This means that you could take more than the recommended maximum daily dose without realizing it. Each tablet, capsule, granule packet, etc. may contain up to 650 mg of acetaminophen. **You should know the amount of acetaminophen in every product you are taking.** Be sure to read the medication label and any informational handouts that are in the package.

Check the Drug Facts label on over-the-counter medications, or the drug information given to you with your prescription medication. APAP, acetaminophen, and Tylenol® are all the same active ingredient.

What Should I Tell My Doctor Before I Begin?

Tell your doctor if you:

- are allergic to acetaminophen
- have, or have ever had, liver disease
- have a history of alcohol abuse or currently drink 3 or more alcohol beverages everyday
- are taking any medications or supplements that affect blood clotting (blood thinners) such as warfarin (Coumadin® or Jantoven®) or garlic tablets

This drug may interact with other medications or cause harmful side effects. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, and supplements that you are taking.

What Are Some Possible Side Effects?

Although side effects from acetaminophen are not common, they can occur. Reported side effects include:

- dizziness or drowsiness
- dry mouth, nose, or throat
- headache
- upset stomach
- nervousness or trouble sleeping

When Should I Call the Doctor?

Call your doctor immediately if you experience:

- any sign of an allergic reaction, such as rash, itching or hives. Call 911 or go to the emergency room if you have swelling in your face or hands; swelling or tingling in your mouth or throat; difficulty breathing or shortness of breath; dizziness; or palpitations (the feeling of a fast or irregular heartbeat)
- any sign of an overdose: unusual bruising or bleeding (bleeding that lasts more than 10-15 minutes; black or bloody stools; vomit that is bloody or that looks like coffee grounds; blood in your urine or mucus, spontaneous bleeding from your gums or nose, or superficial bleeding into the skin that appears as a rash of pinpoint-sized reddish-purple spots; decrease in amount of urine passed; nausea and/vomiting; fever or sore throat; or yellowing of the skin or eyes)

Call your doctor as soon as possible if you have an upset stomach that does not go away.

What Else Should I Know?

- Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.
- You should not drink alcoholic beverages while taking acetaminophen.

- **Severe liver damage may occur and may lead to death if you take** more acetaminophen than directed, take more than one medicine containing acetaminophen, or take acetaminophen and drink 3 or more alcoholic drinks every day.
- **You might have liver damage** and not know it. Symptoms may not appear for days, and early symptoms may seem like the flu. You may lose your appetite, have nausea or vomiting, or see a yellow coloring in your skin or eyes(jaundice).
- **Most healthy people can take acetaminophen safely by** only taking one medicine containing acetaminophen in a single day, and by reading and following all the directions on the medicine label or given by your doctor.
- **This is what you should know to take acetaminophen safely:**
 - how much you can take at one time (dose)
 - how many hours you must wait before taking another dose
 - how many times you can take it each day
 - when you should not take it

For more information:

- Talk to your doctor, nurse, or pharmacist
- Contact the Food and Drug Administration (FDA) website:
www.fda.gov/drugs Phone: 1-888-INFO-FDA or e-mail druginfo@fda.hhs.gov



Oxycodone with Acetaminophen

Names

Oxycodone and acetaminophen are the generic names of the two drugs in this combination medication. Percocet®, Oxycet®, Roxicet®, Magnacet®, Primlev®, and Xolox® are brand names. There may be other names for this medication. Acetaminophen is the main ingredient in Tylenol® and can be found in many other products.

How Do I Take This Medication?

The combination of oxycodone and acetaminophen comes as a tablet or a capsule. Take it with a full glass of water. If it upsets your stomach, take it with food or milk. Do not use extra medicine to make up for a missed dose.

Why Am I Taking this Medication?

Oxycodone with acetaminophen is used to relieve moderate to severe pain.

How Does It Work?

Oxycodone is an opioid (narcotic) analgesic. It works by decreasing the brain and nervous system's response to pain. Acetaminophen relieves fever and pain and it is not an opioid.

What Should I Tell My Doctor Before I Begin?

Tell your doctor if you:

- are allergic to oxycodone, acetaminophen, codeine, hydrocodone, or dihydrocodeine
- are breastfeeding, pregnant, or trying to get pregnant
- have had a recent head injury, a brain tumor, seizures, depression, mental problems, or severe curvature of the spine
- have kidney, liver, heart, or lung disease, breathing problems, problems with urination, or bowel problems

This drug may interact with other medications or cause harmful side effects. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, herbal, or diet supplements that you are taking.

Too much acetaminophen may cause liver damage. Do not take more than 3,000 mg of acetaminophen per day.

What Are Some Possible Side Effects?

- loss of appetite, nausea, and/or vomiting
- dry mouth
- constipation
- drowsiness, lightheadedness and/or dizziness
- flushing and/or sweating
- headaches and/or mood changes

How Can I Manage These Side Effects?

- Ask your doctor about medication to help prevent or lessen nausea or headache.
- If nausea lasts more than 1 week, talk to your doctor.
- Ice chips, drinking plenty of water, and rinsing your mouth with an alcohol-free mouthwash may help with a dry mouth.
- Ask your doctor about medication to prevent and treat constipation.
- To help avoid constipation, eat high fiber food and drink at least 2-3 quarts of fluid every 24 hours, unless you are instructed otherwise
- To help avoid dizziness that may occur when you change positions quickly, get out of bed slowly. Rest your feet on the floor for a few minutes before you stand up.
- If this medication causes itching, keep the area clean and dry and check with your doctor before using any lotions or creams.

When Should I Call the Doctor?

Call your doctor immediately if you experience:

- signs of an allergic reaction such as itching, hives, or rash. Call 911 or go to the emergency room if you have swelling in your face or hands; swelling or tingling in your mouth or throat; difficulty breathing or shortness of breath; dizziness; or palpitations (the feeling of a fast or irregular heartbeat)
- any sign of an overdose: difficulty breathing, excessive sleepiness, hallucinations, fainting, weak muscles, cold and clammy skin, slow heartbeat (pulse), bluish color in your skin, fingernails, lips, or around your mouth.
- dark-colored urine or pale stools
- seizures
- vomiting that occurs more than once in a single day
- yellowing of your skin or the whites of your eyes

Call your doctor as soon as possible if you have the following less serious side effects:

- constipation
- lightheadedness, sleepiness, or drowsiness that does not go away
- nausea that does not go away or if you vomit once in 24 hours

What Else Should I Know About this Medication?

- If you have been taking this medication for an extended period of time, do not stop taking it suddenly. Your doctor may need to decrease your dose gradually to prevent withdrawal symptoms.
- Do not let anyone else take your medication.
- Take this medication exactly as prescribed by your provider.
- This drug may cause drowsiness or dizziness. Do not drive a car, operate heavy machinery, or participate in other possibly dangerous activities until you know how it affects you.
- Tell your doctor if your pain is not well controlled, or if you have new or a different type of pain.
- If you are having surgery, including dental surgery, tell the doctor or dentist that you are taking oxycodone.
- Do not drink alcohol while on this medication.
- Many combination medicines contain acetaminophen, including products with brand names such as Alka-Seltzer Plus®, Comtrex®, Drixoral®, Excedrin Migraine®, Midol®, Sinutab®, Sudafed®, Theraflu®, Vanquish®, and Tylenol®. Carefully check the labels of all the medications you are taking. Add up the milligrams of acetaminophen in each product. **Be sure that you do not take more than 3 grams (3,000 milligrams) of acetaminophen in 1 day (24 hours).**
- If you would like more information about oxycodone and acetaminophen, talk to your doctor.



Hydrocodone with Acetaminophen

Names

Hydrocodone (hye-droe-KOE-done) and acetaminophen (a-set-a-MEE-noe-fen) are the generic names of the two drugs in this combination medication. Lortab®, Vicodin®, Co-gesic®, Norco®, and Panacet® are brand names. There may be other names for this medication. Acetaminophen is the main ingredient in Tylenol® and can be found in many other products.

How Do I Take This Medication?

The combination of hydrocodone and acetaminophen comes as a tablet, capsule, or liquid. Take the tablet or capsule with a full glass of water. If it upsets your stomach, take it with food. Do not use more medicine than your doctor tells you.

Why Am I Taking This Medication?

This medication relieves moderate to moderately severe pain.

How Does it Work?

Hydrocodone is in a class of medications called opioid (narcotic) analgesics and in a class of medications called antitussives. Hydrocodone relieves pain by changing the way the brain and nervous system respond to pain. Acetaminophen relieves fever and pain and it is not an opioid.

What Should I Tell My Doctor Before I Begin?

Tell your doctor if you:

- are allergic to acetaminophen, codeine, hydrocodone, sulfite, or any other medications
- or anyone in your family has ever abused drugs or alcohol or had a drug addiction
- have kidney disease, liver disease, or heart rhythm problems
- have breathing problems, such as asthma or chronic obstructive pulmonary disease (COPD)
- have a brain tumor, a history of seizures, or a recent head injury
- are breastfeeding, pregnant, or trying to get pregnant
- are taking acetaminophen (Tylenol®), antidepressants, medications for colds or allergies, pain relievers, tranquilizers, or vitamins

This drug may interact with other medications or cause harmful side effects. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, and supplements that you are taking.

How Do I Use and Store this Medication

- Your doctor will tell you how much of this medicine to use and how often. Do not use more medicine than your doctor tells you.
- Take this medicine on an empty stomach. If it upsets your stomach, you can take it with food.
- Take your medication as directed by your doctor. If you forget to take it, take it as soon as you remember. Do not take extra medicine to make up for a missed dose.
- Keep this medication in the container it came in, tightly closed, and out of reach of children.
- Store it at room temperature and away from light and excess heat and moisture (not in the bathroom).
- Keep this medication in a safe place so that no one else can take it accidentally or on purpose. Keep track of how many tablets or capsules or how much liquid is left so you will know if any medication is missing.
- Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

What Are Some Possible Side Effects?

Although side effects from acetaminophen and hydrocodone are not common, they can occur. Tell your doctor if any of these symptoms are severe or do not go away:

- lightheadedness, dizziness, or drowsiness
- constipation
- difficulty urinating
- upset stomach, stomach pain, or vomiting
- rash or itching

How Can I Manage These Side Effects?

- To help avoid dizziness that can occur when you change positions quickly, get up slowly. Rest your feet on the floor for a few minutes before you stand up.
- To help avoid constipation, eat high fiber foods and drink at least 2-3 quarts of fluid (especially water) every 24 hours, unless you are instructed otherwise.
- Ask your doctor about medication to prevent or treat constipation or nausea.
- Check with your doctor before putting anything on a rash. Keep the area clean and dry.
- If nausea or itching lasts more than 1 week, talk to your doctor.

When Should I Call the Doctor?

Call your doctor immediately if you experience:

- signs of an allergic reaction such as itching, hives, or rash. Call 911 or go to the emergency room if you have swelling in your face or hands; swelling or tingling in your mouth or throat; difficulty breathing or shortness of breath; dizziness; or palpitations (the feeling of a fast or irregular heartbeat)
- signs of an overdose: difficulty breathing, excessive sleepiness, hallucinations, fainting, weak muscles, cold and clammy skin, slow heartbeat (pulse) or a bluish color in your skin, fingernails, lips, or around your mouth
- seizures
- vomiting more than once in a single day
- yellowing of your skin or the whites of your eyes

What Else Should I Know About this Medication?

- Keep all appointments with your doctor. If your pain is not controlled or if it continues, call your doctor.
- Too much acetaminophen may cause liver damage. Many combination medicines contain acetaminophen, including products with brand names such as Alka-Seltzer Plus®, Comtrex®, Drixoral®, Excedrin Migraine®, Midol®, Sinutab®, Sudafed®, Theraflu®, Vanquish®, and Tylenol®. Carefully check the labels of all the medications you are taking. Add up the milligrams of acetaminophen in each product. **Be sure that you do not take more than 3 grams (3,000 milligrams) of acetaminophen in 1 day (24 hours).**
- If you have been taking this medication for an extended period of time, do not stop taking it suddenly. Your doctor may need to decrease your dose gradually to prevent withdrawal symptoms.
- Do not let anyone else take your medication.
- Tell your doctor if your pain is not well controlled, or if you have new or a different type of pain.

Stool Softeners and Laxatives

Type	How it Works	Products
Stool softener	Increases water and fat in the colon	<ul style="list-style-type: none"> docusate/Colace®
Stimulant	Increases the colon's contractions and moves stool through colon faster	<ul style="list-style-type: none"> bisacodyl/Correctol®, Dulcolax® sennosides/Senokot®, Ex-Lax®
Bulk forming	Moves through the colon quickly, taking stool with it. This only works if you drink a lot of water!	<ul style="list-style-type: none"> psyllium/Metamucil® methylcellulose/Citrucel® polycarbophil/FiberCon®
Osmotic	Pulls water into the colon. Your doctor may combine an osmotic laxative with a stimulant laxative.	<ul style="list-style-type: none"> magnesium hydroxide/Milk of Magnesia® polyethylene glycol/MiraLAX® sorbitol, magnesium citrate, lactulose, and glycerin suppositories

What are they used for?

Stool softeners and laxatives are used on a short-term basis to relieve constipation. **Anesthesia will cause constipation after surgery.**

What should I tell my doctor before I begin?

These drugs may interact with other medications or cause harmful side effects. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, and supplements you take.

How do I take my medication?

Stools softeners and laxatives come as a capsule, tablet, liquid, syrup, powder, or suppository.

- Follow the directions on the package or your prescription label.
- Take capsules and tablets with a full glass of water.
- Do not crush, chew, break, or open capsules or tablets without checking with your pharmacist. Swallow it whole.
- One to three days of regular use are usually needed for many of these medicines to take effect.
- Do not take stool softeners for more than 1 week unless your doctor directs you to.

When should I call my doctor?

If you experience:

- any sign of an allergic reaction including: itching or hives, swelling in your face, mouth, throat or hands, chest tightness, trouble breathing, or fast or irregular heartbeat.
- Difficulty breathing or swallowing
- Fever

If you have not had a bowel movement in 3 days, or if you stop passing gas.

If you develop diarrhea, temporarily discontinue stool softeners/laxatives, and notify your doctor.



Apixaban

Names

The generic drug name is **apixaban** (a pix' a ban). **Eliquis®** is the brand name. There may be other brand names for this medication.

Your doctor may prescribe this for you after surgery to prevent blood clots. This medication is safe to take with the Ibuprofen prescribed after surgery as it is a low dose taken for a brief period (14 or 28 days depending on your other medical history).

How Do I Take This Medication?

- Apixaban is a tablet that you swallow. It is usually taken once or twice a day. You can take it with or without food.
- Take it at around the same times every day.
- Follow the directions on your prescription label carefully; take it exactly as directed. Do not take more or less of it. Do not take it more often.
- If you can't swallow the tablets, crush them, and mix with water, apple juice, or applesauce. Swallow the mixture right after you make it.
- If you have a feeding tube, talk to your doctor about whether you can take apixaban through the tube. discuss it with your doctor.

If you miss a dose, take it as soon as you remember. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. **Do not take a double dose.**

Why Am I
Taking this
Medication
and How Does
it Work?

Apixaban is used to help prevent blood clots such as deep vein thrombosis (DVT; a blood clot, usually in the leg) and pulmonary embolism (PE; a blood clot in the lung). It is also used to prevent strokes in people who have atrial fibrillation (Afib) that is not caused by heart valve disease.

Apixaban is in a class of medications called factor Xa inhibitors. It works by blocking the action of one of the natural substances that helps blood clots to form.

What Should I
Tell My Doctor
Before I Begin?

Tell your doctor if you:

- are allergic to apixaban or have any allergies.
- have an artificial heart valve
- have or have ever had any type of bleeding problem, antiphospholipid syndrome (a condition that causes blood clots), or kidney or liver disease.
- are pregnant, plan to become pregnant, or are breastfeeding.

This drug may interact with other medications. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, and herbal or diet supplements you take.

What Are Some Possible Side Effects?

- Bleeding/bruising more easily
- Skin rash
- Upset stomach/nausea
- Anemia (fatigue, weakness, pale skin, dizziness, fainting)

When Should I Call the Doctor?

You should not see any widespread bleeding on this medication. Call your doctor immediately if you have:

- unusual bruising or bleeding: bleeding lasts more than 10-15 minutes or that causes dizziness; black or bloody stools; vomit that is bloody or that looks like coffee grounds; blood in your urine or phlegm /mucus, unusually heavy menstrual bleeding, spontaneous bleeding from your gums or nose, or superficial bleeding into the skin that appears as a rash of pinpoint-sized reddish-purple spots (petechiae)
- signs of infection: Fever of **100.4°F (38°C)** or higher, chills, cough, sore throat, pain or burning upon urination; redness or tenderness at any other wound or skin irritation
- loss of control over your bladder or bowels
- dizziness, weakness, feeling like you might pass out
- numbness, tingling, or muscle weakness (especially in your legs and , or feet) or loss of movement in any part of your body

Note: Call 911 or go to the nearest hospital emergency room if you have signs of a severe allergic reaction – difficulty breathing; swelling in face, mouth, tongue, or throat; heart palpitations; chest tightness; weak, rapid pulse; flushing; nausea/vomiting; hives.

What Else Should I Know?

- Do not stop taking apixaban without talking to your doctor because your risk of a blood clot may increase.
- If you are having surgery or dental surgery, tell the doctor or dentist that you are taking apixaban.
- Keep all appointments with your doctor and the laboratory.
- Keep this medication in the container it came in, tightly closed. Store it away from light, excess heat and moisture (not in the bathroom).
- Apixaban prevents blood from clotting normally, so it may take longer than usual for you to stop bleeding.
- If you have epidural or spinal anesthesia or a spinal puncture while taking a "blood thinner" such as apixaban, you are at risk for collection of blood in the spinal column that could cause you to become paralyzed. Be sure all your doctors know all the medications you are taking, particularly any medication, vitamin, or supplement that affects blood clotting.
- If you have any questions, please ask your doctor or pharmacist

