References

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CARING FOR YOU

NHS
United Lincolnshire Hospitals
NHS Trust

Hysterectomy

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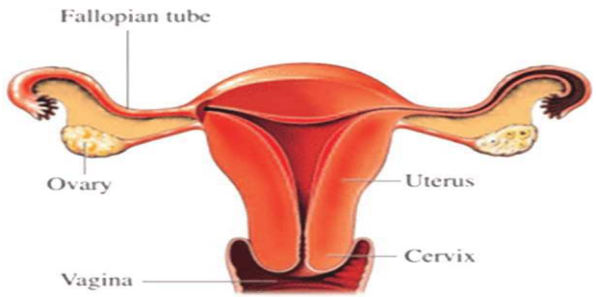
www.ulh.nhs.uk

You have been given this information booklet because it is recommended you have a hysterectomy.



What is a hysterectomy?

A hysterectomy is an operation to remove the womb, also called the uterus. The operation may also involve the removal of one or both of the fallopian tubes and ovaries.

What are the different types of hysterectomy?

Hysterectomy is most often performed by making a cut along the bikini line and removing the womb through this. This is called an **abdominal hysterectomy**. Sometimes the doctor prefers to operate by removing the womb through the vagina. This is called a **vaginal hysterectomy**. This way of performing a hysterectomy does not leave any external scars, but it is not suitable for all conditions. The womb can also be removed by keyhole surgery called laparoscopic hysterectomy.

What are the reasons for a hysterectomy?

There are a number of different reasons why a hysterectomy may be necessary. These include:

- Heavy, painful periods (menorrhagia).
- Endometriosis. This is where cells similar to those in the lining

Contact details

If you have any questions about any of the information contained in this leaflet please contact Branston Ward, Lincoln County Hospital, telephone number 01522 573132.

of the womb begin to grow outside of the womb.

- Pelvic Inflammatory Disease. This can happen as a result of certain infections or diseases affecting the womb or other organs.
- Prolapse. This is where the womb comes down the vagina as a result of the muscles supporting it becoming weakened.
- Fibroids. This is when muscle tissue within the wall of the womb overgrows and forms a lump. Sometimes these fibroids can grow quite large.
- Severe pelvic pain.

Total hysterectomy

This is when the whole womb is removed. The term total can seem misleading because the ovaries and fallopian tubes are left in place. This is the usual procedure for fibroids, prolapse or period problems.

Total hysterectomy can be done either abdominally or vaginally.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy

This is when the womb, neck of the womb, fallopian tubes and ovaries are removed. This procedure is considered for post-menopausal women and for conditions where all the pelvic organs are involved.

Subtotal hysterectomy

This is where most of the womb is removed leaving behind the neck of the womb (cervix). This means that if you have a subtotal hysterectomy you will still need to have smear tests. If your Consultant feels that this is the appropriate hysterectomy for you, he or she will explain why.

Total Laparoscopic Hysterectomy

Total Laparoscopic hysterectomy is an operation to remove your uterus (womb) and cervix (neck of the womb) by keyhole surgery (minimally invasive surgery).

Risk factors

A hysterectomy is a relatively common operation and is generally safe and successful, but there are risks associated with any type of surgery. Health care staff are very aware of the risks involved and preventative measures are taken to help minimise all potential risk factors. It is important for you to discuss these potential risks and complications with the health care team looking after you.

The risks are:

- Bleeding and bruising to the wound
- Wound infection
- Urinary tract infection
- Pulmonary Embolus (PE)
- Deep Vein Thrombosis (DVT)
- Adhesion formation
- Damage to nerves leading to problems with long term pain
- Damage to surrounding organs such as bladder and bowel

What will happen before my hysterectomy?

Pre-operative assessment

Before you come in for your hysterectomy you will need to come in for a pre-operative assessment. This normally involves seeing the doctor and the nurse. At this appointment your medical details will be checked, the operation will be explained to you and

- Rarely during the operation, damage to other structures (e.g. bowel, bladder, ureters) may occur which may make additional surgery necessary. This may require a large cut on the tummy (laparotomy).

Follow up

Follow up and/or additional treatment will be offered and arranged for you if needed depending on your histology results (laboratory test of the tissues removed). Some women who have had a laparoscopic hysterectomy or subtotal will need to continue to have cervical cancer screening tests (smear tests). You will be advised if this applies to you. You could bring a friend or a relative with you.

What will I need to do after I go home?

Most patients are discharged between 24-48 hours and it is important to follow any advice given by the hospital staff. In general, you should take it easy and get plenty of rest for the first 2 weeks but make sure you do exercises when you are resting, for example: pump each foot up and down briskly for 30 seconds by moving your ankle - move each foot in a circular motion for 30 seconds - bend and straighten your legs, one leg at a time, three times for each leg.

Take a walk every day and gradually build up the distance, but don't overdo it. Try not to walk bent over, especially if you have had an abdominal hysterectomy as this will help the wound heal correctly. Slowly increase your activities and any household duties but **do not** lift any heavy objects for 3 months.

After three to four weeks you should be able to drive, if you are able to concentrate properly. You can go swimming and have sexual intercourse when it feels comfortable and when any vaginal discharge has stopped. This may be five to six weeks.

If the doctor has suggested you take HRT it is important to keep taking it. If the HRT you are prescribed does not suit you, there are several different types to try. Many women find that they have to try more than one form of HRT before they find one that suits them.

Whatever you do don't give up your HRT without discussing the implications with your doctor.

Complications

All operations carry some degree of risk and complications do occur.

- Heavy bleeding (haemorrhage) at the time of surgery is rare. Blood loss is usually less than 200 mls, however, blood loss requiring a blood transfusion occurs in 1% of patients.
- A collection of blood (haematoma) at the top of the vagina may occur. Most patients do not require treatment, although antibiotics are sometimes needed. Very rarely these collections of blood require surgical drainage. When you are at home after the operation the loss should be light, like the end of a period and getting less and less each day. If it becomes very heavy or smelly, please contact either the hospital or your GP.
- Infection – surgery is covered with antibiotics, but infection may occur in 10% of patients. Infection can occur in the chest, urine, scars or pelvis and are usually easily treated with antibiotics.
- Blood clots in the legs and lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as use of compression stockings and blood thinning injections. By staying active and well hydrated you can further reduce the risk of clots.

you will be given the opportunity to ask any questions. Your blood pressure will be checked, any necessary blood tests will be taken and further tests such as a chest x-ray will be done as required. Swabs will also be taken to screen for MRSA. You will be advised when to stop eating and drinking and when to take carbohydrate pre-load drinks before surgery.

You will normally be admitted to the ward or through surgical admission lounge (SAL) on the day of operation.

What to expect after the operation

You will be measured for special stockings to help prevent you developing clots in your legs after the operation. You may also be given a small injection every day while in hospital which thins the blood. The most important thing you can do to help prevent clots is to move your legs whilst in bed and go for regular short walks. You will be encouraged to sit out of bed on the first day after the operation.

You will have a drip (intravenous infusion) in your arm. This replaces fluids until you are eating and drinking normally. It is usually stopped within 24 hours after the operation.

You will be given regular painkillers. Initially, these will be given by pump, subcutaneous injection and sometimes in suppository form as well. Once you are eating and drinking normally they will be given in tablet form.

During the operation a catheter may be put in. This will drain the urine from your bladder and will be removed on the 1st day after the operation.

If you have an abdominal hysterectomy, you may have some small tubes (drains) coming from your wound. These drain away any excess blood from your wound and are removed when they have stopped draining (usually 1-2 days).

A physiotherapist is available to see you after the operation and give advice on gentle exercises which you will need to continue

after you are discharged home.

On the first day after your operation you will be assisted to wash by the nurses, sat out of bed and encouraged to mobilise. The next day you will have a shower if well enough. After that most people are able to wash independently.

If you have stitches or clips that need removing after you have gone home, please make an appointment with the practice nurse at your doctor's to have them removed. If you are unable to arrange to see your practice nurse, please discuss this with the staff before your discharge home. If you experience any problems after being discharged home we would recommend that you contact your GP. If your Consultant has requested to see you in the clinic following your discharge, to assess your progress, an appointment will be sent to you.

Abdominal and shoulder pain
You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder. This is a common side effect of laparoscopic surgery. When leaving hospital, you will be provided with painkillers, take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Vaginal bleeding and discharge
A slight vaginal discharge is normal for up to six weeks after hysterectomy. This discharge may contain threads from the dissolving stitches. If the discharge becomes red, heavy with clots or smells offensively you should rest and seek the advice of your GP.

You shouldn't use Tampons, have sex or go swimming until the discharge stops. After 4 weeks you may be well enough to go

back to work, but this will vary greatly from woman to woman and will depend on the type of job you do. Some women find they tire easily while others recover quite soon.

Trapped wind
Following your operation your bowel may temporarily slow down causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water or capsules may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

What does menopause have to do with hysterectomy?

If you have had your ovaries removed (oophorectomy) at the same time as your womb, your menopause will start straight away.

Depending on your age, the doctors may recommend starting hormone replacement therapy (HRT) after the operation. The lack of female hormones normally produced by the ovaries can have an immediate effect on the body, causing a variety of symptoms. Even if you keep your ovaries, you will find that you go into menopause earlier than normal. After a hysterectomy the ovaries may stop producing hormones earlier than would normally be expected. On average, the menopause will occur earlier than normal following hysterectomy, even when the ovaries are kept.

HRT is used to relieve the short term symptoms of menopause such as:

- Hot flushes and night sweats
- Vaginal dryness and shrinking