

Gynaecology Department Patient Information

Hysterectomy

What you need to know about your operation ...

Introduction

Hysterectomy is an operation to remove the uterus (womb). This operation is usually recommended for one or more of the conditions described below:

- **Heavy or painful periods.** In some women, day-to-day life is made difficult because of heavy periods. Sometimes the heavy bleeding can cause anaemia (lack of iron).
- **Fibroids.** These are non-cancerous swellings of muscle that grow inside and sometimes outside the uterus and can be from the size of a pea to a football. They are common and do not always cause problems, although they can cause heavy or painful periods and larger ones can cause pressure on the bladder, leading to urinary symptoms.
- **Prolapse.** This happens when the supporting muscles and supporting 'sling' of ligaments become weak allowing the uterus to drop down into the vagina.
- **Endometriosis.** This is where the lining of the uterus grows outside of it. It can cause scarring, sometimes making the uterus 'stick' to other organs like the bladder or the bowel. Often the symptoms are only mild, but some women develop painful periods, abdominal pain, or have pain during sex.
- **Pelvic Inflammatory Disease.** This is a painful condition that results from infection of the fallopian tubes and other pelvic organs.
- **Cancer.** Hysterectomy may be advised if cancer of the cervix, uterus, fallopian tubes or ovaries is suspected.

For most of these conditions, hysterectomy is usually considered a last resort after other treatments have failed.

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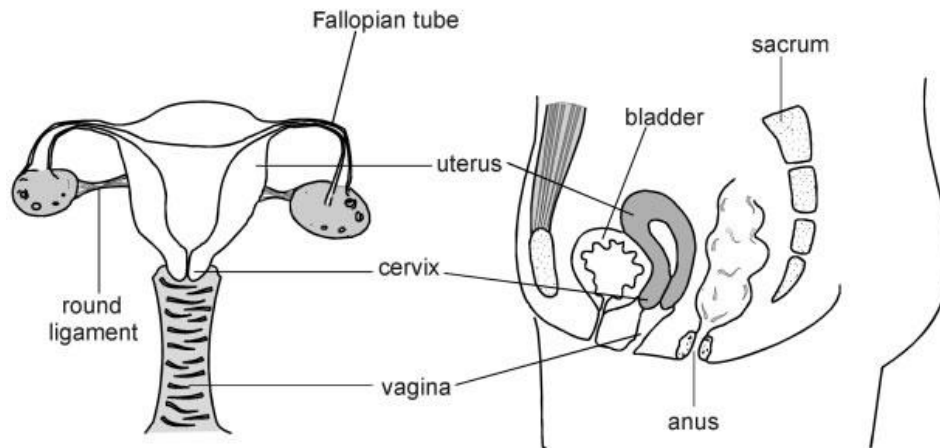
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Information

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FEMALE REPRODUCTIVE SYSTEM



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Will my ovaries be removed?

A hysterectomy can also involve the removal of the fallopian tubes, and ovaries. Oophorectomy is the term used for removal of the ovaries. Your surgeon will advise you as to whether this is necessary. If you have your ovaries removed but are not yet through the menopause then you will need to take hormone supplements (HRT). This will be discussed with you at your appointment with the surgeon.

What does the operation involve?

Before the operation

If you use an oral contraception pill, about 6 weeks before the operation you should stop taking it and ensure you use a barrier method of contraception (e.g. condoms).

The day of the operation

Most patients will be admitted on the day of surgery either to the ward, Surgical Admissions Lounge. The nurses will complete some routine paperwork and tests. You will be asked to change into a gown ready for theatre.

The anaesthetic

Your anaesthetist will select the type of anaesthetic you require by balancing your general health with the type of surgery required. Normally this procedure is performed under general anaesthetic. A low epidural/caudal injection of local anaesthetic is often used to help with pain control.

The operation itself

Hysterectomies can be performed in various ways depending on the reason it was recommended:

- **Laparoscopically Assisted Vaginal Hysterectomy (LAVH):** a laparoscope (fine telescope) is passed through small incisions made in the abdomen. The uterus is

divided from the surrounding tissues and removed through the vagina. The abdominal incisions are then closed.

- **Vaginal Hysterectomy:** the uterus is removed through an incision made through the wall of the vagina

Sometimes with the above procedures, the surgeon may experience technical difficulties which he could not foresee before the operation. If this happens an abdominal incision will be made and the procedure finished through the wound in your abdomen.

- **Abdominal Hysterectomy:** the operation is performed through an incision in the abdomen near the bikini line. A tube may sometimes be placed near the wound to drain away any excess fluid.

After the operation

After a short time in the recovery area you will be taken back to the ward. You may wake up with an oxygen mask over your face. A vaginal pack and sanitary pad will also be in place, and a catheter put into the bladder to drain away urine. You will be aware of nurses checking your pulse, blood pressure and wound site. They will ensure that your pain is well controlled. You may find it more comfortable to lie on your side.

As with any abdominal operation, the bowel may slow down for a short while and you will not eat or drink anything (other than sips of water) until the doctors are sure everything is working normally again. You may have an infusion ('drip') in your arm through which fluid is given. This will be removed as soon as you are able to drink.

You should be able to start eating and drinking again the following day. The catheter will be removed and the nurses will check that you are passing urine. They will also check that your bowels are working properly and if necessary a laxative may be given. The vaginal pack will be removed, although it will be replaced if there is heavy bleeding. Very occasionally this may require a return to theatre.

Before you go home the ward nurses will check any vaginal discharge. The doctor may choose to perform an internal (vaginal) examination to check that healing is progressing satisfactorily.

Your discharge from hospital:

Following a LAVH or vaginal hysterectomy, you can expect to stay in hospital for 1-3 nights. Following an abdominal hysterectomy, your stay is likely to be 2-3 nights. You will need to arrange for someone to pick you up to take you home. Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days.

What should I do when I leave hospital?

Activity

It is natural to feel tired, as this is your body's reaction to the stress of the operation. Take it easy for the first two weeks and take regular rests.

After this gently increase your activities. Do the exercises recommended by the physiotherapist including several short walks. Do not lift anything heavier than 1kg in

weight for 6 weeks. Do not do any heavy lifting for 3 months. You may start swimming after 6 weeks.

Driving

You can drive as soon as you feel comfortable and are able to perform an emergency stop safely. This is likely to be about 4 - 6 weeks.

Wound and personal care

Keep the wound clean and dry for 24 hours. After this you may bath and shower as normal but avoid talcum powder. Some wounds are closed with dissolvable stitches, which can take up to a month to disappear. Clips/staples or non-dissolving stitches will need to be removed and the nurses will have advised you about the arrangements for this.

It is not unusual to have bruising around your wounds. If you observe signs of infection such as increasing pain, redness, swelling or discharge, please contact your GP. It is normal to have a slight dark vaginal discharge for up to 6 weeks after surgery. Please use sanitary pads, **not** tampons for the first month to reduce the risk of infection.

Work

Returning to work will depend on your circumstances and type of work but you will also need to consider whether you have sufficient stamina and mobility to cope. If you have had a laparoscopically assisted vaginal hysterectomy (LAVH), you could expect to be off work for 1-2 months. If you have had a vaginal or abdominal hysterectomy, you could expect to be off work for up to 3 months. If you require a sickness certificate you should ask your nurse or doctor prior to discharge.

Sexual relationships

It is advisable to refrain from sexual intercourse for 5-6 weeks to prevent infection and reduce trauma. However, most couples prefer to wait until after the 6 week post-operative check has confirmed that the vaginal area is completely healed.

What are the benefits of the operation?

Having a hysterectomy can be one of the most difficult decisions a woman has to make. For many it comes as a welcome relief from pain, discomfort or heavy periods.

The advantages of having a LAVH or vaginal hysterectomy are that generally the hospital stay and recovery time are shorter than an abdominal hysterectomy. There is also no visible scarring, and less risk of the formation of adhesions (organs or tissue sticking together) or infection.

Are there any risks involved in this operation?

Although modern surgery and anaesthetics are considered to be safe, all medical procedures carry some risks. The surgeon will discuss all these risks with you.

Risks associated with the operation are:

- Heavy bleeding which may require a return to theatre and/or a blood transfusion
- Pain and discomfort around the scar which will improve over time
- Loss of sex drive requiring hormones to restore the balance
- Urinary infection
- Rare complications include injury to other organs such as bowel or blood vessels which may upset the bladder function
- Prolapse of the vagina
- Back pain
- Depression

Risks associated with anaesthetic are:

- Blood clots in the legs (DVT) that can travel to the lungs (pulmonary embolism). Blood thinning injections may be given to prevent this. Patients may wear tight stockings and are advised to keep moving their legs to help the circulation.
- Chest infection

Are there any alternatives to this operation?

The alternatives available would depend on the reason for your surgery:

- Treatments such as the Mirena (hormone) coil or limited surgery may be used in some women to treat an underlying condition and to postpone surgery, but this is often not long-term solution.
- If the cause of your problems is a prolapse, then physiotherapy may be helpful to help tighten the muscles. A vaginal ring or shelf pessary may be prescribed to keep the prolapse in place. New surgical techniques have been developed allowing prolapses to be repaired without a hysterectomy.
- Less radical surgery such as endometrial ablation and hysteroscopic fibroid resection may be considered

What could happen if I don't have the operation?

If you decide not to have surgery your symptoms may persist or worsen.

Consent

We must by law obtain your written consent to this procedure beforehand. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

Further information and advice

If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Accident & Emergency Department.

If you would like any advice or information before your operation you can contact the Pre-admission Clinic on 01305 254222.

For more help and guidance, please contact:

- **NHS Direct 24 hours a day**
Phone: 0845 4647
Website: www.nhsdirect.nhs.uk
- **The Hospital's Patient Advice and Liaison Service (PALS)**
Phone: 0800 783058
Website: pals@dchft.nhs.uk
Address: Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY
- **The Patients Association**
Helpline: 0845 6084455
Website: www.patients-association.com
Address: The Patients Association
PO Box 935
Harrow
Middlesex HA1 3YJ
- **Royal College of Anaesthetists: Anaesthesia Explained**
Website: www.youranaesthetic.info
- **Endometriosis Society**
Address: 50 Westminster Palace Gardens,
Artillery Gardens,
London, SW1P 1RL
- **Hysterectomy Support Network**
Helpline: 0845 125 5254
Website: www.womenshealthlondon.org.uk
Address: Hysterectomy Support Network
Women's Health
52 Featherstone Street
London EC1Y 8RT
- **Hysterectomy Association**
Helpline: 0871 781 1141
Website: www.hysterectomy-association.org.uk
Address: 8 Newby close
Burton on Trent
DE15 9GG
- **National Osteoporosis Society**
Helpline: 01761 471771
Website: www.nos.org.uk
Address: National Osteoporosis Society,
Camerton
Bath BA2 0PJ