Hysterectomy

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Introduction
This information explains your operation. It discusses how the operation is done, how it can help, what the risks are and what you can expect afterwards. Please read alongside the preparing for surgery leaflet. Our aim is continuity of care, however this is not always possible, and when you are in hospital you will be looked after by a team of Doctors and Nurses.

What is a hysterectomy?
A hysterectomy is the removal of the womb and usually the cervix. There are three types of hysterectomy:

Vaginal, Abdominal or laparoscopically assisted (keyhole).

- A vaginal hysterectomy is an operation where the womb is removed through the vagina. The cuts are made on the inside so you will not be able to see them.
- An abdominal hysterectomy involves removing the womb through a cut across the tummy. The cut is usually about 10 - 12 cms long and is just above the pubic hair line.
- A keyhole procedure involves making very small cuts on your abdomen to free the womb which is then removed vaginally.

The type of hysterectomy you will have can sometimes only be decided when you are asleep in theatre.

Sometimes the ovaries and tubes are removed as well, especially if you have gone through the menopause. This will be discussed with you beforehand. If your ovaries are removed hormone replacement therapy (HRT) may also be discussed.
What are the risks?

It is hard to give an exact figure of the number of women who have problems after having a hysterectomy but this is what some of the research suggests:-

- Up to a quarter of all women who have a hysterectomy have problems afterwards. Most of these problems are not serious. An example would be that many women suffer with a fever which could be the sign of a small infection.
- You may have fewer problems if your womb is removed through the vagina than the abdomen although researchers cannot be certain.
- About 6 - 9 out of every 100 women have serious problems such as heavy bleeding after their surgery.

Why do I need a hysterectomy?

The usual reasons for having this operation are:

- Heavy periods.
- Fibroids.
- Prolapse of the uterus (womb).
- Ovarian cysts.

Some women may require a hysterectomy because they have been diagnosed with cancer of the uterus or cervix.

Around 8000 women have a hysterectomy each year. But not all women with heavy periods need a hysterectomy. It is a big operation that naturally carries risks. Doctors usually suggest this operation if drug treatment or a less major operation has not helped your problem.
Before the operation

You will be informed by post of a time to attend “Pre Admission Clinic”. This is usually about a week before your operation and allows us to ask you some general health questions, examine you and do some routine tests e.g. blood tests. It is also a good time for you to ask any questions. You will then be admitted to the gynaecology ward before your operation.

After the operation

When you wake up you will be in the recovery room. You will usually have an oxygen mask on your face and a drip into the back of your hand. You may also have:

- A tube in the bladder (a catheter) to drain the urine possible for all types of hysterectomy.
- A gauze “pack” in the vagina - sometimes used after vaginal or keyhole surgery.
- A wound drain (a tube coming from just next to the wound) - rarely used but most common for abdominal surgery.

These are usually removed in the first 24 hours.

There are four types of pain relief that we usually use:

- Paracetamol.
- Ibuprofen or Voltarol an anti inflammatory painkiller.
- Codeine based tablets.
- Occasionally PCA pumps (patient controlled analgesia). This is a drip that contains painkillers (morphine). You control how much you have by pushing the button.
Day 1 – First day after your operation
We try and ensure your pain is well controlled so that you can be as independent as possible, but you may need help with a wash and change of nightwear. If you feel well enough, we do encourage you to be out of bed for a short time. You will often be taking sips of fluid within a few hours of surgery but may be able to drink freely and even have a light meal by the end of the day as soon as you are well enough. We encourage you to be mobile as soon as possible.

Some women who have had vaginal surgery / keyhole surgery, are well enough to go home very quickly, sometimes within 24 hours of their operation. Recovery rates do vary from person to person, an average being 48-72 hours.

Day 2/3
For those women who are a bit longer in hospital, you will be able to walk to the bathroom and you will be encouraged to mobilize. You will hopefully be eating and drinking normally.

You will usually be seen by the physiotherapist. Most drips / drains will have been removed and we will be planning for home as soon as you are well.

NB. If you need help with washing then please ask as people recover at different rates.

Going home
You might find the following information useful. If you have any questions or worries about your recovery at home, your GP should be the person you contact, however, the ward is contactable on 0117 414 6785 if you are unable to find the help you need.

Don’t be surprised if you feel low and tearful once you get home - this is a normal reaction to the stress of leaving hospital and travelling home - you may like to warn your family about this. It can be unnerving leaving the security of the hospital.
It is important to take it easy when you get home, although it is also recommended that you do some gentle walking each day. Do not lift anything too heavy for the first few weeks as your body needs time to heal.

### Resting

- Everyone will tell you to rest when you get home. It is not easy for women to rest properly. During the first week or so it is helpful to have someone at home with you to help cook, clear up, keep you company and do any heavy lifting. It can be uncomfortable to stand for any length of time: if so, sit on a stool when you are washing yourself, for example. If you feel a ‘dragging’ pain lie down till it stops.

- You may continue to feel unexpectedly tired for a several weeks, so you need to make time to relax and put your feet up whenever necessary. Bear in mind gentle exercise is also important to prevent complications after surgery.

- If you can, let your family take care of the household chores, or simply leave them undone! Do what you feel able to do - little and often is the best advice. Pace yourself.

### Exercise and Lifting

- If might seem contradictory, but exercise is as important as rest. You should continue any exercises the physiotherapist taught you in hospital. Try to walk around (including up and down stairs). Increase exercise gradually. If you enjoy it, you can go for a gentle swim after a few weeks, when any bleeding has stopped. Leave any more strenuous sports until after six weeks, and start gradually.

**Pain** You may need painkillers for a couple of weeks but if your pain continues or gets worse go and see your GP.
For all surgery

- It is important to avoid heavy lifting if you have had a vaginal operation for prolapse and/or bladder and if you have had abdominal surgery. After your operation avoid lifting anything heavy for a few weeks, e.g. shopping, laundry, and children. (Lots of hugs but no lifting!)

- When you do lift anything, remember to bend your knees, keep your back straight, and hold the object close to you. This avoids straining your abdomen.

- The best advice is, if it hurts don’t do it!

- Most people overdo it at some time in their recovery. If you do, wait a while, try again a few days later. It is unlikely you will harm yourself.

- With abdominal surgery, where there has needed to be a cut to the tummy, people worry that their scar is weak and may give way. But once the skin has healed, there is no need to be anxious about this. Your scar will fade gradually and will only be visible as a fine white line by 6 - 12 months after the operation. You can do the things previously mentioned without causing any problem.

Hygiene

- It is quite safe to use bubble bath if you like it, and there is no need to put salt in the bath water.

- After the operation, there will usually be some discharge or bleeding from the vagina which will mean you have to wear a pad. With vaginal surgery, as you begin to heal, some dissolvable stitches may come out when you go to the toilet or you may find them on the pad. This is normal. Bleeding after a hysterectomy can go on for a few weeks, and will grow less, like the end of a period, and will then stop completely. If the bleeding continues or becomes offensive smelling contact your GP.
When you go to the toilet, make sure your bladder is completely empty - try to get rid of every last drop of urine. This will reduce the risks of cystitis or infections. If your urine seems to smell offensive, or if you feel pain or burning when you go the toilet, go to see your GP.

In order to improve muscle tone, do your pelvic floor exercises following the information you will have been given separately.

Avoid using tampons for any bleeding.

Diet

Try to eat a variety of foods, with lots of fresh fruit and vegetables. High-fibre foods like wholemeal bread and brown rice will help prevent constipation, good fluid intake helps.

Avoid fatty foods, excessive alcohol, cakes and sweets if you don’t want to gain weight. Your surgery does not mean you will put on a lot of weight, but you must control your calorie intake while you are less active than usual.

Work

You are the best judge of when you feel ready to go back to work and some jobs are more strenuous than others. Some women are able to return to work within 4 weeks, but you may be away from work for longer than this.

It can take time to recuperate fully, and recovery rates vary. A great deal depends on why you have had the operation and the kind of operation that was performed.

Driving

You should be able to drive again when you feel able to concentrate fully and can do an emergency stop comfortably: usually about 4 weeks after the operation. Do check with your insurance company that you are covered. Start with short journeys.
Resuming Intercourse

- It is normal to feel tired or indifferent to sex after a major operation, but things will gradually return to normal. You or your partner may feel anxious about pain after the operation. It is advisable to refrain from full penetration for about six weeks, but do not worry if you have gentle intercourse before this time. If you feel any pain, stop what you are doing and try another time. Some women feel that their libido is reduced; other women find that their interest in sex improves.
- After surgery, if your vagina feels dry or tight apply a lubricant (like baby oil, Senselle or K-Y Jelly, available from chemists).
- To avoid the risk of infection, it would be better if you were to avoid intercourse until your discharge settles.

Feelings

- Some women who have had surgery feel relieved, as difficult symptoms that have hindered their life will have gone. However other women feel depressed and lethargic, and may need a period of time to get over this.
- It is sometimes difficult for friends and family to understand how you are feeling. Indeed, your husband or partner may have his own worries about the effect of the operation. Try and talk about any concerns, and seek and accept help and support from elsewhere if necessary. The hospital’s nurses, doctors and your own family doctor will be able to help. If you have had a hysterectomy, a local hysterectomy support group may be available.
- If you were having periods at the time of your hysterectomy and your ovaries were removed, you may be advised to take hormone replacement (HRT) i.e. the female hormone oestrogen as a tablet, patch or gel for a time to avoid menopausal symptoms such as hot flushes, night sweats or vaginal dryness. If the ovaries were left in place you should not experience these symptoms until your ovaries stop working.
If my ovaries have been removed, should I take HRT?

- Each woman should decide if she wishes to take HRT having weighed up the benefits and drawbacks. This information gives risks and benefits in simple terms to help you make decisions.

HRT can be taken as a tablet, a skin patch, a cream, a vaginal pessary or an injection under the skin. The exact form HRT takes depends on your preferences and advice from your doctor.

The benefits of HRT

**Prevention of menopausal symptoms**
There is no doubt that Oestrogen HRT is the most effective way of treating troublesome flushes, sweats, and dryness of the skin or vagina.

**Prevention of Osteoporosis (bone thinning)**
Bones start to thin from the age of 35 and about third of the women over the age of 50 will get a fracture at some time. HRT will reduce this risk. If a woman decides not to have HRT, then she can minimise the amount of bone she loses by avoiding smoking, taking regular weight bearing exercise and by having a diet rich in calcium, possibly with calcium supplements.

**Bowel cancer**
There is some evidence that bowel cancer is a little less common in women taking HRT than those who are not.

**Alzheimer’s disease**
There is some evidence that Alzheimer’s disease is less common in women who are on HRT.

Risks of HRT

**Heart disease and strokes**
Until recently we thought that Oestrogen HRT reduced the risk of death from heart disease by between 30% - 50%. Recently, a study looking at a specific form of HRT with Oestrogen and Progesterone found an increase in the risk of heart disease. This increase is small.
Overall, 30 out of every 10,000 women a year will suffer from heart disease. In the study, 37 out of every 10,000 women per year who were on HRT had heart disease. For strokes, the risk increased from 21 per 10,000 women a year to 29 per 10,000 women a year. It should be stressed that these results apply to one particular form of HRT and might not apply to other forms but the results quoted above suggest that we should not recommend HRT as a way of preventing heart attacks and strokes.

**Deep vein thrombosis and pulmonary embolism**

Deep vein thrombosis is when blood clots develop in the deep veins of the leg. If a clot breaks off and goes to the lung, this is called a pulmonary embolism and can be very dangerous. The risk of getting a deep vein thrombosis is 1 in 10,000. Women who are on HRT have approximately a 3 in 10,000 risk. They are therefore at an increased risk but this risk remains very small.

**Breast cancer**

All women have a risk of breast cancer. For women between the age of 50 and 70 who have never used HRT, about 45 out of every 1,000 will develop breast cancer at some point. For women on HRT for 5 years, the risk rises to 47 cases per 1,000. For women taking HRT for 10 years, the risk rises to 51 cases per 1,000 and for women taking HRT for 15 years, the risk rises to 57 cases per 1,000. Strangely enough, the risk of getting cancer increases by these small amounts through time but the risk of dying from breast cancer is actually lower if you are on HRT.

**Conclusion**

Everything in life carries a risk and the decision to have HRT must be a balance of the benefits versus the drawbacks. Thus for a young woman under the age of 40 whose ovaries have failed, the benefits of preventing flushing and sweats and avoiding premature thinning of the bones, outweigh the other risks at least for 5 to 10 years. For an older woman not troubled by menopausal symptoms, the drawbacks may outweigh the benefits. This booklet is designed to give you information to help you make informed choices.
Remember, after any surgery

- Tell your family you may not be your usual self for a while after getting home.
- Rest whenever you feel tired.
- Avoid lifting anything heavy for at least a month.
- Get some gentle exercise each day.
- Make sure your bladder is empty when you go to the toilet.
- Don’t go back to work until you really feel ready.

Physiotherapy Advice after Gynaecological Surgery

First day after operation

You will spend most of the day in bed. It is a good idea to take 3 deep breaths (whenever you are awake) every hour. This may help if you feel nauseous and will help regain normal breathing.

Coughing

- If you have an abdominal wound you need to support it.
- **In bed:** bend both knees up with feet flat on the bed and support the wound gently but firmly with your hands.
- **Sitting:** lean slightly forward to relax abdominal muscles and again support the wound with your hands and / or pillow.
- If you have had vaginal surgery, put your hand over the pad and support the perineum when coughing.
Getting out of bed
- Bend knees up one at a time.
- Keep knees together, roll onto your side.
- Push up into sitting position using your arms. At the same time, lower legs over the side of the bed.

Circulation
Regular movement of legs is essential while you are not as mobile. You will be given stockings to wear.

Remember; although it is important to mobilise early do not do too much. A balance must be achieved between exercise and rest.

Learn to listen to your body!
Exercises: You should start gently and stop if it hurts. Try again a few days later.

Pelvic floor contractions
The pelvic floor muscles support the back passage, vagina and opening from the bladder and pelvic organs. This exercise can be done anytime, anywhere. To help you remember try to associate it with a regular activity. Wait until the catheter is removed.

Sitting comfortably
- Tighten your back passage (as if controlling wind), vagina and front passage.
- (i) Lift and hold for 5 - 10 seconds, as you are able, repeat 5 times.
  (ii) Lift and release quickly 5 times.
- Repeat these exercises 5 - 10 times during the day.
Abdominal exercise

Lying on your back, let your tummy relax, breathe in gently. As you breathe out gently draw in the lower part of your tummy, hold for 5 seconds, and repeat 5 times. Do not move your back. You should be able to breathe and talk while exercising. This can also be done in sitting or standing.

Pelvic tilting

Lie on your back with your knees bent. Pull your tummy in and flatten your back onto the bed. Hold, then relax. Do not hold your breath. Repeat 5 - 10 times twice daily.

Knee rolling

Lying as above, pull lower tummy in and roll both knees gradually over to one side, bring back to the middle and roll to other side. Keep shoulders flat on bed, repeat as above.

References and Useful Information


Hysterectomy Support Group
11 Henryson Road, London SE4 1HL.

The Hysterectomy Association
info@hysterectomy-association.org.uk

The International Menopause Society
PO Box 687
Wray
Lancaster Lancashire LA2 8WY
Work Phone: 015242 21190

Women’s Health Concern
www.womens-health-concern.org [last accessed November 2014]

Work
4-6 Eton Place
Marlow Buckinghamshire SL7 2QA
UK
Work Phone: 01628 478473

A charity organisation that provides advice and information to women about different health issues. In addition to producing books and leaflets, they provide telephone advice.

Website: The Hysterectomy Centre
Contact: Anita Godsmark
Work
Moormead Road
Swindon Wiltshire SN4 9DD
United Kingdom
Work Email: info@hysterectomycentre.com

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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