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Service:
Gynaecology

Hysterectomy

Exceptional healthcare, personally delivered

What is a hysterectomy?

A hysterectomy is the removal of the uterus (womb) and usually the cervix (neck of the womb). Depending on the reason for hysterectomy, your surgeon will also discuss with you the additional risks and benefits of removing the tubes (salpingectomy) and ovaries (oophorectomy) for you as an individual. Hysterectomy is performed under general anaesthesia.

There are three types of hysterectomy

- Abdominal hysterectomy: removing the womb through a cut across the tummy. The cut is usually about 10-12 cm long and is just above the pubic hair line. Occasionally a up and down cut may be needed and the surgeon will discuss your planned incision prior to your operation.
- Laparoscopic hysterectomy: a keyhole procedure through several small cuts on your tummy to free the womb which is then removed vaginally
- Vaginal hysterectomy: where the womb is removed through the vagina. The cuts are made on the inside of the vagina so you will not be able to see them.

Why do I need a hysterectomy?

Around 8000 women in the UK have a hysterectomy every year. The usual reasons for needing this operation are:

- Heavy periods
- Fibroids
- Prolapse of the uterus
- Cancer of the uterus or cervix

What are the benefits of hysterectomy?

The benefits will depend on the reason for the hysterectomy. If you have not yet had your menopause, your periods will cease immediately. The effect on pelvic pain or premenstrual symptoms cannot be guaranteed. If you have been diagnosed with a cancer of the womb or cervix, a hysterectomy will form an important part of your treatment. If the uterus (womb) is prolapsed then removing it should relieve your symptoms of a bulge in the vagina.

What do the terms total and subtotal hysterectomy mean?

Total hysterectomy means removal of the uterus and cervix while subtotal means the cervix is left behind while the main body of the uterus (womb) is removed. Sometimes subtotal hysterectomy is discussed when removal of the cervix is considered to make the operation more difficult or hazardous (for example when there are large fibroids or endometriosis).

If the cervix is retained you will still need to attend for the cervical smear screening programme. There is no evidence of a difference in postoperative sexual function between women undergoing total and subtotal hysterectomy.

If you are having laparoscopic or vaginal hysterectomy at Southmead Hospital this will be a total hysterectomy as the uterus and cervix are removed together through the vagina.

What are the risks of hysterectomy?

Hysterectomy is major surgery. 4 in every 100 (4%) women undergoing hysterectomy will experience a serious complication.

Frequent risks include

Infection: This is the most common complication of hysterectomy occurring in between 2 to 10 women in every 100 after this procedure. Infection may develop in the skin, pelvis, bladder or chest and may require readmission to hospital or delay your discharge from the hospital.

Bleeding: Bleeding complications may occur in up to 4% of hysterectomies but less than 1% of women will require blood transfusion post-operatively. Optimising your pre-operative haemoglobin levels with iron supplements may help reduce the risk of needing a transfusion.

Skin bruising or wound gaping.

Abdominal/ pelvic or scar pain.

Shoulder tip pain: May occur after laparoscopic hysterectomy due to the gas used to inflate the tummy during the procedure, irritating the diaphragm for up to 24 hours.

Serious risks include

Injury to bowel, bladder, ureters (tubes connecting the bladder to the kidneys), nerves or blood vessels within the pelvis: these complications occur in up to 2 in every 100 women undergoing hysterectomy (2%). Laparoscopic hysterectomy is associated with a higher risk of injury to the bladder or ureters than an abdominal or vaginal approach. If you have had a laparoscopic or vaginal hysterectomy it may be necessary to perform a laparotomy (10-12 cm cut on the abdomen) to repair any damage to these structures.

Developing a blood clot in the legs or lung: may occur in 1% of women undergoing hysterectomy. Your risk may be increased, due to your age, other medical conditions, your weight and personal or family history of blood clots. Your surgeon will discuss this prior to your operation as well as discussing measures we can use to reduce this risk e.g.

surgical compression stockings, mechanical leg compression in theatre and blood thinning medication.

Return to theatre due to bleeding or other complications: occurs in up to 1 in 100 (1%) women after hysterectomy. If you have had a laparoscopic or vaginal hysterectomy it may be necessary to perform a laparotomy (10-12 cm cut on the abdomen) if you return to theatre to gain access to fix the problem if the problem cannot be dealt with laparoscopically.

Long term disturbance to bladder function: is uncommon. It is more common if the hysterectomy is carried out at the same time as a pelvic floor repair (repair of prolapsed vaginal walls).

Hernia: at site of abdominal incisions or laparoscopic port site occurs in up to 1 in 100 (1%) of women after hysterectomy.

Ovarian failure: if the ovaries are conserved at hysterectomy in a pre-menopausal woman there is a risk that she may undergo a slightly earlier menopause.

Vault dehiscence: may occur in up to 4 women in every 1000 undergoing hysterectomy.

Death: is rare after hysterectomy, occurring in less than 2 in 10,000 women.

Any extra procedures which may become necessary during a hysterectomy

Blood transfusion: in up to 1%.

Laparotomy: 10-12 cm cut on the abdomen if unable to complete the hysterectomy via a laparoscopic or vaginal approach, occurs in up to 3% of these hysterectomies.

Repair to any injury of the bowel, bladder, ureters and blood vessels.

Oophrectomy: Unplanned removal of one/ both ovaries for previously unsuspected disease.

Alternatives to hysterectomy

Depending on the reason a hysterectomy is being considered, there may be alternative treatments available: for example, tablets, a Mirena device, or endometrial ablation for heavy periods. Alternatives should be discussed with you in gynaecology clinic prior to booking your hysterectomy.

Before the operation

You will be informed by post of a time to attend “Pre Admission Clinic”. This is usually several weeks 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 about your anaesthetic but you will not be meeting the gynaecologist at this visit.

You will be admitted to the gynaecology ward on the day of your operation and you will meet the gynaecology surgeon to finalise the consent form. You will also meet a physiotherapist on the ward.

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 – this is possible for all types of hysterectomy.
- A gauze“pack” in the vagina - sometimes used after vaginal surgery.
- A wound drain (a tube coming from just next to the wound) - rarely used but most common for open surgery.

These tubes 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 like morphine. You control how much you have by pushing a button.

Enhanced Recovery Programme

The aim of the Enhanced Recovery Programme is to get you back to full health as quickly as possible after your operation. Research indicates that after surgery, the earlier we get you out of bed, exercising, eating and drinking, your recovery will be quicker and it will be less likely that complications will develop.

Some of the benefits include:

- A quicker return of normal bowel function.
- Reduced chest infections.
- A quicker return to usual mobility.
- Decreased fatigue.
- Reduced risk of developing blood clots after surgery.

In order to achieve this we need you to be partners with us so that we can work together to speed up your recovery.

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.

Most women who have had vaginal surgery or keyhole surgery, are well enough to go home the day after their operation but if you have had an abdominal hysterectomy or the operation has not been straightforward you may stay for two to 3 days before going home.

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. Your drips / drains / catheter 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, please ask about this before your operation.

The **Cotswold Ward is contactable on 0117 414 6785** if you are unable to find the help you need. Please be aware that the ward is busy and may not respond out of hours. If you are concerned, please call 111.

Resting

- 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. If you feel a‘dragging’ pain lie down until 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.

Pain

- You may need painkillers for a couple of weeks but if your pain continues or gets worse go and see your GP.

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.

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.
- 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!
- If you feel you have overexerted yourself, 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 to reduce the risk of infection.**

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.
- A great deal depends on why you have had the operation and the kind of operation that was performed.
- You would usually feel well enough to return to work 4-6 weeks after laparoscopic or vaginal hysterectomy, or 6-8 weeks after abdominal hysterectomy.
- You may request fit note from the ward on discharge to cover this period however if you are not sure if you are ready to return at that point you will need to see your GP.

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 eight weeks postoperatively to reduce risk of infection or the stitches at the top of the vagina opening.
- 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).

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 to avoid menopausal symptoms. If the ovaries were left in place you should not experience these symptoms until your ovaries stop working naturally.

If my ovaries have been removed, should I take HRT?

- The decision to have HRT must be a balance of the benefits versus the drawbacks.
- For a young woman under the age of 40 whose ovaries have failed or been removed the benefits of preventing hot flushes and sweats and avoiding premature thinning of the bones, may well outweigh the risks of HRT under the age of 50 .
- For an older woman not troubled by menopausal symptoms, the drawbacks may outweigh the benefits.
- Women who have had a hysterectomy related to endometriosis can still have HRT as the tissues (endometriosis) that respond to hormones causing pain have been removed
- HRT (Hormone replacement therapy) can be taken as a tablet, a skin patch, gel, 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. Please see the HRT leaflet for more detailed information.

Physiotherapy Advice after Gynaecological Surgery

You will be seen by and given a leaflet by our specialist Women's Health Physiotherapists after your operation.

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
Phone: 0152 422 1190

Women's Health Concern

www.womens-health-concern.org
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
Moormead Road
Swindon Wiltshire SN4 9DD
Work Email: info@hysterectomycentre.com

PATIENT APPROVED

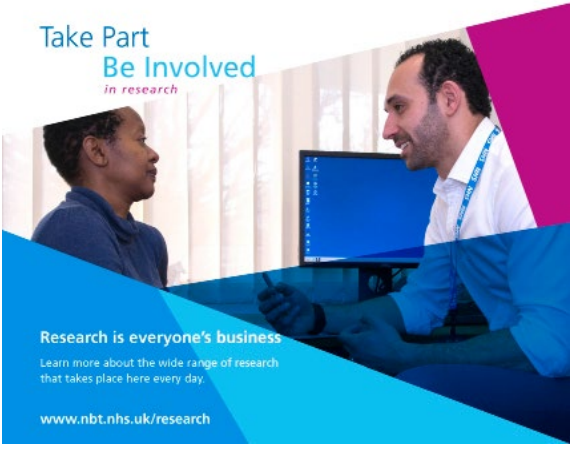
How to contact us:

Cotswold ward, Brunel building
Southmead Hospital
Westbury-on-Trym
Bristol
BS10 5NB

Cotswold ward (24 hours)
0117 414 6785

www.nbt.nhs.uk/

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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