

About your Hysterectomy

An information guide



About your Hysterectomy

This leaflet is designed to give you a basic understanding of a hysterectomy and what to expect before and after the operation.

This information should only be used as a guide. If you have any questions please speak to a member of staff.

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb) with, but not always the cervix (neck of the womb).

Why do I need a hysterectomy?

To fully understand why you need to have a hysterectomy, it is important that you discuss alternative treatment options with your doctor first.

There are many reasons including:

- Painful, heavy periods.
- Fibroids - non cancerous fibrous bundles of tissue that develop in the wall of the womb.
- Pelvic pain/Endometriosis
- Prolapse of the womb.
- Cancer of the cervix, womb, or ovaries.
- Massive bleeding (haemorrhage) from the womb.

What are the types of hysterectomy?

Your doctor will advise which procedure is most suitable for you, why it is required, and what, if any, follow-up treatment might be needed.

- **Total abdominal hysterectomy** - removal of womb and cervix. Usually a horizontal 'bikini-line' cut is made in the abdomen but in some cases a vertical incision is required.
- **Vaginal hysterectomy** - removal of womb and cervix through your vagina with no visible scar. This is usually done if a prolapse also needs correcting. It is not possible to remove ovaries and tubes through this route alone.
- **Sub-total hysterectomy** - removal of womb, but the cervix remains.
- **Laparoscopic assisted vaginal hysterectomy** - involves making three or four small cuts and inserting a fine telescope and forceps into the abdomen. The womb and cervix are removed through the vagina.
- **Radical/Wertheim's/extended hysterectomy** - performed in cases of cancer or suspected cancer. This involves the removal of the womb, cervix and possibly ovaries plus glands and other tissue from the pelvis. The cut in the abdomen is usually vertical.

In what circumstances might I need to have my ovaries removed?

- Ovarian cancer or family history of ovarian cancer.
- Recurring ovarian cysts in consultation with the operating surgeon.
- Endometriosis especially on the ovaries.

How will having my ovaries removed affect me?

Ovaries produce hormones, if removed this will cause the onset of menopausal symptoms due to the lack of oestrogen. If you have already gone through the menopause then the removal of your ovaries will not affect your hormones.

Will I need Hormone Replacement Therapy (HRT)?

If you have had your ovaries removed you may need to start HRT but you need to discuss this with your doctor to assess your suitability.

If your ovaries are not removed they will still produce hormones. However, the natural menopause may occur slightly earlier. Nursing staff can provide you with information leaflets on the menopause and HRT.

Will I have a general anaesthetic?

A hysterectomy is usually carried out under general anaesthetic. Vaginal hysterectomy may sometimes be performed with epidural or spinal anaesthetic.

The risks of anaesthesia for elective surgery under modern conditions are very small. You will be carefully monitored throughout the operation by an anaesthetist (usually a consultant).

However there are risks with all anaesthetics and if you wish to discuss them please feel free to do so when you meet your anaesthetist before the operation.

What are the risks of the operation?

A hysterectomy is a major operation that most women undergo without experiencing complications, however complications can occur including:

- Allergic reaction to drugs or anaesthetic.
- Small but significant risk of damage to bowel, bladder, or ureters (small tubes carrying urine from the kidneys to the bladder).
- Heavy bleeding caused by damage to blood vessels.
- Wound, bladder or chest infections, antibiotics are often given during or after the operation to reduce the risk.
- Blood clot in leg, pelvic veins or lung usually you will be given blood thinning injections to reduce the chance of a clot forming.

These risks are increased if you are a smoker and/or obese.

What happens before the operation?

Your operation will be discussed with you and your consent obtained in writing. Before signing the consent form it is important that you fully understand why you need the operation, the agreed procedure and the risks, benefits and complications which could occur.

Before you are admitted for surgery you will be booked for pre-operative assessment. This assessment is required to check your general health, ensure you are medically fit to receive an anaesthetic and undergo planned procedure.

Any necessary tests will be carried out, for example, blood tests, chest x-ray and electro-cardiogram (ECG). Your temperature, pulse, blood pressure, height and weight will be recorded and your urine tested.

Stopping smoking, healthy eating and regular exercise can help to avoid the risk of complications. Due to the increased risk of thrombosis it is advisable to stop taking hormone replacement therapy (HRT) or the oral contraceptive pill six weeks before your operation. Make sure you use another form of contraception.

The operation will be cancelled if you are pregnant.

You should continue to take any other prescribed medication. Please bring your medication with you to both the pre-operative clinic and on admission to hospital.

What happens on admission to the ward?

Nursing staff will show you around the ward and discuss and plan your care with you.

You will need to starve for at least 6 hours before the operation. You will also need to remove nail varnish, make-up, contact lenses, jewellery and body piercings. Please inform the nursing staff of any piercing or jewellery you are unable to remove. It is important to advise your anaesthetist if you wear dentures as they may need to be removed.

To reduce the risk of blood clots forming you will be given anti-embolism stockings to wear before and after your operation.

If you anticipate any problems at home, or need advice regarding services available to you, ask to speak to the hospital social worker or Citizen's Advice Bureau, they may be able to help.

What are the visiting times?

The nursing staff will inform you of the visiting times, but in order for you to rest we would advise that you restrict your visitors immediately after the operation.

What can I expect after the operation?

You will wake feeling drowsy due to the anaesthetic and pain relief given in theatre. Depending on the type of procedure and your recovery, you may have a drip in your arm to replace fluids and a catheter (tube to drain urine from your bladder). You may also have tubes from the wound to drain excess blood or fluid. If required the catheter, drip and drains will usually be removed after 24-48 hours.

You may be given oxygen to help you breathe more easily. If you have had a vaginal hysterectomy you may have a gauze bandage (pack) in your vagina for 24 hours.

The nurses will regularly check your breathing, blood pressure and pulse, and will ensure that you are given the prescribed medication to relieve any pain or sickness.

After your operation it is important to get moving as soon as possible. You will be assisted with hygiene needs and helped to sit out of bed and mobilise as necessary. To help circulation and reduce the risk of chest infection you will be encouraged to do gentle leg and breathing exercises.

You should be able to eat and drink soon after the operation. Gas in the bowel and stomach can cause wind pains, the nurses can give you medication to help relieve this.

It can take a few days before your bowels start to work normally and if necessary you will be given a mild laxative. It is normal to have some vaginal bleeding or blood stained discharge.

When can I go home?

This will depend on the type of procedure and your recovery.

Before your operation you will be given an expected date of discharge. Laparoscopic hysterectomy can be carried out as a day case, abdominal or vaginal hysterectomy has an expected stay of 24 – 72 hours.

Length of stay depends on the procedure carried out and your recovery. Before going home you must be assessed as medically fit for discharge.

Nursing staff will advise of any stitches /clips to be removed and advise as to when and where

Your GP will be advised of the procedure carried out and sent results of tissue samples taken in theatre. You will receive a copy of the letter

Follow-up

Follow-up is not always necessary. You will be advised if you need a follow up appointment before you are discharged.

Advice following discharge

Rest and Exercise

- During the first six weeks it is important to have a period of convalescence.
- For the first two weeks at home you need to relax and make sure you rest when feeling tired and avoid prolonged standing.
- Every woman is different in her speed of recovery. If an activity makes you feel tired, you may be overdoing things.
- Exercise is as important as rest, go for a short walk each day gradually going further and continue to do the exercises you were taught in hospital. You can walk up and down stairs.
- Swimming is beneficial after three or four weeks if your vaginal discharge has stopped and your wound has healed.

Housework

You are able to do light household jobs such as dusting, washing up, and making a meal as soon as you feel fit to do so. After six weeks gradually do more household jobs such as vacuuming, ironing etc. until you are more or less back to normal. Avoid all heavy lifting, moving furniture etc. until twelve weeks after surgery.

Driving

You must not drive until you are confident that you can do an emergency stop, and feel comfortable wearing a seat belt. Check with your insurance company as they may have special rules on this.

Back to work

Most people can return to work after six weeks of surgery, but it can vary from person to person. If you need a sick/fit note for work, the ward staff will issue you with a medical certificate to cover your anticipated sickness or until your follow-up appointment (where relevant). Please ask a member of staff for this certificate before you are discharged home.

Hygiene

Have a daily bath or shower and wear loose cotton clothing. Your wound should be kept clean and dry to promote healing. If there is any redness or oozing from the wound or you feel unwell contact your GP for advice.

Vaginal bleeding or discharge

This will last for 3 - 4 weeks and should be no more than it usually is at the end of a period. Use sanitary towels, not tampons, to reduce the risk of infection. If your discharge becomes heavy, or smells offensive, consult your doctor for advice, as it may be a sign of infection.

If you have had a subtotal hysterectomy there is a chance that slight cyclical (monthly) bleeding will occur.

Intercourse

Most women find it reassuring to know that their own sexual response should be little changed by the operation. It is usual to resume intercourse when you feel comfortable and your vaginal discharge has stopped.

Smear tests

This will depend on whether or not you have had your cervix removed and where you are in the cervical screening programme. The results from the tissue sent to the laboratory will need to be considered. Your consultant should discuss this with you and advise you accordingly.

If you have any other questions or worries when you return home do not hesitate to contact the ward sister or member of the staff at any time night or day.

Contact numbers

Gynaecology Assessment Unit, The Royal Oldham Hospital - 0161 627 8855

Day Surgery Unit, Rochdale Infirmary - 01706 517555 or 01706 514132

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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