

## **Hysterectomy**

### **What is a hysterectomy?**

This is a major operation which removes the uterus (womb) and cervix (neck of the womb) from your body.

### **Why is hysterectomy performed?**

Some hysterectomies are performed for hormonal abnormalities causing heavy or painful periods for which the simpler treatments now available have proved ineffective. Other women have period problems due to benign (non-cancerous) disease in the pelvis, for example, fibroids or endometriosis. Hysterectomy can also be part of the treatment for a prolapse. A much smaller number of women require hysterectomy for cancerous conditions of the uterus, cervix or ovary.

### **Will my ovaries be removed at the same time?**

In some cases it is appropriate to remove the ovaries at the time of hysterectomy, either as part of the treatment of an underlying condition, or when there is a cyst present on one of the ovaries, or to prevent the small risk of ovarian cysts occurring in later life (which can very rarely develop into a cancer). The decision about the removal of your ovaries (oophorectomy) will be discussed with you by your gynaecologist.

### **What are the risks of hysterectomy?**

All drug and surgical treatments for heavy periods carry a small risk. The hospital staff are trained to advise you of these and how to reduce any risks from your surgery. If you smoke you should try to reduce or stop before your operation. If you are overweight then you should lose weight as this will reduce many of the risks. All the risks from hysterectomy are low but you need to be aware of them. Feel free to discuss the risks fully with your gynaecologist.

#### **Minor risks**

Infections and bruising to any wound on the abdomen or in the vagina. Some degree of inflammation or minor infection is very common but significant infections much less so. Urinary tract infections (e.g. cystitis) may occur in about one in six women.

#### **More serious risks**

- 1 Damage to the structures that are close to the uterus in your pelvis including damage to the bladder, the ureter (which carries the urine from the kidney to the bladder) and the bowel

- 2 Blood loss can occasionally be heavy during the surgery and this may require you to have a blood transfusion
- 3 Anaesthetics carry a small risk and you will be asked by your doctors about any medical problems that might increase those risks
- 4 Thrombosis (clots in the leg or chest) are uncommon after this operation, but to avoid these you will be given information about specific measure to reduce the risk

### **Will I need a pre-operative check up?**

You will be invited to the hospital a few days before your operation. This will allow us to perform the necessary pre-operative checks, including any investigations that may be required. You should advise the doctor if you have had any problems with previous operations or anaesthetics, or if you have any allergies – this is very important. At this visit you will have the opportunity to discuss with one of our nurses the usual course of events both before and after your operation and what you can be expected to be able to do. Your admission details will be confirmed with you at this visit. Feel free to discuss any aspect of your proposed operation with our staff.

### **Will I have to sign a consent form?**

You will be asked to sign a form giving your consent to the operation. You have the right to ask any questions about the operation that you feel are important. The consent form gives your gynaecologist the right to do only what is written on this form. The only exception to this is if during the operation there is an unforeseen problem, you have consented to having this corrected. You should be sure that you understand the consent form and please feel free to ask about anything that you don't understand. The medical terms commonly used are explained here:-

Total hysterectomy – removal of the womb which includes the cervix (neck of the womb)

Sub-total hysterectomy –this is removal of the womb alone but leaving the cervix behind

Oophorectomy – removal of the ovaries

Salpingectomy – removal of the Fallopian tubes (the tubes which lead from the ovaries to the uterus)

Salpingo-oophorectomy – removal of both the Fallopian tubes and ovaries

### **When will I be admitted to hospital?**

Normally you will be asked to come up on the day of the operation. In a small number of cases where special preparations are required, you will be asked to come up to hospital the day before your operation.

### **When should I refrain from eating and drinking?**

If your operation is in the morning, you should have nothing to eat or drink after midnight. You can however drink water until 2 hours before the operation. If your operation is in the afternoon, you may have a light breakfast, after which you should have nothing until after your operation. Specific instructions will be included in your admission letter. It is very important that you pay attention to these details, otherwise your operation may need to be postponed until a later date.

### **Will I require any drugs immediately prior to the operation?**

Usually. You will have some antibiotics which will be given as an injection directly into your vein during your operation to reduce the risk of infection. You will also require an injection to help prevent blood clot formation. Your anaesthetist will advise on the need for any sedative drugs which make you feel sleepy.

### **How is the operation performed?**

There are three main approaches to hysterectomy. Your gynaecologist will advise you about the best technique suited to your problems.

Abdominal hysterectomy – the majority of hysterectomies are performed through a cut on the abdomen. This is usually along the bikini-line but occasionally will need to be a vertical cut on the abdomen. The method of closing the incision varies. If you have any clips or stitches which need removing these will be taken out between three and seven days after the operation.

Vaginal hysterectomy – In many cases it is appropriate to remove the uterus through the vagina. If you have a prolapse a repair operation can be performed at the same time. This is an operation to treat the prolapse where incisions are made in the skin inside the vagina. The bladder and/or bowel is supported in its correct position with stitches. Most of the stitches are on the inside and are not visible. There may be a few stitches on the outside which will dissolve within a few days after the operation. Sometimes stitches are used which take longer to dissolve so please do not worry if you notice small fragments of stitch material coming out of the vagina. Occasionally it is not possible to complete the operation vaginally and it may be necessary to change over to an abdominal hysterectomy.

Laparoscopically assisted vaginal hysterectomy – where the ovaries are being removed it may be appropriate for some women to use keyhole surgery techniques to assist the hysterectomy, which is then completed as with a vaginal hysterectomy from below.

### **Where will I be when I wake up from the operation?**

You will normally wake up in the recovery area of the operating theatre. You may not, however, actually recall anything until you arrive back on the ward in your own bed.

### **Will I be in pain after my operation?**

You will be given medication during your operation to relieve the pain when you wake up. You will certainly have some discomfort following your operation but we will try our best to control this as effectively as possible using a variety of painkillers which are given either by mouth, suppository or injection. If you have any discomfort please let the nursing staff know.

### **Will I need a catheter?**

Depending upon the type of hysterectomy you require and whether a prolapse repair is being performed at the same time you may need a catheter. Immediately following a hysterectomy some women find it difficult to pass urine and a catheter allows the bladder to remain empty until you are completely awake from the anaesthetic and more mobile.

### **When can I resume my normal diet?**

You will be encouraged to drink as soon as the anaesthetic drugs have worn off. Until then you may have a drip to provide extra fluid. You will usually be eating and drinking normally within a day or two of the operation.

### **How long will I be in hospital?**

This depends upon the type of hysterectomy you require and the reasons for the operation. You will be allowed home when you feel ready to go, normally two to three days after the operation. If you have any particular concerns regarding going home after the operation please discuss these with the staff at the pre-admission clinic so that the necessary arrangements can be made. You will be advised about the need for a follow up visit with your Gynaecologist.

### **Going home**

You may still have some slight discomfort when you leave hospital and you will be given a supply of painkilling medication if this is required. Minor bowel problems

are common after hysterectomy. In the first few days after the operation you may experience "wind pains"; these should respond rapidly to normal diet and exercise. Simple remedies such as peppermint water are also useful. Many women find that during the time they have been in hospital they may have lost a little weight only for this to be regained quickly and during the first few weeks after the operation they may notice a weight gain of a few pounds. This is usually only temporary and associated with being less active than before the operation. Hysterectomy itself does not cause weight gain. You may have some vaginal discharge for two or three weeks after the operation. This is normal, but if it becomes heavy or offensive or you are at all worried please contact your gynaecologist.

### **Returning to normal**

You may do what you wish but you will find, particularly in the first week or two, you will tire easily. When you feel tired take a rest.

Everyone recovers from an operation at their own rate and if you overdo things you may find that you feel more tired than usual or experience a slight aching discomfort in any scars. In some cases this can persist for some months after the operation but, in general terms, most women are able to resume normal activity in terms of exercise, sport, housework etc. within four to six weeks after the operation. It is advisable to refrain from swimming until all the incisions have healed and any vaginal discharge has cleared up.

### **When can I go back to work?**

If you have a job outside the home, the time that you are away from this work will depend upon its nature, and you will be the best judge of when you feel ready to go back to work. This is usually between four to ten weeks after the operation. Your doctor will advise you.

### **What about my sex life?**

There are some stitches at the top of the vagina where the cervix was and this area needs to heal before intercourse is resumed. This usually takes between three and four weeks. You will know when you feel ready to resume intercourse and there should be no alteration in the sensation, although there may initially be slight discomfort if you are over enthusiastic. If you feel any pain, stop what you are doing and seek the advice of your gynaecologist.

### **When can I drive?**

If you drive, you may normally resume two weeks after your operation. You should not drive if you still have discomfort and are unable to look over your shoulder or do an emergency stop. Start with short journeys and see how you get along. You

must always ensure that your car insurance does not have any restrictions applied following hysterectomy.

### **Will I need hormone replacement therapy (HRT)?**

This will have been discussed with you in the out-patient clinic before your operation and depends upon whether your ovaries were removed at the time of the operation and at what age you have the operation. If you have not reach the menopause at the time of your operation and your ovaries are left in place there is a possibility that they may stop working at an earlier age than normal. It is advised that if you do develop hot flushes or other menopausal symptoms before the age of 45 years you should seek advice from your own doctor about the possible need for HRT to prevent osteoporosis (premature thinning of the bones).

If your ovaries are removed at the time of hysterectomy before you reach the menopause you will be strongly advised to take oestrogen replacement therapy until the age of 50. If you have already reached the menopause before your operation your need for HRT will not change so if you were not taking it before the operation you should not need it after. You may well wish to have a discussion about the advantages and possible disadvantages of HRT with your gynaecologist. If it has been decided that you will need hormone replacement therapy after your operation you will be given a month's supply when you go home and should get further supplies from your family doctor.

### **What if I have any more queries?**

Please feel free to call Dr Vellayan's secretary or email Dr Vellayan directly on [vellayan@gglosgynae.co.uk](mailto:vellayan@gglosgynae.co.uk)