contact details

Harbourside Gynaecology Centre
Poole Hospital is open from Monday to Thursday, from 8:30am to 5pm and on Friday, from 8:30am to 3pm.

Phone numbers: **0300 019 2584** or **0300 019 2651**. You can leave a message and your call will be returned as soon as possible.

Gynaecology Nurse Practitioners
Royal Bournemouth Hospital, Monday to Friday, from 8am to 4pm and ansaphone out of hours.

Phone number: **0300 019 4725**

When should I call my GP?

Call your GP if:

- the bleeding is prolonged (longer than 10 days)
- you experience a foul-smelling discharge
- you feel unwell
- have a fever or temperature

Follow up

We will send you a follow up questionnaire and you can assess and decide the need for a follow up. If you do not send us the questionnaire back we will assume that you do not need a follow up appointment. Sometimes, depending the reason for surgery, we will make a follow-up appointment around 8-12 weeks following surgery.

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NHS
University Hospitals Dorset
NHS Foundation Trust

Hysterectomy

This leaflet is intended to give you information regarding the different types of hysterectomy and your recovery after surgery. You might also find it useful to share this information with your family and friends.

w: www.uhd.nhs.uk
: @UHD_NHS : @UHDTrust : @uhd_nhs

What is a hysterectomy?

A hysterectomy is a surgical removal of the uterus or womb. This may be combined with the removal of the fallopian tubes and one or both of the ovaries. This combined procedure is known as a hysterectomy plus bilateral or unilateral salpingo - (fallopian tubes) oophorectomy (ovaries).

Why I might need a hysterectomy?

There are a number of different reasons why this might be needed. These include:

- heavy periods (menorrhagia)
- pain caused by endometriosis - this is a common problem where the lining of the uterus grows elsewhere in the pelvis
- pain caused by adenomyosis - in this condition the lining of the uterus grows into the wall of the uterus
- prolapse - the uterus slips down to the vagina due to weakening of the supporting muscles
- fibroids - this is when the muscle tissue within the wall of the uterus overgrows. This can grow quite large or multiply causing pain or period problems
- persistent pelvic pain
- cancer of the uterus, cervix or ovaries

What are the different ways of performing a hysterectomy?

There are several ways of performing a hysterectomy. The type of hysterectomy you have will depend on your underlying problem and past medical history. It will be discussed with you by your gynaecologist before your operation.

- **Sub-total hysterectomy:** This is where the body of the uterus is removed leaving the cervix. The patient will need to continue to have cervical smears taken after surgery.
- **Total laparoscopic hysterectomy:** In this operation you have 3-4 “keyhole” cuts in your abdomen and your uterus (womb) is removed through the small incision. You will have between two and four small scars on different parts of your abdomen. Each scar will be between 0.5cm and 1cm long. There will also be an internal wound at the top of the vagina

- Being as mobile as you can as early as you can after your operation
- Doing leg exercises when you are resting which will be discussed with you at your group physio appointment

You will have daily Dalterparin injections (a blood-thinning agent) - you need to continue having these injections daily when you go home, and you will be advised on the length of time you should have these for after discharge and given the necessary supply.

Stitches

Stitches will usually dissolve 10-14 days after your operation. Patients normally stay in hospital for one or two nights following hysterectomy. You can find more information in the patient diary which will be given to you at your pre-op assessment.

Passing urine

You are likely to have a catheter (tube) in your bladder to allow drainage of your urine. This is usually removed 24 hours after your operation. If you have problems passing urine, you may need to go home with a catheter and return to have it removed in a few days.

Eating and drinking

After your operation, you will have a drip in tour arm to provide you with fluids. When you are able to drink again, the drip will be removed. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on. Please sit out for your meals the next day as this is good for your digestion and mobility.

Vaginal bleeding

You should expect slight vaginal bleeding (less than a period) for 7-10 days after your operation. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Washing and showering

You should be able to have a shower or bath and remove any dressings a couple of days after being at home. Don’t worry about getting your scars wet - just ensure that you pat them dry. Keeping scars clean and dry helps healing.

Serious risks include:

- The overall risk of serious complications from abdominal hysterectomy is approximately four women in every 100 (common)
- Haemorrhage requiring blood transfusion - two women in every 100 (common)
- Damage to the bladder and/or the ureter - seven women in every 1000 and/or long-term disturbance to the bladder function (uncommon)
- Return to theatre because of wound dehiscence (wound breakdown due to infection) - 7 in every 1000 (uncommon)
- Pelvic abscess/infection - two women in every 1000 (uncommon)
- Venous thrombosis or pulmonary embolism - four women in every 1000 (uncommon)
- Damage to the bowel - four women in every 10,000 (rare)
- Risk of death within six weeks - 32 women in every 100,000 (rare). The main causes of death are pulmonary embolism and cardiac disease

Patients on Warfarin

If you are taking Warfarin please ensure that your consultant is made aware so that your surgery can be planned accordingly. We may ask you to stop four doses of Warfarin before your operation. In some cases you may be referred to the Anti-Coagulation Nurse Specialist Team pre-operatively and be given a specific regime of blood thinning injections for before and after surgery. Information regarding your anticoagulant therapy will be discussed fully during your preoperative assessment.

Will I need Hormone Replacement Therapy (HRT)?

It is not usual to remove the ovaries in pre-menopausal women unless there is a recognised medical need to do so. This will be discussed with by your Gynaecologist before admission for surgery. If you have both your ovaries removed or have no ovaries left at the end of the procedure then you will go into the menopause immediately following your operation regardless of your age. This is known as surgical menopause. Menopausal symptoms include hot flushes, sweating, disturbed sleep, vaginal dryness and tiredness. You may be offered hormone replacement therapy (HRT) to replace the hormones of your ovaries, namely oestrogen. Oestrogens are recommended to protect your bones, blood vessels, hair and skin. There are risks associated with HRT therapy however, recent evidence and the National Institute for Health and Care Excellence's (NICE) 2015 state that the risks of HRT are small and are usually outweighed by the benefits. The need for HRT and the risks and benefits will be discussed with you by your Gynaecologist before admission for surgery. If your hysterectomy leaves one or both your ovaries intact, there is a chance that you will go through the menopause a little earlier than you would otherwise have done, (up to 4 years earlier).

Enhanced recovery after surgery

Enhanced recovery aims to ensure that you are in the best possible health for your surgery and that you receive the best possible care during and after the surgery. You will play an active role in your recovery as research has shown that the earlier you get out of bed, start eating, drinking and mobilising the sooner you recover from surgery. This will be discussed in detail by your gynaecology nurse practitioner. You will also be given a patient experience diary to aid you in your recovery. It is also a good idea to go for daily walks and practise taking deep breaths. Deep breathing helps you recover more quickly from the effects of anaesthetic and the operation.

Why can it take longer to recover from surgery?

- If you have a serious medical condition, long-standing illness, or disability your recovery may be slower
- Women who smoke are at increased risk of getting a chest or wound infection during recovery. Smoking can delay the healing process. Try to stop or reduce your smoking in the weeks before surgery. If you continue to smoke try not to have any cigarettes the night before or the morning of your surgery, as this will improve your breathing after surgery. For more advice ring the free NHS Smoking Helpline number on **0300 123 1044**
- If you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis. Try and lose as much weight as you can by eating healthily and exercising

Hysterectomy

Useful websites for healthy living advice:

www.nhs.uk/live-well

www.nhs.uk/tools/pages/losing-weight.aspx

www.livewelldorset.co.uk

www.nice.org.uk/guidance/ng23

www.menopausesupport.org.uk

What might I expect after hysterectomy?

Physiotherapy

You will have an appointment for a group physio session with other ladies having similar procedures. You will be given advice and written information about exercises to help you recover and provide ways to move easily and rest comfortably, as well as advice on how to do pelvic floor muscle exercises.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation and you may need to take a nap during the day for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first - when you are tired, these feelings can seem worse. For many women, this is the last symptom to improve.

Pain and Discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you will be provided with over the counter painkillers, taking the painkillers as prescribed to reduce your pain will enable you to move around at home which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Trapped wind

Following your operation your bowel may temporarily slow down, causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Walking around will help.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- **Laparoscopic assisted vaginal hysterectomy:** The uterus, fallopian tubes and ovaries (if consented to be removed) are released using keyhole surgery. The rest of the operation is completed vaginally and the organs are removed through the vaginal route. There will be two or three small 1cm cuts on the abdomen in addition to the vaginal wound
- **Vaginal hysterectomy:** This route is usually taken for prolapse of the uterus or heavy periods. In this operation, the uterus (womb) is removed through the vagina. The top of the vagina is stitched with dissolvable sutures. There are no scars to be seen externally.
- **Abdominal hysterectomy:** In this operation the uterus is removed through a cut in the abdomen. This will usually be in the 'bikini line'. Sometimes, depending on the reason and size of the womb, a vertical cut (up and down in the midline) may be necessary. The wound is usually closed with a dissolvable stitch. Occasionally metal staples are used which are removed five to seven days later
- **Bilateral Salpingectomy:** New medical evidence suggests that by removing the fallopian tubes (bilateral salpingectomy) at the time, a hysterectomy may reduce the risk of ovarian cancer in the future. This will be discussed further by your gynaecologist when you make your decision to have a hysterectomy.

What are the risks and complications associated with this operation?

Frequent risks include:

- Wound infection, pain, and bruising, delayed wound healing or keloid formation (some scars grow lumpy and larger than the wound when healing)
- Numbness, tingling or burning sensation around the scar (the woman should be reassured that this is usually self-limiting but warned that it could take weeks or months to resolve)
- Urinary tract infection, retention and/or frequency
- Ovarian failure (where ovaries are conserved)
- Haematoma - this is a collection of blood within the pelvis. This can happen in 1 in 10 hysterectomies. Most resolve themselves without treatment but occasionally will require drainage under a general anaesthetic