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INTRODUCTION

You are scheduled for admission to NYU Hospitals Center for removal of your ovary and fallopian tube. The medical term for this procedure is **Salpingo-oophorectomy** (Salpingo = Fallopian Tube; Oophorectomy = removal of ovary). Please read this handout which has information that should answer most of your questions. This handout discusses what you can expect during your stay in the hospital as well as after you go home. It describes how the members of the health care team: doctors, nurses and others, will work with you, the most important team member, to ensure a smooth transition home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be ready for discharge approximately 2 - 3 days after your surgery although this will vary depending on your individual needs. Many people are surprised at how quickly they can return home after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your doctor or nurse.

BEFORE SURGERY

MD OFFICE

You will be given a pre-admission packet in your doctor's office containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- ◆ Have an interview and an assessment with a nurse and a resident from your surgeon's service.
- ◆ Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- ◆ Have blood tests and in some cases a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the film with you.
- ◆ Sign a consent form giving your permission for the surgery after it has been explained to you.
- ◆ Have additional tests if they are indicated.

ADDITIONAL PREPARATION

- ◆ Discuss the need for blood transfusions with your surgeon. If transfusions are likely, he/she may recommend that you donate your own blood in advance. If this is not possible, family members or friends may be able to donate for you. Please read the information on blood donations.

- Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, such as Ibuprofen or Naproxen for one week prior to surgery. However if you are taking aspirin once a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.
- ◆ If you are taking Coumadin (warfarin) check with your doctor for specific instructions.
- ◆ Do not eat or drink anything after midnight the night before your surgery.
- ◆ Shower the night before or morning of surgery.
- ◆ Do not douche, or use intravaginal medications the evening before or morning of surgery.
- ◆ Your physician or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.
- ◆ You only need to bring slippers and a robe to the hospital; your family can bring other items once you are assigned a room.
- ◆ Please do not bring any valuables, such as furs, jewelry, cash or credit cards, to the hospital. Leave rings and good watches at home.

DAY OF SURGERY

Report to the Same Day Admission Unit, 400 East 34th Street, 6th floor at the time specified. Here you will be admitted and final preparations for surgery will be completed.

- ◆ Immediately before you go to the Operating Room, you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc.

- ◆ You will be given a sedative to help you relax.
- ◆ The surgery will generally take 1 1/2 - 3 hours (including preparation and actual surgery) and about 2 hours in the Recovery Room.
- ◆ Your visitors can wait in the Same Day Admit waiting area (maximum 2 visitors) or in the Stoler Family Waiting Area in the lobby of Tisch Hospital. Identify one contact person and let the surgeon's office know where he/she can be reached after surgery.

Immediately after surgery you will be taken to the Recovery Room on the 6th floor until the effects of the anesthesia wear off. Generally, from the Recovery Room you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to your room.

WHILE IN THE HOSPITAL

The following are general guidelines regarding what you can expect during your stay in the hospital. The Patient Pathway explains on a daily basis what you can expect and what you can do.

ASSESSMENT:

- ◆ Your nurse will closely monitor your condition. Initially after surgery, your blood pressure, pulse and temperature will be taken frequently.
- ◆ In addition, your nurse will check the dressing over the incision and for vaginal bleeding, help you change position to make you comfortable and give you prescribed medications. As your recovery progresses, these observations will be less frequent.

DIET:

- ◆ Initially after surgery, you will not be allowed to eat or drink anything by mouth.
- ◆ When allowed you will start on a clear liquid diet and will advance to your usual diet as tolerated. Have your family check with the nurse before giving you anything to eat or drink.

ACTIVITY:

- ◆ You will generally need to stay in bed until the morning after your surgery. You can generally get out of bed the day after surgery. The first few times you get out of bed you will be helped by the nursing staff. You will progress to walking in the hallway independently.
- ◆ You will be encouraged to get out of bed as much as possible and increase your activity level as tolerated.

COUGHING/DEEP BREATHING:

- ◆ Your nurse will show you how to do some simple deep breathing and coughing exercises. You should do these exercises every 2 hours while awake.
- ◆ In addition, you will be shown how to use the Incentive Spirometer, or Inspiron. You should use the inspiron 10 times every hour while you are awake in order to prevent lung problems after surgery.

LEG EXERCISES:

- ◆ You will be instructed to perform simple leg exercises in order to maintain adequate circulation when in bed. It is very important that you do these exercises as recommended.
- ◆ In addition, a Sequential Compression Device (SCD) may be used to improve circulation and minimize inflammation (phlebitis) and the formation of blood clots (thrombus) in your legs.

PAIN MANAGEMENT:

- ◆ You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you the pain medication the surgeon has ordered.
- ◆ To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.
- ◆ Right after your surgery you will receive injections for pain relief. These injections can be either into a muscle, into a vein using a process called Patient Controlled Analgesia (PCA) or through a spinal catheter (epidural). These options are explained in a separate section.

- ◆ Your surgeon will determine the most appropriate method for your specific needs. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management.
- ◆ In addition, since it is important that you do the coughing and deep breathing exercises and increase your activity, it may be helpful to take pain medications prior to these activities.

BLADDER AND BOWEL FUNCTIONS:

- ◆ You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize this. Walking and increasing your activity are the most effective methods of relieving gas pain if it occurs.
- ◆ A catheter is usually inserted during surgery to drain urine from the bladder. This will generally be removed a day or two after surgery, if not discontinued during surgery.

INCISION CARE:

- ◆ Your nurse will show you how to care for your incision. It is important that you keep the incision dry.
- ◆ Look at your incision before you leave the hospital, so that you can report any changes (i.e. redness, drainage, and swelling) to the doctor.
- ◆ When you go home, you can shower using mild soap, rinse the incision well and pat dry. Do not rub the incision. Do not put any oils or creams on it.
- ◆ Keeping your incision dry and clean is very important. Allowing exposure of the area to air helps keep it dry and promotes healing.

DISCHARGE PROCEDURE:

Patient & Family Education

- ◆ You will generally be discharged 2 - 3 days after surgery.
- ◆ Your nurse and doctor will discuss specific discharge information at this time, and if needed, you will receive any prescriptions.



GENERAL DISCHARGE INSTRUCTIONS

DIET:

- ◆ No special diet is ordered after a Salpingo-oophorectomy; however, a balanced diet with adequate fluid intake is important for your recovery.
- ◆ If you are on a special diet for another medical condition and would like to speak to a nutritionist, please tell your nurse.

ACTIVITY AFTER DISCHARGE:

As with all major abdominal surgery, activities will be restricted for a while. The following are general guidelines but you should discuss specific recommendations with your doctor.

You will be encouraged to walk as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly. Your doctor will discuss any restrictions to activity.

- ◆ No heavy lifting (greater than 5-10 lbs.), strenuous exercise or housework (vacuuming, etc.) should be done until your doctor grants permission.
- ◆ Climbing stairs is generally permitted but it is usually recommended that you climb them slowly and pause after every few steps.
- ◆ Your doctor will tell you when you can resume driving, light housework and sexual relations.

VAGINAL DISCHARGE/BLEEDING:

- ◆ Varying amounts of vaginal discharge is to be expected for about three weeks after the operation. The discharge may be dark in color or bright red.

- ◆ However, any heavy bleeding greater than the flow you experience during a heavy day of your period or clots are not expected and should be reported to your doctor. If the flow increases, contact your doctor.

CARE OF INCISION SITE:

- ◆ You will have an incision visible on your abdomen. It is very important to keep this incision clean and dry at all times. Allowing exposure of the area to air helps keep it dry and promotes healing.
- ◆ Report any redness, drainage or other unusual symptoms to your doctor.
- ◆ Generally when you go home you can shower using a mild soap, rinse the incision well and pat dry. Do not rub the incision or put any oils or creams on it.

FEMININE HYGIENE:

- ◆ You may take showers as desired. Although tub baths are not restricted, many women find climbing into and out of the tub uncomfortable at first. However, check with your doctor before tub bathing. It is very important to keep your perineal area clean and dry.
- ◆ No tampons or douches should be inserted into the vagina.

BLADDER AND BOWEL FUNCTIONS:

- ◆ You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize this.
- ◆ If you have difficulty urinating, you may be discharged with a Foley catheter. Your nurse will show you how to care for it.

REST AND SLEEP:

- ◆ Your recovery will take several weeks depending upon your age, general health, and reason for surgery. Feelings of fatigue are normal and you should rest as needed.
- ◆ You can expect to resume all activities you participated in prior to your surgery within 6-8 weeks after discharge.

ESTROGEN REPLACEMENT:

- ◆ If both ovaries are removed in women who have been menstruating, estrogen will no longer be produced.
- ◆ Your physician may prescribe estrogen replacement before you are discharged from the hospital. Discuss the risk and benefits of estrogen replacement with your physician. For some conditions, estrogen replacement cannot be used.

RETURN VISIT TO DOCTOR:

- ◆ You will be expected to have a complete check-up, including a pelvic examination after your surgery. At that time, your doctor will give you further instructions regarding resumption of sexual relations and increase in level of activity.
- ◆ Call your surgeon's office to arrange an appointment.

RETURN TO WORK:

- ◆ After your recovery is complete, you will be able to return to work and resume all of the activities you participated in prior to surgery.
- ◆ Your doctor will inform you when you can return to work.

WHEN SHOULD I CALL THE DOCTOR?

Contact your doctor for the following symptoms (possible danger signs):

- ◆ Pain
- ◆ Bleeding from incision or increased vaginal bleeding
- ◆ Signs of infection such as redness, drainage or swelling at incision site
- ◆ Fever over 100.8° F on two or more occasions during the first 2-3 weeks after surgery should be reported to your doctor. For a reliable temperature reading, no aspirin, acetaminophen (Tylenol), or ibuprofen, should be taken for 3-4 hours before.
- ◆ Prolonged or unusual fatigue and depression
- ◆ Signs of a bladder infection such as burning, or increased in number of times to void. If a bladder infection is suspected, a urinalysis must be done. A course of antibiotics will generally resolve the problem.

After you have completed reading this handout, please speak to your nurse regarding any additional questions or concerns you may have. Please remember that we would like to make your stay as comfortable as possible.

Thank you.

GYNECOLOGIST'S NAME:

GYNECOLOGIST'S NUMBER:

YOUR NEXT OFFICE VISIT/APPOINTMENT :

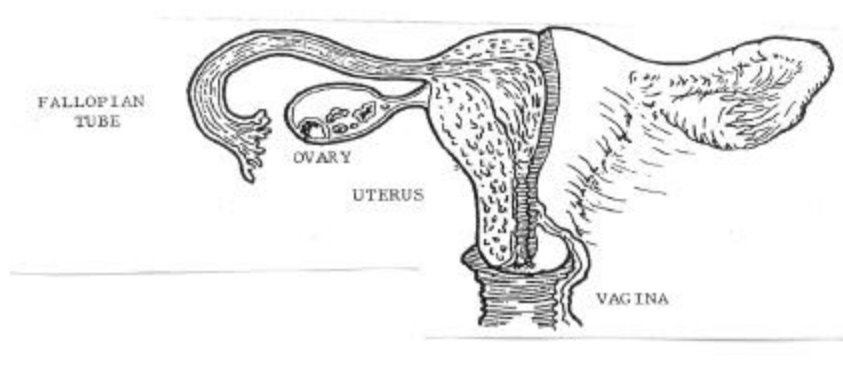
ANATOMY OF THE FEMALE REPRODUCTIVE SYSTEM

THE FEMALE REPRODUCTIVE SYSTEM is composed of the following:

The **UTERUS (WOMB)** is a pear-shaped, muscular organ. This is the organ in which a fetus develops during pregnancy. The cervix is the lower part of the uterus.

The **OVARIES** are the two almond-shaped organs located on either side of the uterus. The ovaries produce eggs during the childbearing years. If the egg is fertilized, it becomes implanted in the uterus where it grows. If it is not fertilized, the egg dissolves within the fallopian tube.

The **FALLOPIAN TUBES** are tubes that extend from the ovaries to the uterus. Eggs are released from the ovaries and travel through the fallopian tubes to reach the uterus.



A **Salpingo-Oophorectomy** is the surgical removal of a Fallopian Tube and ovary. A bilateral Salpingo-oophorectomy is the removal of both ovaries and both Fallopian tubes.

Patient & Family Education

Salpingo-oophorectomy (5/00)
disease specific disk #116B