

Short Stay Hysterectomy Discharge Instructions

1. Have a support person to stay with and assist you for the first 24 hours.
2. It is normal to experience soreness of throat, mild pain in the shoulders and abdominal pain especially near your belly button. Slight vaginal bleeding is also normal and may persist until your follow up office visit.
3. Record your temperature four times every day – upon awakening, at 12 noon, at 6 pm and upon going to bed.
4. If your temperature is greater than 100.4 degrees Fahrenheit, notify your surgeon.
5. Drink at least 6 glasses of liquid during the first 24 hours.
6. Begin a regular diet after 24 hours as tolerated.
7. Refrain from heavy lifting (in excess of 10 pounds) or exercise for one week.
8. Do not drive an automobile for at least ten days
9. No douching tub baths intercourse or tampons. You may shower and wash your hair.
10. Notify your surgeon for vaginal bleeding heavier than a period, increasing pain not relieved by your medication, persistent nausea and vomiting or fever greater than 100.4 degrees Fahrenheit.
11. You may contact your doctor at the following number: _____
12. Make an appointment for an office visit 2 weeks from your surgery.
13. Take all medications as prescribed or as needed
 - i. Docusate Na capsules take one capsule twice daily for one week
 - ii. Bisacodyl suppositories one daily as needed for constipation
 - iii. Percocet one tablet every 4-6 hours as needed for severe pain
 - iv. Ibuprofen 800 mg every 4-6 hours as needed for moderate pain
 - v. Promethazine tablets 25 mg every 6 hours as needed for nausea

Patient Name: _____

Patient Signature: _____

Nurse's Signature: _____

Nurse's Signature: _____

Short Stay Hysterectomy

Support Person Patient Observation Record

Patient Name: _____

Date														
Temperature														
Fluids glasses														
Type of diet														
Nausea (yes or no)														
Vomiting (yes or no)														
Pain (mild, moderate or severe)														
pain control (yes or no)														
Bowel movement (yes or no)														
Number of perineal pads used														

Comments: _____
