

Abdominal Hysterectomy



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Who to contact and how:

Notes:

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Information for patients

Introduction

This leaflet has been designed to give you important information about your hysterectomy, and to answer some common queries that you may have. Common risks, benefits and alternatives to hysterectomy are also explained along with information about what to expect before, during and after your surgery.

What is a hysterectomy?

A hysterectomy is the surgical removal of the uterus (womb) and may involve removal of the cervix (neck of the womb). If the cervix is not removed the operation is described as a sub-total hysterectomy.

The fallopian tubes and ovaries may also be removed at the time of a hysterectomy. The medical term for removal of the fallopian tubes is salpingectomy. The medical term for removal of the ovary is Oophorectomy. If the uterus, cervix, fallopian tubes and ovaries are removed, the medical term is Total Hysterectomy and Bilateral Salpingo-Oophorectomy.

Removal of the Ovaries (Salpingo-Oophorectomy)

The National Institute for Health and Clinical Excellence (NICE) recommends that ovaries should only be removed before the menopause when there is a significant risk of associated disease, such as ovarian cancer.

Your surgeon may recommend removal of the ovaries (oophorectomy) if you have a family history of ovarian or breast cancer or to prevent cancer occurring in the future. Your surgeon will be able to discuss the benefits and disadvantages of removing your ovaries with you.

If you have already gone through, or are close to the menopause, some surgeons recommend removing the ovaries regardless of the reason for your hysterectomy. This is because it is a good way to protect against the possibility of ovarian cancer developing in the future.

If you have not yet had your menopause and have your ovaries removed you will go through the menopause immediately following your operation. This is known as a surgical menopause.

If a hysterectomy leaves one or both of your ovaries intact, there is a chance you will go through the menopause within five years of your operation.

Hormone replacement therapy (HRT) is sometimes given to help with menopausal symptoms that occur after a hysterectomy.

Why do I need a hysterectomy?

There are several circumstances when you may be recommended to have a hysterectomy. The most common reasons include:

- heavy / painful period
- chronic pelvic pain

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- prolapse of the uterus
- cancer

How is a hysterectomy carried out?

An abdominal hysterectomy can be performed using a spinal anaesthetic or general anaesthetic. Anaesthetic drugs and techniques are often combined.

During an abdominal hysterectomy an incision (cut) is made in your abdomen (tummy). The incision is either made along the bikini line (horizontal) or vertically from the belly button (umbilicus) to the bikini line.

The operation takes about an hour the wound takes about six weeks to heal fully. You may be advised to have an abdominal hysterectomy if your womb is enlarged by fibroids or pelvic tumours, as it may not be possible to remove it through the vagina.

What are the risks of a hysterectomy?

Complications are unusual but the following may occur in a small number of cases.

Bleeding

Excessive bleeding may occur, either during the operation or afterwards. This would be stopped in one of the following ways:

- A pack (like a very large tampon) may need to be inserted into the vagina to put pressure on the bleeding point
- Sutures can be applied to the blood vessel that is bleeding
- Rarely, a second operation may be necessary to stop the bleeding. This may involve opening your abdomen and, therefore, you will have an abdominal wound

Injury to other organs

There is a small risk that your bowel or bladder could be damaged during surgery. This would be repaired during the operation.

Infection

There is a small risk of wound infection.

Water infections may occur especially with the introduction of a catheter.

Thrombosis

There is a small risk of thrombosis (blood clot in the leg or the lungs). The risk of thrombosis is minimised by giving you a daily injection while in hospital which thins the blood slightly, without increasing the risks of bleeding.

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You will be given a pair of antiembolic stockings to wear whilst you are in hospital and you will need to wear these for a certain amount of time when you go home. Leg exercises (gentle movements) and deep breathing are also advised whilst lying in bed. Early mobilisation is essential. You will be encouraged to sit out of bed and walk around within 6 hours of returning to the ward.

What will happen after your operation?

Your pain level will be checked regularly using a pain scale chart of 1-3. It is well known that only the patient is aware of how much pain they have. Painkillers will be prescribed and given to you.

You may also suffer from feeling or being sick. To help prevent this you will be given injections and you will have an infusion (drip) in place. Once you feel able to you will be allowed to drink some water in the recovery room or back on the ward. The drip will be removed once you are drinking normally and not feeling sick.

You will be able to get out of bed later in the day, or the day after surgery, depending on how you feel. Once you are allowed up, it will help to have regular walks around the ward.

If necessary, use sanitary towels, changed regularly, not tampons.

You may have dissolvable stitches, beaded stitches or staples. Your doctor / nurse will let you know when they need to be removed.

Going home

The doctor will visit the ward daily to check on your progress and issue any instructions to the nurses. The usual length of stay for a hysterectomy is between 1-3 days. By the first or second day, most women feel well enough to go home.

When you are ready to go home the doctor will arrange for a discharge letter to be given to you and your GP. Medication which you will need to take home will be prescribed to you. Please make sure you have some simple pain killers such as Paracetamol and Ibuprofen at home ready for when you are discharged.

Advice after Going Home

Convalescence

Take it easy for at least 2 weeks, but remember you need to be mobilising, so you do not need to stay in bed. It is quite common to experience general fatigue after an operation. You should gradually be able to begin resuming a normal lifestyle at a pace your body will dictate.

Emotional problems

These are not uncommon after this type of operation, and the support of your family is invaluable. In most cases, this will pass as health gradually improves. If it persists, then it is advisable to consult your GP or there are National Support Groups which can be accessed via the internet.

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Vaginal discharge

On leaving hospital you may experience vaginal bleeding. After a few days this should reduce to occasional light bleeding or brown discharge for up to six weeks after your operation. Do not worry as this is quite normal. However, if the bleeding is very heavy (more than a normal period or it consists of blood clots) please contact the ward. If you notice a smelly or itching discharge, consult your GP, as you may require antibiotics.

Bladder

Many women say that passing water feels different just after having a hysterectomy. You may experience slight discomfort which should improve with time. If you find that it continues to be painful or your urine is offensive smelling please inform the nurses / doctors on the ward or your GP if you are at home.

If you are unable to pass urine in the first few days after your operation it is important to ring the ward for advice.

Bowels

You may not go to the toilet for a motion for several days after your operation. Many women do not have their bowels opened until they go home. It is important to avoid being constipated. Straining because of constipation will put pressure on your stitches and may weaken your prolapse repair. Eating a high fibre diet, drinking plenty of fluids and keeping active will help avoid becoming constipated. A gentle laxative can be bought from your local chemist or prescribed by your doctor if required.

Wound Stitches / Staples

If you have stitches in your abdomen they may be dissolvable. If they are not dissolvable or you have staples, they will need to be removed between 5 – 10 days after your operation. We will discuss this with you when we are planning your discharge from hospital.

The stitches in your vagina are dissolvable so there will be no need for them to be removed. Stitches can be quite uncomfortable for 2-3 weeks until they dissolve. It can be soothing to have frequent baths but avoid perfumed soaps and bubble baths for the first 2 weeks. It is not necessary to have salt baths.

Elastic support stockings

You will need to wear these when you go home until you are up and about as normal. You can then stop wearing them during the day, but continue to wear them for one more week at night (unless you are advised otherwise). If you have any pain or swelling in the legs (calves), then please attend the Emergency Care Centre (A&E) for the doctor to check you.

Lifting

You will have been advised not to do any lifting, pulling, squatting, or standing still for long periods. This will help to avoid a hernia of your wound or recurrence of a prolapse. Usually this will take at least 6 weeks. You will see the consultant or GP at your 6 week check and he/she will advise you further. If you need to do little jobs, then you need to have a rest in between.

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Your own body should let you know if you are doing too much. By 6-12 weeks after your operation, you should be able to return to normal activities.

Exercise / Sport

Do not do any strenuous activity until after your six week check up with your GP or Gynaecologist.

Sexual Intercourse

At your six week check up your GP or Consultant will examine you to check that everything has healed. You should not have sexual intercourse for this period or after the six week check if you are still bleeding.

Driving

This should be avoided until you feel confident to handle a car and perform an emergency stop safely. Sometimes after an operation your concentration powers are reduced. Your insurance company will give you more advice. The usual rule is that driving should be avoided until about 2-6 weeks after your operation. Take someone with you the first time.

Housework

Iron small amounts only and try to leave the ironing board up. If you have to vacuum then walk the vacuum cleaner and do not pull and push. Kneel to make the bed. Remember to take things slowly and listen to your own body.

Employment

Whilst in hospital you may ask for a medical sick note. This will be continued by your own GP. The length of time you take off work depends on how your hysterectomy has been performed and any other personal factors. You need to discuss this with your consultant before going home.

Smears

If your cervix was removed at the time of the operation, it is unlikely that you will need to have any more smear tests. If you are unsure, please clarify this advice with your Consultant.

Contraception

It is no longer necessary to use contraception following a hysterectomy. However, barrier methods of contraception should still be considered to reduce the chance of sexually transmitted infections.

Hormone Replacement Therapy (HRT)

If you are under the age of 45 and have your ovaries removed you will usually be offered hormone replacement therapy (HRT). This is to replace some of the hormones that your ovaries used to produce and relieve any menopausal symptoms.

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Outpatient Appointment

Follow up appointments after your surgery depends on which consultant you are under. This information will be given to you before you are discharged home.

If you are given an outpatient appointment, please try to keep it. If you require transport, it is best to inform the ward staff before leaving hospital, so that it can be arranged.

Social Services

If you need to be seen by a social worker, this will have been discussed on admission, or at the Assessment Clinic. A social worker will visit you whilst you are in hospital and any necessary arrangements will be set in motion.

Do You Need Any Further Information?

If you have any further questions, please ask the nurse or the doctor who is looking after you.

References

Royal College of Obstetricians and Gynaecologists 2015 Abdominal Hysterectomy – Recovering Well. <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/abdominal-hysterectomy.pdf>. Accessed 19/9/19

NHS Website <https://www.nhs.uk/conditions/hysterectomy/what-happens/>

Any Comments, Compliments, Concerns or Complaints

If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) is available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net

As a Trust we value equality of access to our information and services, therefore alternative formats are available on request at nlg-tr.interpreters@nhs.net

Alternative Languages

All of our leaflets are available to view in different languages via Browsealoud on our website at www.nlg.nhs.uk/patients/patient-leaflets/

Toate pliantele noastre sunt disponibile pentru a fi vizualizate în diferite limbi prin intermediul Browaloud pe site-ul nostru, la www.nlg.nhs.uk/patients/patient-leaflets/

Wszystkie nasze ulotki są dostępne do przeglądania w różnych językach za pośrednictwem Browsealoud na naszej stronie internetowej www.nlg.nhs.uk/patients/patient-leaflets/

Visus mūsu lankstinukus galite peržiūrēti jvairiomis kalbomis, naudodamiesi „Browsealoud“ mūsu svetainėje, adresu www.nlg.nhs.uk/patients/patient-leaflets/

Vse naše zloženke so na voljo za ogled v različnih jezikih prek Browaloud na našem spletnem mestu www.nlg.nhs.uk/patients/patient-leaflets/

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