

# Hysterectomy

## Gynaecology Department Patient Information Leaflet

### Introduction

This leaflet gives information about a hysterectomy for women who are considering having this operation. It explains what the operation is, the benefits and risks of it and what you should do afterwards.

### What is a hysterectomy?

A hysterectomy is an operation to take out the uterus (womb) and usually the cervix (the neck of the womb). Sometimes one or both of the ovaries are also removed.

The type of hysterectomy and whether the ovaries are removed will depend on the condition being treated. Your consultant will discuss this with you.

If you have a hysterectomy, you will no longer be able to become pregnant. If you have not yet gone through menopause, you will no longer have periods after the operation.

## Why do I need a hysterectomy?

The usual reasons are:

- Problems with periods (such as heavy periods) which have not responded to other treatments.
- Non-cancerous tumours (fibroids) that cause pain, heavy bleeding or that have increased in size.
- Endometriosis – this occurs when cells which normally line the womb (the endometrium) are found in various places outside of the womb. The most common places are on the ovaries and fallopian tubes and it can cause pain, inflammation and bleeding.
- Cancer of the lining of the womb, cervix or ovaries.
- A prolapse – this occurs when supporting muscles weaken, then the womb and surrounding structures e.g. bladder and bowel ‘drop’ into the vagina.

## What does the operation involve?

There are two main ways of performing a hysterectomy:

1. Abdominal hysterectomy – where the womb is taken out through a cut in your abdomen (tummy).
2. Vaginal hysterectomy – where the womb is taken out through a cut in in top of your vagina (front passage).

The operation type will depend on your condition, the findings from the tests and examinations we have carried out and your own wishes. You will be able to discuss it in a meeting with your consultant. Your consultant will explain the types of operation to you and the implications of each.

## What are the types of hysterectomy?

- **Subtotal hysterectomy** – when only the womb is removed, leaving the cervix in place.
- **Total abdominal hysterectomy** – the womb and cervix are removed, leaving the ovaries in place.

- **Total abdominal hysterectomy and bilateral salpingo oophorectomy** – the womb, cervix, both fallopian tubes and ovaries are removed.
- **Extended or radical hysterectomy** – the womb, cervix, both fallopian tubes and ovaries are removed, plus the upper part of the vagina and lymph glands.
- **Vaginal hysterectomy** – the womb is prolapsed (not supported in its usual place and is falling into the vagina) and is removed through the vagina. The ovaries will usually be left in place.

## What are the benefits of a hysterectomy?

A hysterectomy can end symptoms of pain, discomfort and bleeding. As a result many women find that a hysterectomy improves their health and ensures they can lead a full and active life.

## What are the alternatives to a hysterectomy?

A hysterectomy will usually only be considered when other, less invasive, treatment options have been tried and have not worked. However, for some types of advanced cancer, a hysterectomy may be the only possible treatment option. Your consultant will discuss this with you. It is always your decision as to whether you have surgery.

## What are the risks?

A hysterectomy is a major but common operation. As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the operation.

### General anaesthetic

A general anaesthetic can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (health assessment) or with the anaesthetist before your operation.

## **Damage to bowels, bladder, ureters or blood vessels**

As with any major abdominal or pelvic operation, serious surgical problems can happen but they are very rare. These can include damage to the bowel, bladder, ureters or blood vessels. Damage such as this can usually be repaired during the operation.

## **Blood clot**

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

To limit the risk of a DVT, you will be given an injection once a day after you have your operation when you are in hospital, to thin your blood. This is given through a small needle under the skin, usually into your 'tummy area'.

If you are able to wear them, you will also be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. Starting to walk and getting moving is one of the best ways to stop blood clots from forming.

## **Bleeding**

As with all operations, there is a small risk of heavy bleeding. This may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection.

## **Infection**

There is always a risk that an infection will develop after an operation. This could be a wound infection or a urinary tract infection. These are not usually serious and can be treated with antibiotics.

## **Other problems**

Other problems may occur after the operation such as fever, constipation and temporary difficulties in emptying the bladder. These problems should not last long and may be able to be treated, so if they happen, speak to the nurses or if you are at home, speak to your GP.

## **What about my future health?**

If your ovaries are removed before your menopause, you will stop producing eggs from your ovaries and menopause is triggered. During menopause the female hormones oestrogen and progesterone decrease. This will mean you will probably experience menopausal symptoms such as hot flushes, night sweats, mood swings, vaginal dryness etc.

In the long term, the lack of oestrogen may increase your risk of developing osteoporosis (brittle bones) which can lead to fractures (breaking bones). For these reasons, you may wish to consider taking medication such as HRT (hormone replacement therapy).

HRT replaces the female hormones that decrease during and after menopause. It comes in different forms such as tablets, patches, gel, implant, nose spray or vaginal ring. In most cases, it is up to you which type of HRT you choose.

The benefits of HRT should be balanced against the small increased risk of breast cancer, if you use it for a long time (particularly for more than 10 years). HRT is not recommended if you have a history of breast cancer or if you have some other medical conditions. Your consultant will be able to discuss this with you.

## **How do I prepare for my operation?**

If you are taking the oral contraceptive pill, you will need to stop taking it six weeks before the date of your surgery. You will need to use another form of contraception such as condoms.

If you are taking HRT, you will need to stop taking it four weeks before the date of your surgery.

If you smoke, try to give up or cut down before the operation. Smokers are more likely to develop a chest infection or thrombosis (blood clot) after surgery.

## What happens before my operation?

You will be asked to come for a health assessment with a nurse, usually about one or two weeks before your surgery. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Give you information about the surgery and recovery process. It is important that you know what to do to help your recovery.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test and a urine test.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- We may arrange a chest X-ray.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

You will also have the opportunity to ask any questions you may have.

## Can I eat and drink before the operation?

You **should not eat for at least six hours before your operation** as it is safer for you to have an empty stomach during surgery. You can usually drink water up until a couple of hours before your operation. The nurse will give you information about this during your health assessment.

## **What happens when I come for the operation?**

You will be asked to come into hospital the day of your operation.

When you arrive, a nurse will fill in your admission paperwork and talk everything through with you.

You will be seen by the doctor who will perform your operation and the anaesthetist (the doctor who gives you your anaesthetic and looks after you whilst you are asleep). They will ask you some questions, discuss the anaesthetic with you and talk through any concerns you may have.

Unfortunately, we cannot always tell you the exact time of your operation but we usually tell you if your operation is due to be in the morning or afternoon.

Rarely, even at this late stage, there is still a possibility of your operation being cancelled due to difficulties with earlier operations or having to fit in emergency operations.

## **Having the anaesthetic**

Just before your operation, you will be taken into the anaesthetic room. The anaesthetist and their assistant will put small pads on your chest to monitor your heart while you are asleep. A small cannula (needle) will be gently inserted into a vein in your arm. The anaesthetic drugs are put through this and you will drift off to sleep.

## **What happens after the operation?**

After the operation, you will be taken to the recovery area where you will wake up.

In the recovery area, nursing staff will look after you, checking your blood pressure, pulse and giving you pain relief medication.

When you are comfortable, you will be taken to the ward.

## **Back on the ward**

You will have an intravenous infusion (a drip) in your arm which is to make sure your body has enough fluid until you can drink again.

You may have a catheter (a tube) to drain urine from your bladder. This is usually removed after one day.

Sometimes a drainage tube is used to drain fluid from around the operation site. This will usually be removed after about one to two days.

The nursing staff will check your blood pressure, pulse and wound regularly and make sure your pain is under control. You will have a patient controlled analgesia (PCA) pump so that you can control your own pain relief.

## **What happens next?**

The first day after your operation, your surgeon will see you and explain how the operation went. The nursing staff will help you to have a wash and sit out of bed.

The physiotherapist will visit to encourage you to do deep breathing and leg exercises.

'Wind pains' (bowel and stomach gas) seem to be very common after this operation but we can give you something to help relieve this.

When you have had a total hysterectomy, there will be dissolvable stitches at the top of your vagina and you may have some bleeding. If this becomes heavy tell your nurse.

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

You will normally be in hospital for about one to three days after your operation.

## **What can I do when I get home?**

Do not do heavy lifting (such as bags of shopping), stretching or straining for at least six weeks after your operation.

It takes about six to eight weeks to recover after having an abdominal hysterectomy. Recovery times are often shorter after a vaginal hysterectomy. However, recovery times will vary as everyone is different.

There is no reason why you should not move around the house, make a drink and generally do what you feel like doing. You may feel very tired when you go home. Lying in bed during the day is not good for you because it increases your risk of developing a blood clot, constipation or chest infection.

## **What do I need to look out for at home?**

You may have some bleeding and discharge from your vagina after a hysterectomy. During this time you should use sanitary towels rather than tampons. If the discharge starts to smell or look unusual, if you have heavy bleeding or start to pass blood clots from your vagina, see your GP.

When you go home, if there is anything that makes you think there may be some infection, however minor, please see your GP so they can check it early. Signs of a possible infection are as follows:

- Swelling
- Discharge or oozing from the wound
- A lot of heat around the wound
- Redness around the wound
- Edges of any part of the wound separated or gaped open

## **When can I drive?**

Based on other people's experiences, you will need to allow at least four weeks before you are able to drive. You should also make sure that you can sit in your car, fasten the seatbelt, press all the pedals and turn your head without any discomfort. You should be able to do an emergency stop.

Do not drive if you have any discomfort that may distract you.

It is very important that you check with your insurance company as to when you can drive again after surgery.

## **When can I have sex?**

Some people are embarrassed to ask about this. Everybody is different and it depends on how you feel. It is likely you will have stitches inside your vagina so it is sensible to wait for four weeks or so, or until the discomfort from your operation has gone. After this, start gently. If you get a little bleeding after sex, do not panic but do tell your GP.

## **Before the operation I suffered pre-menstrual tension (PMT) – will I still get this?**

If your ovaries are not removed during your operation, symptoms related to PMT may continue but to a lesser degree.

## **Do I still need to have smear tests?**

This will depend on the reason for your hysterectomy. If your cervix is not removed, you will need smear tests as normal. If your cervix is removed, most women will no longer need smear tests.

However, if you had a hysterectomy because you had abnormal cells in your cervix, you may need to have further smear tests from the top of your vagina. Speak to your consultant about this before you go home from hospital.

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

You will have probably heard from family or friends that it can take months to recover after a hysterectomy. If you have had a straightforward operation, this is not true. It is true that the time it takes you to recover depends on both your health and general fitness.

After a straightforward operation, you may be able to return to work six weeks after your surgery; however, this will depend on the type of job you have. You will need to have a check-up with your GP before returning to work.

## **Will I feel depressed after the operation?**

It is common to get tearful after any operation, a hysterectomy being no exception, but this should soon pass. In many cases, by removing the cause of some miserable, painful and uncomfortable symptoms, it gives most women a new lease of life, physically, mentally and sexually.

However, in some cases, having a hysterectomy can be a trigger for depression. See your GP if you have feelings of depression that do not go away. They will be able to advise you about various available treatment options.

It may help you to talk to other women who have had a hysterectomy, by providing emotional support and reassurance. Your GP may be able to recommend a local support group for you.

The Hysterectomy Association provides hysterectomy support services, including a one-to-one telephone support line and 'preparing for hysterectomy' workshops (see the section 'Can I find out more?' for contact details).

## **Will I put on weight?**

There is no reason why you should put on weight after a hysterectomy; however, lack of exercise during your recovery may cause this. After your operation, the physiotherapist should give you information and advice about suitable forms of exercise while you recover.

Walking is always recommended and you can swim after your wounds have healed. Do not try to do too much because you will probably feel more tired than usual.

It is also important to eat a well-balanced diet containing fish, meat, fresh fruit and vegetables.

## **Will I feel less feminine?**

Your femininity is built into every cell of your body, your shape, your hair, your moods and emotions. A hysterectomy will not change any of this and you certainly will not look any less feminine.

## Can I find out more?

You can find out more from the following organisations:

### **The Hysterectomy Association**

2 Princes Court, Puddletown, Dorchester DT2 8UE

[www.hysterectomy-association.org.uk](http://www.hysterectomy-association.org.uk)

### **Endometriosis UK**

Suites 1 & 2, 46 Manchester Street, London W1U 7LS

Helpline: 0808 808 2227

[www.endometriosis-uk.org](http://www.endometriosis-uk.org)

### **Cancer Support at the White House**

Dudley district cancer support groups.

The White House 10 Ednam Road, Dudley DY1 1JX

Tel: 01384 231232

[www.support4cancer.org.uk](http://www.support4cancer.org.uk)

Leaflets cannot take the place of talks with health professionals. If there is anything you do not understand, or you are concerned about any part of the procedure, or are worried after your operation, contact:

Ward B5 on 01384 244359

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/obstetrics-and-gynaecology/>

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