

## Hysterectomy

**Abdominal hysterectomy** means removal of your uterus (womb) through an abdominal incision. If your cervix is removed it is called a 'total hysterectomy'. If your cervix is not removed it is called a 'subtotal hysterectomy'. One or both ovaries may also be removed at the operation. An abdominal operation is usually carried out through a bikini line incision, but if your uterus is very large a vertical incision in the lower abdomen is required.

**Vaginal Hysterectomy** means removal of your uterus via your vagina. Your cervix is also removed. Sometimes one or both ovaries can be removed as well.

Before your operation your gynaecologist will have discussed with you what the procedure involves. Rarely unexpected findings during surgery may necessitate additional procedures, for example you have an abdominal operation rather than a vaginal one.

### Preparation for operation

It is important that you are as fit as possible. If you smoke try to give up as soon as possible as smokers are much more likely to develop chest infections. If you are overweight reduce your weight as this will make the operation easier and reduce the risk of complications.

Before your operation you will have a chance to ask questions of a nurse, a gynaecologist and an anaesthetist. You will see all of these people either at the pre-operative assessment clinic or when you are admitted to the ward.

Many women suffer from constipation after surgery. We advise that you buy Lactulose from your local pharmacy, which keeps the bowel motion soft, so that there should be no need to strain to open your bowels in the post operative recovery period. You should start taking Lactulose 3 days before your operation and after the operation until bowel function is normal.

### The operation

The operation is usually performed with you asleep under a general anaesthetic. In addition you may be offered an epidural anaesthetic for pain relief after the operation. The operation time varies but takes anything from 45-90 minutes.

On return from the operating room you will usually have a drip with fluids so that you do not have to drink and may have a drainage tube from the wound or a catheter in the bladder.

### After your operation

Assistance will be given to meet your hygiene needs. Early mobilisation is encouraged with assistance as required.

You will start to drink and then eat as advised by the nurses and doctors and your appetite will gradually return.

The catheter will usually be removed as soon as possible to do so.

It is normal not to have a bowel movement for the first two days. If necessary suppositories and/or Lactulose are given.

Wind pains are common on the second and third day but can be eased with medication. Most women are ready to go home 2-3 days after a hysterectomy.

### **What to expect after the operation and at home**

A slight discharge or bleeding is normal following the operation and may continue for several weeks. Do not use tampons because of the possibility of introducing infection, only sanitary pads should be worn.

Continue to take Lactulose, it will keep your motion soft, but eat as normally as possible. It is important to drink plenty; you should aim to take 4 pints (2 litres) each day.

You will be prescribed pain killers to take home. Take them when needed if you have discomfort. Don't wait for pain and do not exceed the stated dose. We would expect you to have a supply of paracetamol at home

You will probably feel quite tired for the first week, this is normal. It is advisable to have help at home to allow you to rest and relax.

### **Exercise**

It is safe for you to climb stairs slowly when you go home.

After the first week progressive exercise is important to speed your recovery. Start with short daily walks, gradually increasing the distance and speed until by 6 weeks you should be taking brisk walks of 20-30 minutes. In addition continue with the exercises taught by the physiotherapist.

### **HRT**

If both your ovaries are removed hormone replacement therapy will be discussed with you by your consultant if it is felt necessary. However HRT is not appropriate for all women. If the ovaries are not removed, they tend to stop making hormones at an earlier age than in women who have not had a hysterectomy. Should symptoms occur a blood test can show if your ovaries are working normally.

### **Hygiene**

A daily bath or shower is advised. Pat your wound dry with a clean towel. When you go to the toilet to pass urine try to ensure your bladder is completely empty. When you go to the toilet to empty your bowel it is important not to strain.

### **Diet**

A well balanced diet containing high fibre food is essential and will help avoid constipation. Drink plenty of fluids. Having a hysterectomy does not mean that you will get fat but you should watch your calorie intake until you are fully active.

### **Activity (Housework)**

For the first week at home you should take plenty of rest but are able to make a cup of tea, do dusting and easy household jobs. Sit down when possible to reduce standing. Gradually increase household jobs e.g. cooking, ironing, until by 6 weeks you are back to normal but avoid heavy lifting.

### **Lifting**

Do not lift heavy weights like toddlers, shopping bags or move furniture for 3 months. When you do lift anything again remember to bend your knees, keep a straight back and hold the object close to you and lift by straightening your knees.

### **Driving**

You should be able to drive again when you feel able to concentrate fully and can stop in an emergency without worrying. If you can walk comfortably up steep stairs you should be able to drive comfortably, however it is important to contact your insurance company before you start driving.

### **Work**

Your doctor will advise you when you are ready to return to work. Most women who have an abdominal hysterectomy are able to return to work at about eight weeks. You will be given sick leave certificate from the hospital for 6 weeks. If you require additional sick leave, please contact your GP. Return to heavy work may need to be delayed until 3 months.

### **Sports**

A gradual return to sport is advised. It should be safe to start at 3 months, although gentle swimming can be started about 4 weeks after the operation as long as the wound has healed and vaginal bleeding has stopped.

### **Sex**

It is advisable to refrain from penetration for about 6-8 weeks after your surgery to allow external and internal wounds to heal. You should be able to have an orgasm but the sensation may be different from before the operation. If you have any worries or concerns please discuss with your doctor.

### **Smears**

If you have a subtotal hysterectomy (cervix not removed) you will need to continue having cervical smears until you are 65.

If you have a total hysterectomy (cervix removed) and you have not had abnormal smears in the past, you will not need any further smears.

### **Follow up visit**

If you require a follow up visit at the gynaecology clinic, this appointment will normally be arranged prior to your discharge from the ward. You will be examined to ensure that the top of the vagina has healed well. Please feel free to ask any questions.

## Complications

Complications do occur, but not very commonly. They include:

- Fever – this is the common post-operative problem, 30-47% after abdominal hysterectomy and 15% after vaginal hysterectomy
- Haemorrhage (bleeding) – at the time of surgery is rare, blood loss is usually less than 150 mL. However, blood loss requiring blood transfusion occurs in 2%. A collection of blood (haematoma) at the top of the vagina occurs after 11 – 15% of hysterectomies, more commonly after vaginal hysterectomy. Most of these haematomas are managed without further intervention. When you are at home after the operation the loss will be light, like the end of a period for the first day, getting less and less each day. If it becomes heavier please contact either us at the hospital or your own GP.
- Pain – Some discomfort is to be expected, take your painkillers as directed.
- Vaginal discharge – will get lighter each day. If you are worried contact your GP.
- Urinary infection – surgery is covered by antibiotics, but urinary infection may occur in 10% of patients. If your urine is smelly, cloudy or hurts to pass, take a urine sample and contact your GP. Drink plenty, cranberry juice (or tablets) and barley water can help, as can a teaspoon of bicarbonate of soda dissolved in a glass of water each day.
- Pelvic abscess/infection is much rarer, complicating 0.2% of cases.
- Difficulty emptying your bladder. The stream will be slower than before, and you may have to alter position to completely empty your bladder to start with, but it is important that you do. Be patient and take your time. If you are at all worried please contact as above.
- Difficulty emptying your bowel. Lactulose is given to keep the bowel motion soft so that it passes easily, without straining. Keep taking Lactulose until your bowel function is back to normal. Eat a balanced diet, and drink plenty of fluid (2 litres daily). If you are at all worried please contact as above. In the long term there is a 1-5% risk of constipation after hysterectomy.
- Thrombosis (blood clots) in veins and lungs can occur after any surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk.
- Damage to other structures during surgery which may make a further operation necessary –risk of bladder injury (7 in 1000 cases) and risk of bowel injury (4 in 10000 cases).
- Return to theatre because of bleeding or wound breakdown (7 in 1000 cases)
- New pelvic pain and/or persistent non-gynaecological pain (15 in 100 cases)
- Other frequent risks of abdominal hysterectomy include
  - Wound infection, pain, bruising, delayed wound healing or painful scar
  - Numbness, tingling or burning sensation around the scar, which is usually self limiting over a few weeks or months
  - Risk of early menopause due to ovarian failure if the ovaries are conserved

If you have any concerns please contact the Cley Gynaecology ward on **01603 287242**.  
Alternatively you may be able to see your general practitioner.

**Other sources from where to obtain information:**

<http://www.rcog.org.uk/information-you-after-abdominal-hysterectomy>

<http://www.rcog.org.uk/information-for-you-after-a-vaginal-hysterectomy>

Videos about coming into hospital that are available on Youtube -

<https://www.youtube.com/watch?v=2nW8khbB8gA>

