Patient information

Hysterectomy- an operation to remove your womb

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:

The womb is removed through a cut in the lower part of your abdomen. Usually this leaves a 'bikini-line' scar, although occasionally a midline (up and down) cut is necessary. This will be discussed with you during the consenting process and the incision may need to be changed once you have been examined under anaesthesia.

Vaginal hysterectomy:

The womb is removed through the vaginal canal with no visible scars. Your gynaecologist will discuss whether this method is suitable for you. Some women with large fibroids, for example, may not be suitable for this type of hysterectomy.

Laparoscopic assisted vaginal hysterectomy (LAVH):

Sometimes a hysterectomy can be performed using a telescope which is passed through a cut in the tummy button and then the womb is removed through the vagina. Part of this surgery is keyhole and part is vaginal hysterectomy.

Total laparoscopic hysterectomy (TLH):

This involves the removal of the uterus (womb) and the cervix through several small cuts in the abdomen. Several small cuts are made instead of one large 'bikini-line' cut. This surgery is entirely keyhole, but the womb is removed through the vagina. When a vaginal or laparoscopic hysterectomy is planned, and if there are complications, the surgeons may need to convert to an open procedure whilst you are asleep.

Possible complications of the operation:

Women who are obese, have had previous operations or with pre-existing medical conditions must understand that the quoted risks for complications will be increased.

Serious risks include:

- the overall risk of serious complications from abdominal hysterectomy is approximately four women in every 100 (common)
- damage to the bladder and/or the ureter (seven women in every 1,000) and/or long-term disturbance to the bladder function (uncommon)
- damage to the bowel: four women in every 10,000 (rare)
- haemorrhage requiring blood transfusion, 23 women in every 1,000 (common)
- return to theatre because of bleeding/wound dehiscence, and so on: seven women in every 1000 (uncommon) - risk of wound dehiscence (giving away of the scar) more frequent if you have had an up-down incision)
- pelvic abscess/infection: two women in every 1000 (uncommon)
- venous thrombosis or pulmonary embolism, four women in every 1000 (uncommon)
- risk of death within 6 weeks, 32 women in every 100,000 (rare). The main causes of death are pulmonary embolism and cardiac disease.

Frequent risks include:

- wound infection, pain, bruising, delayed wound healing or keloid (scar) formation
- numbness, tingling or burning sensation around the scar (you should be reassured that this is usually self-limiting but it could take weeks or months to resolve)
- frequency of micturition and urinary tract infection
- ovarian failure.

Extra procedures which may become necessary during the procedure

- Blood transfusion
- Repair to bladder, bowel or major blood vessel
- Oophorectomy for unsuspected disease.

Long term complications:

- Disturbance to bladder function
- Incisional hernia
- Early onset of the menopause if you were premenopausal at the time of hysterectomy and your ovaries have been removed. There is also a risk of earlier menopause even if your ovaries have not been removed.

Why do I need this operation?

The most common reasons for having a hysterectomy are:

- Painful or heavy periods which have failed to respond to medical treatment
- Fibroids, which are non-cancerous growths in the muscle of the womb
- Prolapse of the womb. Weak muscles can cause the womb to drop down into the vagina
- Endometriosis - when tissue that usually lines the womb grows outside of the womb

- Severe or recurrent or untreatable pelvic infection
- Cancer of the womb or cervix.

Before and during the hysterectomy

How will the operation take place?

Your doctor will explain which method will be used to perform the surgery and will tell you about the type of hysterectomy you are having. The length of the operation will depend on the type of procedure and your general health. You will be given a general anaesthetic, which is medication that causes you to sleep during the entire operation.

What happens before my operation?

Once surgery has been decided upon, you will have an opportunity to discuss your forthcoming admission with a nurse in a dedicated pre-assessment clinic. This will include planning for the time when you are discharged home after the operation in case you require any extra help. Patients undergoing surgery spend less time in hospital whenever possible as they tend to recover better in their own home. Typically, women having vaginal or laparoscopic surgery spend one night on the ward and women undergoing open surgery one night.

Pre-operative nutrition:

You will be given four drinks to drink before you come in for your surgery. Three are to be taken with meals two days before your operation and the last drink should be drunk on the day before you are admitted to hospital for your operation. The idea is to minimise stress to your body because of having an operation, as your body needs more nourishment than normal to heal. You also need normal water up until 2 hours before your surgery, and sips of water until your operation.

It is important that you let your nurse, doctor or anaesthetist know if you have allergies to any medicines, including anaesthetics. Please bring along any medicines that you are taking.

Your ward nurse will help you get ready for your operation and can answer any questions you may have.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment, and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

After the hysterectomy- what happens after my operation?

The following information is a guide as to what may happen after your operation. Everyone recovers at a different pace and if you have any concerns please talk to your doctors or nurses.

When you wake up from your operation, you will have:

- an oxygen mask on your face to help you breathe after the general anaesthetic
- a drip in your arm to give you fluids
- a small clip on your finger to check your oxygen levels
- a catheter in your bladder – this is because you will feel sleepy and will not be able to get out of bed to pass urine. The catheter also gives an accurate measurement of your urine.
- you may have a drain coming from your wound.

You may also have a pain relieving pump, although not everyone does, many women manage their pain with oral medication.

- A PCA (patient controlled analgesia) which allows you to control your drugs yourself. Your nurse will explain and show you how to use this pump.

You will feel very tired after your surgery, and it is important that you do not have too many visitors in the first few days after your operation. The nursing staff will be available to help you if you need anything.

On the first day after your operation:

To help you recover from your operation and reduce the chance of problems, the ward team will encourage you to:

- Sit upright, especially out of bed. This allows your lungs to open up fully, makes it easier to cough and helps to prevent you from getting a chest infection.
- Start moving around as soon as possible. This is good for your blood circulation and, along with your anti-embolic stockings, can help prevent blood clots (deep vein thrombosis or DVT). Please do not get out of bed until your nurse has told you it is safe to do so.

It can take a little while for your gut to start working again. This means, depending on the type of hysterectomy you have had, you may be asked to start drinking with just small sips of water.

It is important that you stop smoking for at least 24 hours after your operation to reduce the risk of chest problems. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no smoking policy in our hospital. If you would like to give up smoking, please speak to your nurse. For more information and support to help you stop smoking, please contact Feel Good Suffolk 0345 603 4060 www.feelgoodsuffolk.co.uk

Each day you will be encouraged to move around more and become more independent. The physiotherapist will show you the easiest way to start moving again and will explain about doing pelvic floor exercises**.**

Once you are able to drink normally your drip will be taken away. Drinking plenty of fluids and walking around will also help your bowels to start working again. Constipation can become a problem following a hysterectomy. It is very important to make sure that you are doing everything you can to prevent getting constipated - drink 1.5-2 litres of fluid a day, have a healthy, well-balanced diet with fibre and to keep moving. The doctors will prescribe some laxatives for you to take until your bowels have returned to normal once you are back home.

Your pain-relieving pump (if you have had one) will be stopped and you will be given tablets or suppositories to control any pain. Your catheter will also be removed.

Going home: When can I go home?

Your stay in hospital will be between one and three days in total, depending on the type of surgery you have had. Some people recover from surgery quicker than others, so it will also depend on how you feel after the operation.

What happens after I go home?

It is important that you follow all the advice you are given when you leave the ward. Continue to do your pelvic floor exercises. Women who have had a hysterectomy are at increased chance of developing a vaginal prolapse, so it is important to continue the pelvic floor exercises and lifestyle changes to reduce this. Pelvic floor exercises can help to prevent problems with urinary incontinence (leakage of urine) but also help with healing as when you squeeze the pelvic floor muscle correctly, it brings a good supply of blood to the areas which can aid healing.

If you would like to see a pelvic health physiotherapist to run through pelvic floor exercises with you, then you can self-refer at: https://ahpsuffolk.co.uk/Home/SelfReferral/SelfReferralHelp.aspx

About 10 to 14 days after your operation you may notice that the amount of pinkish/brown fluid (known as a 'discharge') coming from your vagina increases. This will last for a few days and is a normal part of healing.

What can and can't I do when I am at home?

These guidelines will give you an idea as to how much you can do at home:

Week one and two:

- Do not lift anything that is heavier than a full kettle.
- Do not do any strenuous physical activity (activity that makes you feel out of breath).
- Do not have sexual intercourse.
- Do not put anything inside your vagina.
- Do not use vaginal lubricants, creams or gels.
- Do not drive. You will need to check with your insurance company when they are happy for you to drive after surgery. Most want you to be able to perform an emergency stop without putting yourself or anyone on the road at risk, this can be for up to 6 weeks after your surgery.
- Use sanitary towels (instead of tampons) for any vaginal bleeding.

You can have a bath or shower but avoid using perfumed/scented gels or soap on your wound area – they can irritate the area and delay healing. Gently pat your wound dry. You can then put on a moisturising cream which is not scented, such as E45 or aqueous cream.

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.

Weeks three to five:

- Do not have sexual intercourse.
- Do not put anything inside your vagina.

- Do not drive - see above advice.
- Continue to gently increase the amount of physical activity you are doing – walking is good.
- Allow rest time in your daily routine.

At week six:

- You can start back with your normal activities.
- You can start driving again if you do not have pain when moving, and you feel comfortable performing an emergency stop quickly and safely. Consult your insurance company before driving. If you are not sure about when to resume driving, please visit your GP to check your progress.
- If you no longer have pain or vaginal bleeding you can start to have sexual intercourse and use tampons. If you have pain or bleeding after starting sex again, please contact the ward or your GP for advice. Lovemaking should be gentle and if much discomfort is felt you should be prepared to wait a little longer. A little lubricating jelly can sometimes be helpful at first. You may wish to try intercourse before returning for a check-up so you can discuss any problems.
- Continue to increase your physical activity and rest when you feel tired.

Some women tell us that it can take up to four to six months before they feel fully recovered after their hysterectomy.

Stitches/ clips

If you have any to remove, these are usually removed between the fifth and tenth day after your operation. This should not be a painful procedure. A district nurse may be asked to visit you at home to remove the clips/stitches if appropriate. Otherwise, you should make an appointment to see your GP or practice nurse to have them removed.

If you have dissolvable stitches they do not need to be removed, they will dissolve.

Hormone replacement therapy (HRT)

If your ovaries have been left intact you will continue to ovulate and the menopause will occur naturally in its own time or slightly earlier.

If your ovaries have to be removed and you have not already reached that time of your life, you will experience an artificial menopause. Because of this you may get hot flushes, night sweats, irritability and a dry vagina. This can be upsetting but is usually easy to prevent or treat with hormone replacement therapy (HRT). This simply replaces oestrogen, one of the two main hormones produced by the ovaries. Sometimes a small pellet is placed under the skin at the time of your operation. This slowly releases oestrogen into the system. It begins to decline towards the end of six months when a new one may be needed.

More commonly you may be given hormone tablets to take by mouth daily or advised to put a special patch on the skin 2-3 times a week. There is no need to fear HRT, as the quantity of hormone used to replace the natural state is low.

Again, do not be afraid to discuss any fears you may have with your doctor.

Constipation prevention

Try and eat a well-balanced diet with lots of fruit and vegetables and aim to drink 1.5-2 litres of fluid at day to help prevent you getting constipated. You may require a laxative to help keep things

regular in the first few weeks. You can ask your doctor for some before you go home or can buy some over the counter.

Your emotions following surgery

In the days after your operation, it is quite normal to feel a little ‘blue’ and perhaps weepy. This can be caused by the hormonal changes in your body, the anaesthetic you were given and/or your feelings about the operation in general. How long these feelings will last vary from woman to woman. Please do not hesitate to talk to the staff about how you are feeling.

Will I have a follow-up appointment?

We will tell you when and who to see for your follow-up appointment before you go home. It may be with your GP or a hospital doctor at around 6-8 weeks. Sometimes your surgeon may need to see you three months after your operation – we will let you know if this is the case before you go home.

Any tissue that is removed during the operation (womb, cervix, tubes, ovaries) will be sent for examination after the operation. This is a routine examination that is performed for all tissues removed during any operation.
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The examination is done in a laboratory by a histopathologist. The structure of the tissue is reviewed and studied under the microscope to make sure there were no unexpected abnormal features within the tissues and cells.

When to contact your doctor

It is fairly unusual to have problems once you are back at home.

Please attend your nearest emergency department (A&E) if you experience any of these issues:

- a sudden feeling of shortness of breath and/or chest pain
- if you have a temperature of 38°C or above (100.4 fahrenheit)
- severe pain or increasing pain
- nausea and vomiting
- increased bleeding from your vagina (bright red blood or clots)
- if you are unable to pass urine
- pain, swelling or redness in your calf.

Please consult your GP if you experience any of the following, or attend the emergency department (A&E) if the symptoms are severe:

- constipation which lasts longer than three or four days and does not get better after taking a laxative
- wound pain, or swelling/redness of your wound area
- discharge (pus) from your wound or your wound opening
- offensive smelling, itchy, yellow/green discharge from your vagina
- burning pain or discomfort when passing urine.

If you need any further advice / information, please contact:

Gynaecology outpatient nurses – 01284 713601

Gynaecology ward F14 – 01284 713236

Clinical research

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

AccessAble
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