

Hysterectomy and Bilateral Oophorectomy

This leaflet has been written and produced to inform you, your partner and family in order to assist and support you if you are considering or have been recommended to have this surgery. It is not intended to replace verbal information with your surgeon and specialist nurse. You can access other information via websites available – see end of leaflet.

Benefits & Reasons for having a Hysterectomy and Oophorectomy

Your doctor will have explained that you have a cancer of the lining of the womb (Endometrium).

See leaflet (Cancer of the Endometrium).

The aim of this surgery is to give the best possible outcome of your treatment management.

You may want to know whether your treatment will work or whether you can stay well without treatment.

Your partner and carer may also have concerns and questions about how they can help you, and how your condition and treatment will affect them.

Try to find out as much as you can about your treatment options and make a list of questions you may want to ask your doctor.

Treatment options & choices

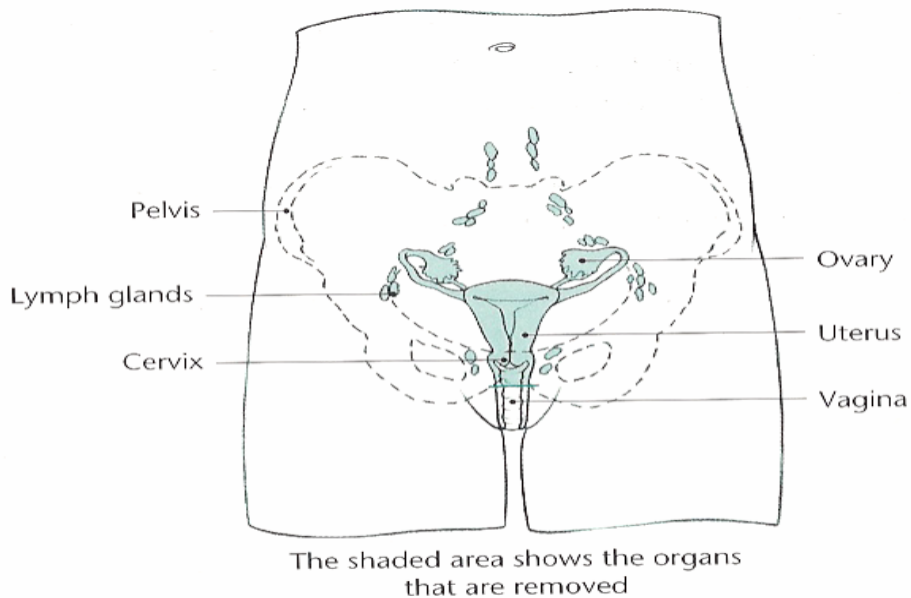
The treatment option will be discussed with you, with your consultant and you may find the leaflets regarding understanding cancer of the Uterus (Endometrium) helpful.

What is a Hysterectomy and Oophorectomy?

Hysterectomy is surgery to remove the Uterus (womb).

An Oophorectomy means removal of the ovaries. Also removed will be the fallopian tubes. It is sometimes necessary to remove some of the lymph glands in the pelvis. This will depend if the consultant feels it is needed at the time of surgery or if you have entered into a trial. (Please discuss this with your nurse or doctor).

The incision (cut) in your abdomen (tummy) will be vertical (up and down). This allows your consultant to assess thoroughly for any signs of



the disease spreading. A sample of fluid may also be taken from the area in the operation.

What happens before the operation?

Approximately 1-2 weeks before your operation you will be invited to attend the pre-operative assessment clinic. During this visit the staff will discuss 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 the 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 heart 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. If you feel you may need help following surgery please discuss this with your GP or the nurse at the pre-operative clinic.

Before your operation

As soon as you know you need an operation, try and get yourself into the best physical shape so that you may recover more quickly. Stop smoking, eat a healthy diet and if able take regular exercise. If possible make plans for your family while you are in hospital and arrange for some extra help at home for your first couple of weeks at home. If you feel you may need a home help following your surgery, discuss this with your GP or the nurse at the pre-operative assessment clinic.

In hospital

You will be admitted to the hospital on the day of your operation or the day prior to the operation date.

You will be shown to your bed by a nurse in your team. The nurse 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.

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 stay with you until the theatre reception staff take over.

On arrival in theatre, you will meet the anaesthetist who will put you to sleep with an injection given via a small needle in the back of the hand. When you wake up the operation will have been completed and you will be in the recovery room, which is alongside theatre. Here you will remain for a short while for observation, before being brought back to your bed on the ward.

After your operation

You will probably feel some discomfort when you wake, and you will be given painkillers as required (see hospital leaflet). You will have a drip in your arm and 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 7-10 days.

Possible problems

Possible risks and 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 during your hospital stay to reduce the chance of this developing.

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 that can cause pain in the shoulder, back and abdomen. Eating small quantities, especially of fruit and vegetables, and drinking plenty of fluid will help to re-establish your normal bowel movements. Painkillers and moving about will also ease the discomfort.

Vaginal discharge

Some women have a small bloodstained 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.

HRT advice

You may have already gone through the menopause but if you have not then this operation will mean that you will now have your menopause straight away. You will not be given HRT after this operation but if you have menopausal symptoms please discuss these with your nurse or doctor.

Returning to work

Recovery time is variable for patients, and a degree of tiredness is experienced for some time. Return to work depends on the nature of your job. You must feel comfortable at work and be able to cope. You will probably feel tired at first. You will need to refrain from work for at least 12 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 or you could check with your insurance company.

Sex

It is advisable to refrain from intercourse for at least 6 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.

Emotional Health

What will I feel like?

After your hysterectomy, as after any big operation, you may feel depressed and tearful. This is a normal reaction which the doctors and nurses understand. You may find it helps to talk with the staff caring for you so don't bottle up your feelings.

As time passes, you will begin to feel better but you may still have 'up' days and 'down' days. It may take 6-12 months before you feel you have really adjusted physically and emotionally to what has happened. This is also normal. Some women find it helps to talk to their doctor, a specialist nurse or to one of the organisations listed at the back of this booklet. Please feel free to discuss your concerns.

Follow up appointment

You will be given a follow up appointment for approximately 3 weeks after your operation. At this appointment your doctor will have the report from the laboratory about the tissue from the operation. Depending on these results, you may need further treatment with chemotherapy (drugs) or radiotherapy (X-rays). If this is recommended, your surgeon will discuss the treatment individually with you.

Will I come back for check ups?

Yes, after your hysterectomy the doctors will ask you to attend hospital at regular intervals. You will be given an appointment for the outpatient clinic and as time passes the appointments will probably become less frequent.

The follow up appointment will involve regular clinical assessment and regular vaginal examinations.

Your family doctor will have received details of your operation, so if you feel that things are not gradually returning to normal when you are at home, you might like to discuss this with him/her. Well-meaning friends, relatives and even other patients can give inaccurate and sometimes alarming information. Although many women are sometimes embarrassed to talk about themselves after this operation, it may be helpful for you to share your concerns with your family doctor or practice nurse. If you are still worried you may wish to contact the hospital.

Where can I get help?

If you have queries or problems regarding your illness or operation, or experience any unexpected problems, please contact:

Your hospital doctor (Consultant)
or one of his team
or specialist nurse
or your family doctor/ practice nurse / community nurse

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/convallescent/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.

A cancer information service is also provided by two separate charities:

CancerLink
17 Britannia St
London
WC1X 9JN

Tel: 0808 808 0000

www.cancerlink.org

CancerBACUP
3 Bath Place
Rivington St
London
EC2A 3JR

Tel: 0808 800 1234

www.cancerbacup.org.uk

Both these organisations produce free booklets appertaining to your cancer, treatment and others.

Gynae C – Voluntary Self Help Group,
Monday & Thursday 10am – 3pm
Tuesday & Wednesday 7pm – 10pm
Tel: 01793 322005

References:

Gynaecology
Shaw, Southler & Stanton
Published by Churchill Livingstone

Hysterectomy – The emotional
aspects, published by
Dennerstein, Wood & Burrows

Natural Alternatives to HRT
Marilyn Glenville
Published by Kyle Cathie Ltd
ISBN -1 -8 5626- 254- 5

Our Bodies Ourselves
Jill Rakusen & Angela Phillips
Published by Penguin

The Menopause
Rosetta Reitta
Published by Penguin

A Woman's Guide to
Hysterectomy – Expectations &
Options
A Hass & S Puretz
Published by Celestial Arts
ISBN 1-58761 - 105 - 8

References: Cont'd

Hysterectomy, What it is and how to
cope with it successfully – Suzie
Hayman, published by – Sheldon Press
ISBN –0-859-69-870X
Biddles Press Ltd, www.biddles.co.uk