**Vaginal hysterectomy**

Removal of the uterus through the vagina.

**Postoperative nursing assessment:**

Initial head to toe assessment must be completed on admission.

Monitor vital signs Q15 minutes for first hour in order to ensure patient is stable. Typically monitor vitals Q4 after this period. Always check order set to ensure this is still what the admitting doctor wants, and to review call-fors.

If patient comes to the floor with an epidural, monitor their level of consciousness and respiratory status Q1 hr for the first 24 hrs, and Q2 for every day that epidural is present after that.

Make sure to clear the volume on all pumps that come with the patient, and chart in EPIC. Pumps are cleared on admission and every 4 hours (0800, 1200, 1600, 2000, 0000, 0400). Monitoring input and output for these patients is crucial, as they are indicative of hemodynamic imbalance.

**Postoperative nursing care:**

The patient will be expected to dangle the first evening/night post op. Ambulation begins on post operative day 2.

Monitor lab values for signs of hemodynamic changes:

- hemoglobin/hematocrit, potassium, magnesium

Monitor lung sounds closely, assessing Q8 hours. Encourage patient to walk frequently, at least 4 times daily. Encourage incentive spirometer Q1 hr while awake. Assist patient to turn, cough, deep breathe frequently while awake.

Monitor intake and output closely for potential hemodynamic changes leading to low blood pressure, increased heart rate, etc..

Monitor for increased vaginal discharge. Notify docs of increased or foul smelling drainage.

**Words from our docs:**

Monitoring and charting intake and output for all gynecology patients is a priority. Low input, low output, increased output are signs that the gyn docs take very seriously.

Monitoring temperature as ordered and reporting any temp > 38.3 is also important to the docs.