



Robotic Assisted Hysterectomy

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What is robotic assisted hysterectomy

Robotic assisted hysterectomy is a type of surgery that uses surgeon-controlled robotic equipment to remove your uterus.

Hysterectomy is the surgical removal of the uterus. Having a hysterectomy ends menstruation and the ability to become pregnant. Depending on the reason for the surgery, a hysterectomy may also involve the removal of other organs and tissues, such as ovaries and/or fallopian tubes.

A robotic assisted surgery system consists of two separate pieces of equipment. One robotic piece of equipment is located next to the patient in the operating room. This robotic piece has four arms, which are long thin tubes that are attached to either a thin surgical instrument or a tiny camera. The surgical instruments and camera enter the patient's body through small ½ inch cuts (incisions) in the abdomen.

A short distance away from the operating table, the surgeon is seated in front of a separate computerized piece of equipment that looks like a video game. The surgeon controls the movements of the robotic arms and instruments with hand-held controls. The surgeon looks through binocular-like lenses on the equipment and a computer generates a 3-D view of the operating area. Foot pedals control the camera and allow the surgeon to zoom in or out to change the surgical view.

How does robotic assisted surgery help the surgeon?

The robotic assisted surgery is a computer-enhanced surgical system that gives surgeons advantages, including:

- A 3-D view of the surgical field, including depth, up to 15 times the magnification and high resolution
- Instruments that mimic the movement of the human hands, wrists and fingers, allowing an extensive range of motion that is more precise than the surgeon's natural hand and wrist movements
- A constant steadiness of the robot arms and instruments and robot wrists that make it easier for surgeons to operate on organs and tissues for long periods of time and from angles and positions they would have difficulty reaching with human hands and fingers

The surgeon controls every precise movement of the robotic arms and instruments. The robotic arms cannot move on their own.

How long does robotic assisted hysterectomy take to complete?

Robotic assisted hysterectomy typically takes between one to four hours to complete, depending upon the complexity of the case.

What happens before and during a robotic assisted hysterectomy?

BEFORE THE PROCEDURE

Before your surgery, your doctor will perform a physical exam, order blood and urine tests and may order other tests to check your general health. Your doctor will tell you which of your current medications can continue to be taken and which will need to be temporarily stopped before surgery. You will be given instructions on when to stop eating and drinking the evening before and morning of your surgery. Your surgeon will explain the procedure in detail, including possible complications and side effects. He or she will also answer your questions.

On the day of surgery:

- A urinary catheter may be inserted to empty your bladder
- Your abdominal area will be cleaned with a sterile solution
- An intravenous (IV) line will be placed in a vein in your arm to deliver medications and fluids

DURING THE PROCEDURE

After receiving anesthesia, your surgeon will make four or five small surgical cuts (incisions) in your abdomen (belly). The thin surgical instruments and tiny lighted camera attached to the arms of the surgical robot are inserted into the abdomen through these incisions.

The surgeon controls the precise movement of the robotic arms, surgical instruments and camera while seated at a computer console. Members of the surgical team stand next to the operating table to change the robotic instruments and provide other assistance to the surgeon as needed.

Your surgeon typically removes the uterus through the vagina, like when delivering a baby. In certain cases, the uterus is removed through the small incisions in your abdomen.

An anesthesiologist monitors your anesthesia and vital signs throughout your operation.

What's the typical recovery time with robotic assisted hysterectomy?

Robotic hysterectomy is an outpatient procedure. You may stay in the hospital overnight but some women can be released the same day of surgery. You will be able to return to light regular activities the next day (walking, eating, walking upstairs). You can drive in about a week or less at the discretion of your physician and return to exercising in about four to six weeks. Your doctor will review your progress and tell you when you can return to your normal activities. Tell your surgeon about any of the following during recovery:

- Increasing pain or pain that is not relieved by medication
- Any drainage, bleeding, redness, or swelling from your incision areas
- Fever
- Heavy vaginal bleeding
- Pain or swelling in your legs
- Chest pain or shortness of breath

In addition to the physical symptoms of recovery, you may have emotional symptoms after this surgery. After hysterectomy you will no longer be able to get pregnant and your periods will stop. Some women experience sadness related to those losses.

What are the advantages of robot-assisted surgery for patients compared with traditional open surgery?

Compared with traditional open surgery, the benefits of robotic assisted surgery may include:

- Less blood loss during surgery
- Smaller incisions with less scarring. Surgery is performed through small incisions instead of the large incision of open surgery.
- Less post-op pain
- Decreased risk of infection
- Shorter hospital stay
- Shorter recovery time and quicker return to previous activities. You can usually resume normal activities as soon as you feel up to it.

What are the risks of assisted robotic hysterectomy?

Robotic assisted hysterectomy takes more time compared to other hysterectomy methods, such as traditional open hysterectomy performed by a surgeon. Longer surgeries may increase your risk for complications.

Like any surgical procedure, robotic hysterectomy carries risks including:

- Bleeding
- Damage to the bladder and other nearby organs
- Infection
- Reaction to anesthesia
- Blood clots that form in the legs and can travel to your lungs



Before your surgery

The information in this section will help you get ready for your surgery. Read this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

As you read through this section, write down any questions you want to ask your healthcare provider.

Getting ready for your surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

Do you take a blood thinner? Common types of medicines that thin your blood include:

- Aspirin
- Heparin
- Warfarin (Jantoven® or Coumadin®)
- Clopidogrel (Plavix®)
- Enoxaparin (Lovenox®)
- Dabigatran (Pradaxa®)
- Apixaban (Eliquis®)
- Rivaroxaban (Xarelto®)

Let your healthcare provider know all of the medicines you are currently taking, along with other pertinent information related to your history.

- I take prescription medications (medications my healthcare provider prescribes), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I've had a problem with anesthesia (medication to make me sleep during surgery) in the past.
- I'm allergic to certain medication(s) or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).
- I use recreational drugs.

About drinking alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

About smoking

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. Your healthcare provider will refer you to our Tobacco Treatment Program if you smoke.

Things to remember

- Wear something comfortable and loose-fitting.
- Don't wear any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Remove nail polish and nail wraps.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

What to bring

- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your incentive spirometer.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

While at home

Eating and Drinking

You'll be able to eat after your surgery. Start with foods that are soft and easy to digest such as applesauce and chicken noodle soup. Eat small meals often. Then start adding your regular foods to your diet.

If you have bloating, gas, or cramps, limit high-fiber foods, such as:

- Whole grain breads and cereal
- Nuts
- Seeds
- Salads
- Fresh fruit
- Broccoli
- Cabbage
- Cauliflower

Managing your pain

You'll have some pain after your surgery, especially in the first few days. The length of time each person has pain or discomfort varies.

Follow the guidelines below to help manage your pain at home:

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn't ease your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you'll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
 - Follow your healthcare provider's instructions for stopping your prescription pain medication.
 - Don't take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
 - Read the labels on all the medications you're taking, especially if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don't take more than one medication that contains acetaminophen without talking with a member of your care team.

- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

It's also common to have some discomfort after surgery from the air that was pumped into your abdomen during surgery. To help with this, walk, drink plenty of liquids, and make sure to take the stool softeners your healthcare provider gave you.

Preventing and Managing Constipation

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual). Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below:

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 to 2.5 liters) of liquids daily, if you can.
 - Choose liquids such as water, juices (such as prune juice), soups, ice cream shakes
 - Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals often contain fiber. If you have an ostomy or have had recent bowel surgery, check with your healthcare provider before making and changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery.

Follow the instructions on the label or from our healthcare provider. Examples of over-the-counter medications for constipation include:

- Docusate sodium (Colace). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don't take it with mineral oil.
- Polyethylene glycol (MiraLAX). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of liquid. Only take if you're already constipated.
- Senna (Senokot). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take if you're already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.

If you haven't had a bowel movement in 2 days, call your healthcare provider.

Caring for your incisions

You'll have several small incisions on your abdomen. They'll be closed with Ster-Strips or Dermabond.

Showering

Don't shower for the first 24 hours after surgery. After that, take a shower every day to clean your incisions. Taking a warm shower is also relaxing and can help muscle aches.

During your shower, use soap to gently wash your incisions. After your shower, pat the areas dry with a clean towel and leave your incisions uncovered (unless there's drainage). Call your healthcare provider if you see any redness or drainage from your incision.

Don't take tub baths until you talk with your healthcare provider at your first appointment after your surgery.

Managing vaginal spotting or bleeding

It's common to have some vaginal spotting or light bleeding after surgery. Use a pad or panty liner so you can see how much you're spotting or bleeding. Don't use a tampon.

If you have heavy bleeding (you're bleeding through a pad or liner every 1 to 2 hours), call your healthcare provider right away.

Sexual activity

Don't put anything in your vagina or have vaginal intercourse (sex) for 8 weeks after your surgery. Some people will need to wait longer than 8 weeks, so speak with your healthcare provider before starting to have vaginal sex again.

Driving and traveling

You can start driving again 2 weeks after surgery as long as your aren't taking pain medication that may make you drowsy.

It's OK to travel after your surgery. If you're traveling by plane within a few weeks after your surgery, make sure you get up and walk every hour. Be sure to stretch your legs, drink plenty of liquids, and keep your feet elevated when possible.

Going back to work

Most people can return to work about 2 to 4 weeks after the surgery. Talk with your healthcare provider about your job and when it may be safe for you to start working again. The time it takes to return to work depends on the type of work you do, the type of surgery you had, and how fast your body heals.

Physical activity and exercise

Don't lift anything heavier than 10 pounds (4.5 kilograms) for at least 4 weeks after surgery. Speak with your healthcare provider about when you can do heavy lifting.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. Ask your healthcare provider before starting more strenuous exercises.

Follow-up appointments after surgery

Your first appointment after surgery will be 2 to 4 weeks after surgery. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

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