

# Hysterectomy

## What is a hysterectomy?

A hysterectomy is a common operation to remove the uterus (womb). Depending on the condition being treated, it may also involve to removal of one, or both, fallopian tube and/or one or both ovaries.

It can be performed as:

- An abdominal hysterectomy, through an incision approximately 15cm long in the lower abdomen (tummy), similar to a caesarean section incision
- A vaginal hysterectomy, where a small cut is made at the top of the vagina +/- the use of key-hole surgery

There are several types of hysterectomy:

- Subtotal hysterectomy – the uterus is removed but the cervix is kept in place. There is some evidence that keeping the cervix in place can leave women with greater sexual sensation than a total hysterectomy
- Total hysterectomy – the uterus and cervix are both removed
- Radical hysterectomy – the uterus, cervix, part of the vagina and fallopian tubes are removed, as well as some other internal structures in the pelvis. The ovaries are usually left in place to allow for hormone production – if removed a woman will immediately go through the menopause.

## Why is a hysterectomy performed?

A hysterectomy may be performed for reasons including:

- Treatment of very heavy or very painful periods
- Uterine fibroids (benign growths in the lining of the uterus) which can become bulky and painful
- Endometriosis (where tissue that makes up the lining of the uterus may be found in other parts of the pelvis)
- Adenomyosis (where tissue that makes up the lining of the uterus grows into the muscle of the uterus)
- Uterine prolapse (where the uterus sits low in the pelvis due to weakening of pelvic muscles)
- Cancer in the uterus, cervix or ovaries

Hysterectomy is usually recommended when these conditions (excluding cancer) have not responded to other treatment measures including medicines, hormonal coils and minor procedures.

## The Operation

Prior to the operation, a doctor will explain the reasons for the hysterectomy as well as explaining the operation in detail. They will discuss the benefits and risks of the hysterectomy and ask you to sign a consent form. We recognise that having a hysterectomy can have significant emotional implications – it is important to discuss this with your doctor so you can get the right support.

You will usually have a pre-operative assessment with an anaesthetist a few weeks prior to the operation

You will arrive at hospital in the morning of your operation. A hysterectomy is performed under general anaesthetic in an operating room, meaning that you will be asleep during the operation. It usually takes between 1-2 hours.

You will again be assessed by an anaesthetist prior to the operation. It is important not to eat or drink for 6 hours prior to the operation after which you need to remain nil by mouth. You will have a cannula, which allows medication to be given through a drip, inserted into your arm.

Prior to the operation you will have a catheter inserted, which will help drain urine out of the bladder. This is usually done under general anaesthetic, so you won't feel it.

Almost all women stay in hospital overnight after the operation and it is common to spend a few days in hospital following the operation for monitoring and recovery.

## After the Operation

For the majority of women, the benefits of having a hysterectomy outweigh the side effects and complications. However, you should be aware of common side effects and risks associated with the operation.

Common side effects after a hysterectomy include:

- Pain in the abdomen, which can be managed with a range of pain relief prescribed by your anaesthetist
- Bruising in the lower abdomen

- Constipation, which can be managed with laxatives and dietary advice
- Nausea and vomiting, which can be managed with medicines as a tablet or through a drip in your arm
- Vaginal bleeding like a light period. You should use sanitary pads rather than tampons

These symptoms are often transient and should settle.

Complications can happen with any major surgery which include

- Heavy bleeding, which may require a blood transfusion
- Wound infections
- Reaction to general anaesthetic (these will be discussed in more detail by your anaesthetist)
- Urine infections
- Damage to other surrounding organs and tissues in the pelvis (including bowel, bladder, ureters (tubes that carry urine from the kidneys to the bladder, blood vessels, nerves)
- Blood clots in your leg – a Deep Vein Thrombosis. To help reduce this risk you will be given support stockings and may be given an injection depending on your individual risk

## Getting Ready to Go Home

Once you feel you have good control of your pain, and no complications have been detected then you will be ready to go home.

If you have a catheter, this will usually be removed the day after your surgery. You will need to be able to pass urine on your own prior to going home.

If you have an abdominal drain (a small tube in the tummy to monitor bleeding/fluid), this will be assessed and removed when appropriate.

The drip in your arm will be removed when you no longer need medication through a drip and are able to stay well hydrated drinking water.

You will be given laxatives and dietary advice to manage constipation. It can take up to 5 days to open your bowels after a hysterectomy, but you should be able to pass wind prior to discharge.

A women's health physiotherapist will visit to assess you and give you advice on speeding up recovery as well as pelvic floor exercises to help maintain control of your bladder.

Any internal stitches will heal on their own. Your doctor will give you specific advice regarding the stitches used externally and whether or not they need removing.

Sexual intercourse should be avoided for approximately 6 weeks, when your wound have healed and of course when you feel ready.

Generally, it can take approximately 6 weeks to fully recover from an abdominal hysterectomy. You should not perform strenuous exercise or heavy lifting for 6 weeks, nor should you drive a car.

The recovery is usually quicker if you have had a vaginal hysterectomy. Recovery can be between 1-3 weeks and up to 4 weeks until you are safe to drive a car.

Returning to work depends on your job, your operation and your symptoms. After a vaginal hysterectomy, this can be between 2-6 weeks. After an abdominal hysterectomy, this can be between 3-8 weeks.

It is important to contact your doctor if you notice any later-onset symptoms:

- Worsening tummy pain
- Ongoing, heavy bleeding
- Offensive vaginal discharge
- Fever
- Unable to open bowels after 5 days/pass wind
- Pain when passing urine, which may be a sign of a urine infection
- Redness/oozing at your wound sites

You will have a follow-up appointment with your doctor to assess your symptoms and recovery.