

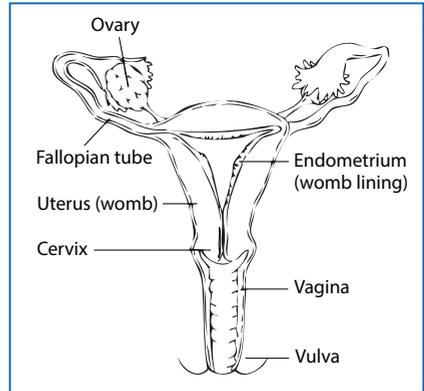


Hysterectomy

A hysterectomy is the name given to the operation to remove the womb (uterus) and neck of the womb (cervix). Sometimes one or both of the ovaries may also be removed.

Usually the neck of the womb is removed but occasionally it will be left behind (sub-total hysterectomy).

Your doctor will discuss the exact procedure with you prior to your operation.



What are the reasons for having a hysterectomy?

- Fibroids
- Ovarian cysts
- Endometriosis
- Heavy periods or pelvic pain
- Prolapse of the womb into the vagina
- Cancer in the uterus, fallopian tubes or ovaries.

Hysterectomy can be performed in the following ways:

- Vaginal
- Abdominal
- Laparoscopic (keyhole).

Your consultant/doctor will discuss with you beforehand which of these methods is most suitable for you.



Vaginal hysterectomy

This is when the uterus is removed through an incision (cut) inside the vagina. The benefits include no visible stitches, less pain and discomfort following surgery and it usually means a shorter stay in hospital and faster recovery compared with an abdominal hysterectomy. However, a vaginal hysterectomy is not suitable for everyone.

Abdominal hysterectomy

If it is not appropriate to do a vaginal hysterectomy, then the womb is removed through an incision into the abdomen. This incision may be horizontal (across the abdomen) and is known as a 'bikini line' cut. Sometimes it is necessary to do a vertical cut down the abdomen. This is usually necessary if the womb is very large or if the doctor needs to get the best possible view inside the pelvic area.

Laparoscopic hysterectomy

This is done using 'keyhole' surgery. In selected cases hysterectomy can be performed using a telescope passed through the belly button and other 'keyhole' instruments are inserted into the abdomen through other small cuts in the abdominal wall. The womb is then removed through the vagina. The ovaries and tubes can also be removed using 'keyhole' surgery.

Risks and complications

A hysterectomy is regarded as a safe operation. Nevertheless, no operation is without risk. The most common risks following a hysterectomy are:

- bleeding and infection (pelvic, urinary, chest or wound)
- some women experience changes in the behavior of their bladder or bowels, but this is usually only temporary
- rarely, the bowel, bladder or ureter (tube from kidney into bladder) may be damaged during the surgery and will need repairing
- occasionally there is a small risk of blood clots in the legs (DVT - deep vein thrombosis), which can break off and travel to the lung, causing a pulmonary embolism (blood clot).



Not all women who have a hysterectomy need to have their ovaries removed and this is something that your doctor will discuss with you before your operation. However, even if your ovaries are not removed, there is still a small risk that you may experience an early (premature) menopause.

To minimise the risks, it is important that you inform us prior to your surgery of any health problems you have and any medication that you take.

What will happen after the operation?

When you come round from the anaesthetic, you will usually be back on the ward and likely to find that you have:

- a drip in your arm - this is to ensure you that have the fluid you need whilst you are not allowed to drink
- a catheter - this keeps your bladder empty and means you do not have to go to the toilet
- drains - these are tubes inserted either into your wound or your vagina that help to drain any blood away. These tubes may be left in place for 24 - 48 hours
- an oxygen mask - this ensures you have enough oxygen
- a pack - this is inserted into the vagina to prevent any bleeding. This must be removed before your discharge.

All the above will be removed as soon as possible, and usually within 48 hours. If you have an abdominal hysterectomy, there will be a wound on your abdomen covered by a dressing.

This dressing will be removed two days after your operation and your wound will be checked. Any stitches that need removing will be taken out after 5 to 7 days, depending upon your wound.

Some stitches are dissolvable and will not need to be removed.



How will pain be controlled?

After major operations like this, we expect people to experience some pain. However, this can be controlled by a number of different methods:

- tablets
- injections
- suppositories
- epidurals/spinal.

Information about discharge from hospital

You will usually be discharged approximately two to four days after your operation.

Vaginal bleeding/discharge

Vaginal bleeding/discharge is normal for up to six weeks after hysterectomy. It is possible for the discharge to contain threads from dissolving vaginal stitches. If the discharge becomes offensive (smelly), see your GP as you may have an infection. Do not use tampons due to the possibility of introducing infection into the vagina. Change sanitary towels regularly.

You may be concerned about resuming sexual intercourse. Generally we advise that you wait six weeks before having sex following your surgery. Water based lubricants e.g. KY jelly may help with vaginal dryness or discomfort.

Bowels

Avoid constipation by having a good fluid intake, eating plenty of fruit, vegetables and brown bread.

Menopause

Women who are pre-menopausal before surgery and have their ovaries removed, will go into the menopause. Symptoms you may experience include night sweats, hot flushes and vaginal dryness. HRT (hormone replacement therapy) containing oestrogen can be given to help these symptoms and also to help prevent osteoporosis (thinning of the bones).



Cervical Smears

If your cervix has been removed as part of the hysterectomy it is unlikely that you will need further smears, unless these were abnormal in the past. If your cervix has not been removed you will need to have cervical smears.

Housework and exercise

For the first two weeks you should lift nothing heavier than a kettle half full of water. You should avoid vacuuming and ironing for four weeks. Swimming is possible six to eight weeks after surgery. More strenuous exercises such as aerobics, gym work should be avoided for three months.

At first rest on the sofa when you feel tired, but it is important to have some exercise and to walk daily to prevent complications with blood clots.

Driving should be avoided for approximately five weeks, following this please ensure you are able to perform an emergency stop safely. You may also want to check with your insurance company that you have insurance cover.

Time off work

This depends on the method of your hysterectomy and if your job involves lifting. Take a minimum of four to six weeks off work; if you have a heavy job you may need eight to 12 weeks off. We would encourage you to try to get back to normal activity as soon as you feel able to. Discuss this with your consultant and GP.

Doncaster Royal infirmary

G5 Direct Line, Tel: 01302642650

Pre Admission, Tel: 01302 642806

Gynaecology Outpatient Department, Tel: 01302642808.

Bassetlaw Hospital

Outpatient Department, Tel: 01909 572214

Ward B6, Tel: 01909 572254







Patient Experience Team

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

