

HYSTERECTOMY

This information leaflet is a brief outline and is not intended to replace verbal communication with medical and nursing staff.

The benefit of having a hysterectomy is to attempt to treat your condition and therefore prevent the troublesome symptoms. Other possible treatments for your particular condition will have been discussed with you by the medical staff.

What are the Reasons for Having a Hysterectomy?

There are many indications for you needing to have a hysterectomy. Some of the most common are:

Menorrhagia: heavy, frequent periods, which have not responded to other types of treatments.

Fibroids: balls of muscle, which develop in the wall of the uterus and are non-cancerous.

Prolapse: a weakness in the ligaments and muscles supporting the uterus and vagina. This causes a feeling of fullness in the vagina and problems with bladder control.

Endometriosis: this means that the tissue that lines the uterus has spread to other areas, e.g. the fallopian tubes. This may cause pain and heavy bleeding. Other methods of treatment are tried first and usually successful.

Chronic Pelvic Inflammatory Disease: this is an infection of the fallopian tubes and other pelvic organs. This painful condition may respond to other forms of treatment and hysterectomy is the final choice.

Cancer: in the uterus, fallopian tubes or ovaries. Hysterectomy as a form of treatment is often successful, though other forms of treatment may be necessary as well.

What is a Hysterectomy?

Hysterectomy is an operation to remove the uterus (womb). This can be done in various ways depending upon the reason for your operation. The reason why you need hysterectomy will indicate the type of hysterectomy, which will suit your needs.

Total Abdominal Hysterectomy

This is when the uterus is removed through an incision (cut) into the abdomen. This incision may be either horizontal (across) or vertical (up and down) the abdomen.

The operation usually takes 1-2 hours and has benefit in that the surgeon can easily inspect the internal organs and remove any fibroids or tumours. The fallopian tubes and ovaries will be left in place unless your consultant decides that removal would be better for you.

Vaginal Hysterectomy

This is when the uterus is removed through an incision made inside the vagina. This procedure can also take 1-2 hours. Its benefits include no visible scarring, less pain and discomfort following surgery and it usually means a shorter hospital stay and a faster recovery compared to an abdominal hysterectomy.

Laparoscopically-Assisted,Vaginal Hysterectomy

In this procedure, small incisions are made in the abdomen. An instrument known as a laparoscope is inserted into the abdomen, the uterus is divided from the surrounding tissues and removed through the vagina. This procedure can take between 2-3 hours.

Its benefits are that the surgeon can easily see the internal organs and there is usually less pain than with a total abdominal hysterectomy. This procedure also means less scarring, shorter hospital stay and faster recovery than abdominal or vaginal hysterectomy. This procedure is not carried out very often in our Unit but if you discuss this with your consultant he will decide whether it is possible in your case.

No surgical procedure is risk-free. Ask the doctor to discuss all the options, risks and possible complications so that you understand the facts before you have your operation. Hysterectomy can improve your health but make sure that you know the facts first. Ask about alternatives to surgery and work with your doctor to decide the best course of treatment.

What are the Different Kinds of Hysterectomy?

Total Hysterectomy: Your womb and cervix are removed but your ovaries and tubes are left in place.

Total Hysterectomy and Bilateral Salpingo-Oophorectomy: Your ovaries and fallopian tubes are removed as well as you womb and cervix.

Two less common operations are:

Sub-Total Hysterectomy: Your womb is removed and your cervix left in place.

Myomectomy: A fibroid is removed and your womb is left intact so that you may still be able to become pregnant.

What alternatives do I have?

A hysterectomy is usually performed when all other methods of relieving your symptoms have not been successful. Alternative treatments depend on the symptoms that you are experiencing.

Some examples are;

- **Heavy periods**

Other treatments include medication to control the bleeding these include hormonal and non-hormonal tablets.

A specific type of coil can be fitted into the womb, which releases a hormone to reduce the bleeding.

Surgery to remove the lining of the womb can be attempted, this is known as Endometrial ablation.

- **Fibroids**

Medication can be administered to control the symptoms. Sometimes surgery to remove the fibroid can be attempted.

- **Endometriosis**

Medication can be administered to treat the pain and bleeding associated with endometriosis.

Before Your Operation

As soon as you know that you need a hysterectomy, try to get yourself into the best physical shape so that you will get better more quickly. Stop smoking, eat a healthy diet and take regular exercise. About 6 weeks before the operation you should stop taking the oral contraceptive pill. It is quite alright to have intercourse up to your admission to hospital but be sure to use a barrier method of contraception, e.g. the condom. As the date gets nearer, make plans for your family whilst you are in hospital and arrange some extra help for the first couple of weeks back home. If you feel that you may need a home help following your surgery discuss this with your GP or the nurse at the pre-operative clinic.

Pre-Operative Assessment Clinic

Approximately 1-2 weeks before your operation you will be invited to attend the pre-operative assessment clinic. This gives you the opportunity to meet the nursing and

medical staff on your ward. During this visit, the staff will discuss with you the type of operation you will be having and what to expect before and after. You will have the opportunity to ask any questions that you may have.

The staff will take a full medical history from you. It would also be helpful if you would make a list of all medicines and drugs you are currently taking. The staff may seek advice from an anaesthetist or physician before your operation. A few tests may be performed such as blood pressure, urine test, blood tests and sometimes a chest x-ray or tracing. If you have any special requirements for your admission, such as a special diet or religious/cultural needs please let the staff know during your visit so that all necessary arrangements can be made.

By attending the pre-operative clinic your future care can be jointly planned according to your individual needs and all necessary steps taken to make your stay as comfortable as possible.

In Hospital

You will be shown to your bed by a nurse in your team who will introduce herself and show you the ward layout. (for further information about services available on the ward please see the information booklet by your bed.) The physiotherapist may visit you before your operation to instruct you on beneficial exercises. If you have not had your bowels opened the day before surgery you will be offered a small enema or suppositories. Before you go into the operating theatre, you will be asked to take a bath or shower and your pubic hair may be shaved.

You will not be allowed to eat or drink for several hours before your operation. About an hour before the operation you may be given a pre-medication, usually a tablet or small injection which will make you feel drowsy and relaxed. This is only given if prescribed by the anaesthetist. You may be given support stockings to wear during and after your surgery and you may also be prescribed an injection to reduce the risk of blood clots in the post-operative period. This is given as prescribed by the doctor. A member of the ward team will escort you to theatre and they will complete a checklist prior to you leaving the ward. The nurse will then stay with you until Theatre Reception staff take over.

After Your Operation

You will probably feel some pain or discomfort when you wake, and you will be given painkillers as required. You may have a drip in your arm and possibly a catheter or small tube to drain urine from your bladder. This will be removed when the doctor instructs the staff to do so. The physiotherapist will show you how to breathe properly and encourage you to do some simple exercises. Your surgeon will visit to explain exactly what happened during the operation and will be able to tell you when you can start to drink and get out of bed. A slight discharge or slight bleeding from the vagina is normal but if this becomes heavy you should tell your nurse straight away. You may get griping wind pains caused by bowel and stomach gas, but there are medicines, which can help. If you are constipated you may be given a laxative. Your stitches or clips will be removed before you go home, or a district nurse will

remove them if you are able to be discharged prior to the day when stitches are due to be removed.

You will normally stay in hospital for 3-7 days. A post-operative check up can be carried out by your GP if the hospital has not asked to see you again.

For the first two weeks back home you should rest, relax and continue to do exercises that you were shown in hospital. Try to take a short walk every day, look after your posture, eat healthily, drink plenty of fluids and rest whenever you need to. (See further information at the back of this leaflet).

After 3 months you should be feeling more or less back to normal

Risks

Possible complications of treatments

Although we try to make sure that any problems are reduced to a minimum no surgical operation can be guaranteed free of complications and the operation itself or the general anaesthetic may occasionally give rise to difficulties which will make your stay in hospital longer or your recovery slower.

- **Anaesthetic risk** – you may feel sick, or have a sore throat. If you smoke you have an increased risk of chest infection.
- **Operative risks** – there is a chance of excessive bleeding, which may require a blood transfusion. There is occasionally damage to other structures (usually the bowel or bladder) there is a risk of wound or urinary infection which would be treated with antibiotics. There is a risk of a blood clot developing under the stitch line, however this usually heals without treatment. There is a risk of a blood clot in your leg so you may be given heparin injections or aspirin tablets during your hospital stay to reduce the chance of this developing.
- A collection of blood may form at the top of the vagina, which may become infected. This will need treatment with antibiotics. In less than 5% of all hysterectomy cases readmission to hospital for treatment will be required.
- 'Irritable bladder' may develop, which will result in having to pass urine very frequently and may persist for several weeks after the operation has been performed.

If you have a laparoscopically assisted Vaginal Hysterectomy there is an additional risk

- When the laparoscope is inserted a small number of women (2 out of every 1000) have some internal bleeding which does not usually require further treatment. There is a small risk of the bowel being punctured when the gas or laparoscope is inserted. In these circumstances an immediate operation may be necessary to repair the damage (1 in every 1000). This will involve a bigger wound to the

abdomen and you will have to stay longer in hospital. If you have any concerns about any of the risks mentioned here please speak to a doctor

Frequency and Pain on Passing Urine

Occasionally after a hysterectomy you may feel the need to pass urine more frequently. This is as a result of slight bruising and swelling of the bladder.

Pain relief, such as PARACETAMOL IS RECOMMENDED.

'Wind Pain'

The operation does result in a lot of wind floating about in the abdomen which can cause pain in the shoulder, aback and abdomen. Eating small quantities, especially of fruit and vegetables and drinking plenty of fluid will help to re-establish you normal bowel movements. Painkillers and moving about will also ease the discomfort.

Vaginal Discharge

Some women have a small blood-stained vaginal discharge for up to 6 weeks after the operation. If this becomes a heavy loss or the discharge smells you are advised to contact your general practitioner or the gynaecology ward/emergency room.

Your Questions Answered

Will I Become Depressed After My Hysterectomy?

It is normal to feel a bit depressed, tearful or moody after any major operation, not just after hysterectomy, but it is unusually for these feelings to last more than 6-8 weeks, by which time your strength will be returning and your life will be almost back to normal. If you still feel depressed after 3 months you should tell your own doctor.

What Will My Scar Look Like?

If you have an abdominal hysterectomy, you will either have thin scar along your bikini line (this will eventually be hidden as your pubic hair re-grows), or a vertical scar going down close to the mid-line from your belly button. You will not have any visible scars if you have a vaginal hysterectomy.

Is a Vaginal Hysterectomy Less Painful Than an Abdominal One?

Because there are no external scars, a vaginal hysterectomy is often less painful and uncomfortable than an abdominal hysterectomy. Recovery is often faster, but heavy lifting and prolonged standing should be avoided. However, a vaginal hysterectomy is not suitable for everyone.

Will I Still Get Premenstrual Tension?

Although you will no longer have your monthly period, you will still have the normal hormonal ups and downs unless your ovaries were removed. This means that if you suffered from PMT before your operation you will still get symptoms afterwards, but they may be less severe.

Will my Cervix (Neck of the Womb) Be Removed?

In most cases your cervix will be removed. Sometimes a sub-total hysterectomy is performed, when the cervix is left in place. If it is left however, you must remember to have regular smear tests.

What Happens To The Eggs My Ovaries Produce Each Month?

They are absorbed within your body.

When Should I Stop Taking The Oral Contraceptive Pill?

You should stop taking it about 6 weeks before your operation and use a barrier method instead. After the operation you will no longer be able to become pregnant.

How Does Having A Hysterectomy Bring About the Menopause?

The menopause happens when your ovaries stop producing eggs and therefore the hormones oestrogen and progesterone, which control your monthly menstrual cycle, are reduced. If your ovaries are removed during your hysterectomy then you will have your menopause straight away. If they are not removed your ovaries may continue to function normally until you have a natural menopause sometime later. This can be a few years earlier than if you had not had a hysterectomy.

What are the Symptoms of the Menopause?

Hot flushes and night sweats are the most common. These can be embarrassing, uncomfortable and can disturb your sleep. Dryness in the vagina can cause pain and discomfort when making love. Other problems are mood changes, tiredness, anxiety and loss of concentration. Hair and skin can become dry and joints may be painful. In time, low oestrogen levels can cause osteoporosis (THINNING BONES) and heart disease.

How Can Hormone Replacement Therapy Help?

Hormone Replacement Therapy (HRT) relieves menopausal symptoms and can prevent osteoporosis. As the name suggests this treatment replaces the oestrogen your ovaries no longer produce. There are many different types and strengths of HRT available. HRT can be given either as tablets to be taken every day, as implants which are inserted under the skin every 6 months or so and as skin patches

which you change twice a week. Your doctor should be able to find a form of HRT to suit you.

When Should You Start HRT

Your consultant will decide when it is appropriate for you to start taking HRT.

Are There Any Side-Effects With HRT

Some women have nausea, breast tenderness or leg cramps at first, but this normally settles down quickly within the first three months. Others find that their skin becomes sensitive to skin patches. Occasionally headaches can become a problem. HRT does not cause you to put on weight.

What About Breast Cancer

Breast cancer is a common disease in older women and 1 in 12 women in the UK will suffer from it. Studies show that taking HRT for up to 5 years does not appear to change the risk of getting the disease. Experts believe that if you have had your ovaries removed you can take HRT up to the time you would have had your menopause and then for an additional five years before there is any likelihood of change in risk.

Returning to Work

Return to work depends on the nature of your job. You must feel comfortable at work and able to cope. You will probably feel tired at first. You will need to refrain from work for a least 6 weeks, but your GP will give you advice, or if you are attending for a gynaecology outpatient appointment you may discuss this with the doctor.

Driving

Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel, with a seat belt over your abdomen. Recommended guidelines suggest 4-6 weeks.

Sex

It is advisable to refrain from intercourse for a least six weeks; this is to prevent infection and to reduce trauma. Resuming sexual intercourse will depend on the type and extent of surgery you have had and if you are worried about this then please speak to a member of staff before you are discharged.

Follow-Up Appointment

Follow-up appointments vary between consultants, not everyone receives a follow-up appointment, but if you need one you will be informed at the time of discharge and you will receive the date and time of your appointment through the post.

Emotional Health

Some women feel sad, angry or depressed following hysterectomy. It is sometimes helpful to share these feelings with someone close. If you need to consider joining a support group, please contact Women's Health on 0171 251 6580, who will be able to give you the name and number of the nearest Hysterectomy Support group or see your local telephone directory.

Smear

Some women may still need to have smears following hysterectomy. Please ask if it is necessary for you to have follow-up smears.

What will happen to the organs or tissue removed during surgery?

Any organs or tissue taken at the time of your operation will be sent for examination to the laboratory and your Consultant will be informed of the result. Following investigation the tissue will be disposed of in accordance with health and safety.

General Information

As a hysterectomy means that your womb has been removed, you will no longer have periods or be able to have children. This also means that you will not need to use contraception to guard against pregnancy. Remember you should not put on weight as a result of having a hysterectomy. Weight gain is caused by over-eating.

Further Help

The Social Worker attached to the hospital may be able to arrange practical assistance for permanent or temporary help in the form of: Home Help/ Home Care Plan/ Age Concern/ Visitors/ Nursery Schools/ Convalescent/ Nursing/ Residential Home/ Sheltered Accommodation/ Financial Assistance/ Bus Fares/ Social Security Claims.

The staff on the ward are always available to discuss these and any other issues with you fully, please do not hesitate to ask.

Resuming Normal Activities

These are general guidelines, everybody is different, always listen to your body and delay any activity until you feel ready. If you wish to contact the Physiotherapist please phone the ward or ask for physio department.

References:

Gynaecology
Shaw, Southler & Stanton
Published by Churchill Livingstone

Our Bodies Ourselves

Jill Rakusen & Angela Phillips
Published by Penguin

The Menopause
Rosetta Reitta
Published by Penguin
Published by Penguin

Hysterectomy – The Emotional Aspects
Published by Dennerstein, Wood & Burrows

Equal Opportunities

The hospital is committed to promoting an environment, which provides equal opportunities for all patients, visitors and staff. If you have any special requirements such as dietary needs, interpreter services, disability needs or a preference for a female doctor please do not hesitate to discuss this with a member of staff who will try to help.