

Patient information

Hysterectomy

Introduction / procedure

A hysterectomy is the removal of the uterus (womb). Your doctor will have explained why you are having a hysterectomy. This leaflet is to help you understand what to expect.

Abdominal hysterectomy: An incision is made in the abdomen to enable the removal of the uterus and there will be sutures inserted on the outside of the abdomen.

Vaginal hysterectomy: The uterus is removed via the vagina and you will have internal sutures inserted. These normally dissolve on their own. Laparoscopic-assisted hysterectomy – some of the dissection is carried out as “key hole” surgery.

Before your operation

Once your operation has been decided upon with your gynaecologist you will usually be asked to attend the pre-admission clinic on the same day as your gynaecology clinic appointment.

You will usually have a second pre-admission appointment with a nurse nearer to the date of your operation.

You will be asked to come to the hospital the day of your operation, the usual length of stay is 2 - 3 days although recovery can vary.

After your operation

You may have a drip in a vein in your arm to provide fluids, a urinary catheter to drain the bladder, a morphine pump to self-administer your pain relief.

You will be encouraged to get out of bed and sit in a chair as soon as possible, usually the day after your operation. This is to help your blood circulation and avoid the risk of blood clots forming.

* You will be given a post-procedure leaflet which will explain after care and what to do after your discharge.

Going home

You need to rest as much as possible (although it is important to mobilise and carry out light activities) for the first six weeks and should **not** lift anything as your abdominal muscles and tissues need time to heal.

Diet

Try to eat a variety of foods with fresh fruit and vegetables. Drink plenty of water each day to prevent constipation.

Work

When you are discharged from the ward an appointment may be arranged for you to be seen in the gynaecology clinic six weeks after your operation, or you may be asked to make an appointment with your GP surgery for this check. Some women go back to work after this check, however it depends on what job you do and how you are recovering.

Driving

You can drive again when you can safely carry out an emergency stop without worrying about your scar. This is normally about six weeks after your operation.

Sexual intercourse

Intercourse too soon after surgery may cause bleeding from the suture (stitch) line and it is advisable to refrain from full penetration for about 4 - 5 weeks, unless advised otherwise. It may be helpful to have attempted penetration before the six week check up as you can then discuss any problems with the doctor.

Hormone replacement therapy (HRT)

If you have had your ovaries removed you will have an artificial menopause. This may cause menopausal symptoms such as hot flushes. Discuss with your consultant or GP, if you wish to consider taking hormone replacement therapy (HRT).

If you need any further advice / information please contact:

Gynaecology Nurse – 01284 713601

Gynaecology Ward – 01284 713236

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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