# Post-Operative Care Of Gynaecology Patients - Full Clinical Guideline

Reference No.: UHDB/Gynae/12:20/P3

## Contents



## 1. Introduction

To provide guidance on the routine post-operative care of women following gynaecological surgery. It must be emphasised that this guideline provides only general advice and attention must be given to instructions from the operating surgeon and playing close regard to the patient's clinical condition.

## 2. Abbreviations

| | | |
|---|---|---|
| ERP | - | Enhance Recovery Pathway |
| FBC | - | Full Blood Count |
| K | - | Potassium |
| Mmols | - | millimols |
| EWS | - | Early Warning Score |
| Na | - | Sodium |
| NaCL | - | Sodium chloride |
| PCA | - | Patient controlled analgesia |
| PRN | - | As required |

## 3. Enhanced Recovery

Enhanced Recovery after surgery is a peri-operative treatment protocol that can improve individual recovery allowing patients to leave hospital earlier. All women that fulfil the ERP criteria should be managed as per guidelines.

**Perioperative care**
On the day of surgery, dehydration is avoided by reducing the period of starvation to two hours for clear fluids prior to anaesthetic.
The use of minimal access techniques is strongly supported.

## 4. Normal Fluid Losses

### 4.1 Replacement of *Normal* Losses

Replacement of this lost fluid in a typical adult is achieved by the administration of

- 3 litres of fluid which may comprise:
    - 1 litre of normal saline (i.e. 150mmol NaCL)
      together with
    - 2 litres of water (as 5% dextrose)
- Potassium may be added to each litre bag (i.e. 20mmol/L) but is not usually required in the first 24 hours after operation.

Adjustments to this regimen should be based on regular clinical examination, measurement of losses (e.g. urine output) and regular blood samples for electrolyte determination.

### 4.2 Replacement of *Special* Losses

Special losses include nasogastric aspirate, vomiting, losses from diarrhoea and covert losses such as occur with an ileus. All fluid losses should be measured carefully where possible, and this volume added to the normal daily requirement.
The composition of these special losses varies, but as a rough guide replacement with an equal volume of normal saline should suffice. Extra potassium supplements may be required where losses are high, such as in diarrhoea.

## 5. Intravenous Fluid Management – Major Surgery

The majority of patients require fluid replacement for only a brief period (i.e. 24-48 hours) postoperatively until they resume normal diet.
They will need further medical assessment if required for a longer period.
Fluid intake and output must be recorded accurately on the Early Warning Score (EWS) chart.

## 6. Restarting Oral Fluids

Early feeding and reducing the volume of routine intravenous fluid infusion is encouraged.
This approach is safe and is associated with less nausea, shortened length of stay and higher patient satisfaction.

Midline incision or complex surgery

- Gradual introduction of free fluids as tolerated
- In certain complex surgeries as specified by operating surgeon.

## 7. Full Blood Count (FBC)

To be carried out on day 1 post-operative inpatients as per standards unless differently documented in management plan.

**An earlier blood sample may be requested on clinical grounds, e.g. suspected anaemia.**

## 8. Thromboprophylaxis

See Trust guidelines **Venous Thromboembolism (VTE) Prophylaxis - Surgical (CG-T/2011/077b)**

## 9. Pain Management

Postoperative pain should be prevented and proactively treated as it increases the surgical stress response and prolongs recovery.

In unexpectedly severe pain, seek senior review and exclude major complications

Include anti–emetics to combat post-operative nausea and vomiting and laxatives if required to treat constipation where necessary.
“Acute Pain Medication Order Set" is now available in Lorenzo.
Where help is needed, consider referring to the acute pain nurse specialist through switch between 09:00 to 17:00 week days. During out of hours support could be available through the on call anaesthetist.

### 9.1 Analgesia (advised to offer Regularly)

- PARACETAMOL (500mg Caplets/Tablets) 1000 Milligram(s) FOUR times a Day Oral Maximum of 4grams in 24 hours. Best taken on a regular rather than 'as required' basis
- IBUPROFEN 400mg Tablets 400 Milligram(s) THREE times a day Oral With or after food- Can be increased in larger patients up to Maximum of 2.4g in 24hours (including any pre-operative doses. NSAID prescriptions should be limited to 5 days, reviewed, and then continued only if demonstrated to be clinically effective. Prophylactic gastro-protective therapy should be considered in patients at high risk of gastro intestinal complications/ patients aged over 65. Prescribe Omeprazole 20mg once daily. (Diclofenac may be prescribed instead of Ibuprofen)

### 9.2 Analgesia (PRN)

- PARACETAMOL 1g in 100mL Infusion 1 Gram(s) Intravenous PRN Maximum of 4grams in 24 hours
- CODEINE PHOSPHATE (15mg Tablets): 15- 30 mg Milligram(s) FOUR times a Day Oral Maximum of 240mg daily (For patients OVER 80 years of age)
- CODEINE PHOSPHATE 30 mg Tablets: 30- 60 mg Milligram(s) FOUR times a Day Oral Maximum of 240mg daily (For patients UNDER 80 years of age) NOT with tramadol.
- MORPHINE SULPHATE 10mg in 5mL Oral Solution Every ONE to TWO hours/ As Per Protocol ORAL: Check Sedation, respiration and Blood pressure. Please see Oramorph algorithm.
- MORPHINE SULPHATE Injection: Milligram(s) Subcutaneous: As Per Protocol
- PETHIDINE 50mg in 1mL Injection: Milligram(s) As Per Protocol Subcutaneous
- TRAMADOL 50mg Capsules: 50 Milligram(s) FOUR times a Day Oral For patients OVER 80 years of age. NOT with codeine phosphate.
- TRAMADOL 50mg Capsules: 50-100 Milligram(s) FOUR times a Day Oral For patients UNDER 80 years of age

### 9.3 PCA Medication

- MORPHINE 1mg in 1mL PCA Infusion Intravenous Continuous: See paper PCA chart
- PETHIDINE 10mg in 1mL PCA Infusion Intravenous Continuous: See paper PCA chart

- FENTANYL 10 micrograms in 1mL PCA Infusion Intravenous Continuous: See paper PCA chart

Also see Trust guidelines **Epidural – Non-Obstetric (CG-PM/2012/009)**

## 10. Wound Care and Dressings

### 10.1 Removal of Sutures / Staples

Check for specific instructions on operation sheet. If not otherwise specified:

- Pfannenstiel incision Day 5-7
- Midline incision Day 7-10

### 10.2 Removal of Vaginal Pack

Check for specific instructions on operation sheet.
If not otherwise specified it would normally be 24 hours later or the following morning.
Document removal of pack clearly in notes.

### 10.3 Removal of drains/catheters

As instructed by surgeon

## 11. Discharge

- Complete e-discharge letter including AKI assessment and VTE assessments.
- Prescribe VTE as indicated
- Document plan for follow up.
- Give relevant patient information leaflets, include detailed list of potential risks with clear advice on warning signs and how to access care

## 12. Monitoring Compliance and Effectiveness

Audit compliance through Business Unit audit forward programme processes

## 13. References

Torbé E, Crawford R, Nordin A, Acheson N. Enhanced recovery in gynaecology. *The Obstetrician & Gynaecologist* 2013;15(4):263–8.

**Documentation Control**

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| **Reference Number:**<br><br>**UHDB/Gynae/12:20/P3** | **Version:**<br><br>**UHDB 2** | | **Status: FINAL** | |
| Version / Amendment | Version | Date | Author | Reason |
| | 1 | Oct 2006 | Gynae sisters | New guideline |
| | 2 | Oct 2015 | Mr J Dasgupta – Consultant UroGynaecologist<br>Dr J Raut – SpR O&G | Update & Review |
| | 3 | Sept 2019 | Mr J Dasgupta – Consultant Gynaecologist | Update & Review |
| UHDB | 1 | March 2020 | Mr Biswas – Consultant Gynaecologist<br>Dr Anurada Subramaniem ST6 | Joint UHDB guidelines |
| | 2 | December 2023 | Miss B. Purwar - Consultant Gynaecologist | 3 year review |
| **Intended Recipients:** All staff within the Gynaecology Service | | | | |
| **Training and Dissemination:**<br>Cascaded electronically through lead sisters/midwives/doctors; Published on Intranet, NHS mail circulation list. | | | | |
| **To be read in conjunction with:**<br>Venous Thromboembolism Prophylaxis Guidelines for Adult Surgical Patients - **CG-T/2011/077b** | | | | |
| Consultation with: | Gynaecologists | | | |
| Business Unit sign off: | 21/12/2023: Gynaecology Guidelines Group:– Miss B. Purwar<br><br>21/12/2023: Gynaecology Development & Governance Committee: – Mr V. Asher | | | |
| Divisional sign off: | 21/12/2023 - G Hatton | | | |
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