Mersey and West Lancashire Teaching Hospitals
NHS Trust

Hysterectomy

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يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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This information is for patients who are about to have, or are considering having a hysterectomy and should answer any questions you may have.

What is a hysterectomy?

This is a gynaecological surgical procedure performed under general anaesthetic to remove the uterus (womb). It is usually performed as a treatment for health problems that affect the female reproductive system.

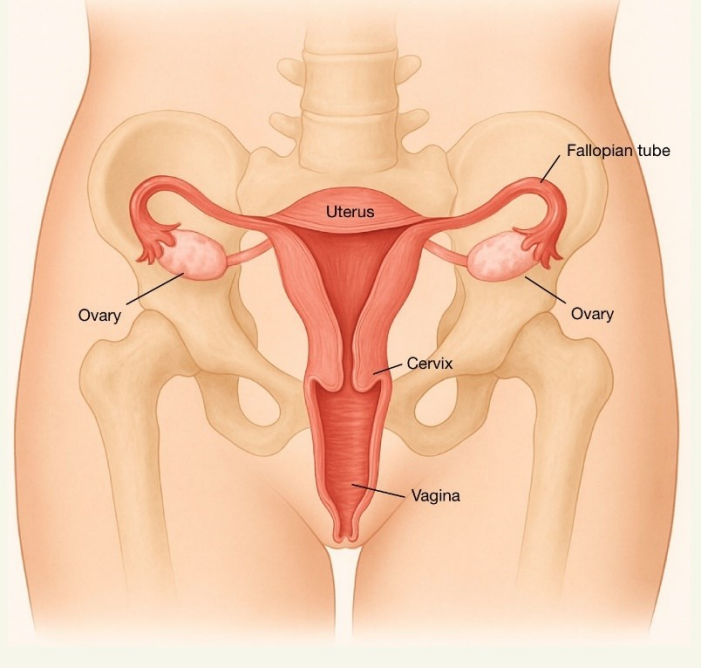


Image showing pelvic organs

Why do I need a hysterectomy?

A hysterectomy is usually considered as a last resort after other treatments have failed, unless it is performed as a life saving measure for conditions such as cancer. In most cases a hysterectomy is needed to relieve longstanding, painful and distressing menstrual symptoms where other treatments have failed or there are no other suitable treatment options. The decision to have a hysterectomy should be shared between you and your doctor. There are many reasons why a woman may need a hysterectomy which include:

- Heavy or painful periods (not responding to other treatment options or when other options are not suitable)
- Fibroids
- Pelvic pain
- Endometriosis which is not responsive to medical treatment
- Adenomyosis
- Gynaecological cancer

Your doctor will discuss all treatment options available and will help you to come to a decision about whether hysterectomy is right for you.

What are the types of hysterectomy?

A hysterectomy always involves removing the uterus. There are different types of hysterectomy which depends on whether the cervix is also removed. These include:

- A total hysterectomy is when the uterus and cervix are removed
- A subtotal hysterectomy is when the uterus is removed but the cervix is left behind

At the time of a hysterectomy we may perform additional procedures for the management of the fallopian tubes and ovaries, these include:

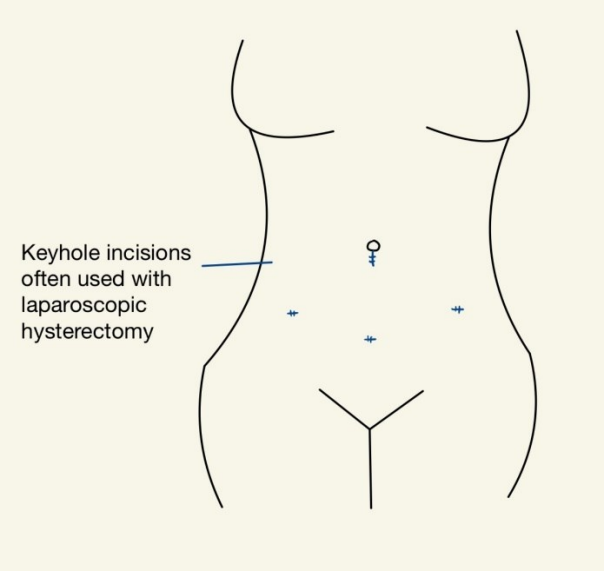
- A salpingo-oophorectomy is when the fallopian tubes and ovaries are removed
- A salpingectomy with conservation of ovaries is the removal of the fallopian tubes whilst leaving the ovaries behind

The type of hysterectomy you have will depend on various factors such as the reason for your hysterectomy, your age and menopausal status as well as your personal preferences. Your doctor will discuss this with you and advise the most appropriate option for you.

How is the surgery performed?

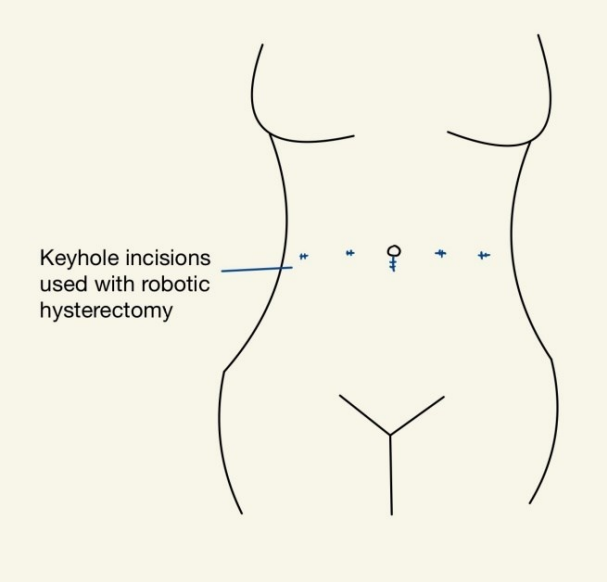
There are several ways to carry out a hysterectomy. Your surgeon will choose the best option based on several factors such as the size of your uterus and whether you have had any previous surgeries:

Laparoscopic hysterectomy - this is a keyhole operation using small incisions. It is often performed as day surgery or with an overnight stay. A camera (laparoscope) and instruments are inserted through the small cuts on your abdomen to perform the surgery. There are several benefits of keyhole surgery including a shorter hospital stay, quicker recovery time, less scarring and reduced chances of wound infection or breakdown.

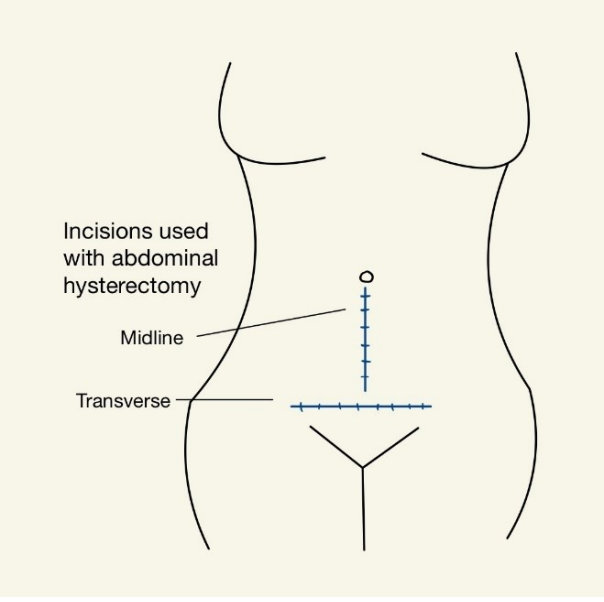


(Placement of incisions may vary to those shown above)

Robotic hysterectomy (Whiston site only) - you may be offered a robotic assisted approach. This is a keyhole operation which involves the use of the robot device which the surgeon controls to assist with the surgery. The robotic approach provides all of the benefits of keyhole surgery and can often be used in complex cases in order to avoid open surgery.



Abdominal hysterectomy - also known as 'open' surgery and involves a large surgical incision (laparotomy), either horizontally (transverse incision) along the bikini line or vertically (midline incision) in the lower abdomen. This approach may be used when the uterus is enlarged, due to fibroids for example or when the hysterectomy is expected to be very complex due to previous surgeries or in some cases of suspected/confirmed gynaecological cancers. Abdominal hysterectomy is associated with a longer hospital stay and prolonged recovery time, it is reserved for when a keyhole approach is not possible or appropriate for the patient.



Are there any alternative treatment options to hysterectomy?

Depending on the type of gynaecological condition that you have, there may be some alternative treatment options available to you. Other options may include a conservative approach (observe and wait), medical therapies (including hormonal and non-hormonal options) and alternative surgical procedures. The suitability of other options will depend on many factors including the nature of your gynaecological problems, whether you have any background health problems as well as your personal preferences. Your doctor will be able to discuss all of the options with you and will be able to support you in making a decision about the most appropriate treatment for your individual circumstances.

What are the potential risks of having a hysterectomy?

Whilst a hysterectomy is generally a safe and effective procedure, like all surgeries, it carries certain risks and the possibility of complications. The chances of these risks occurring may vary depending on the reasons for your hysterectomy, the size of your uterus, whether you have had previous surgery as well as your overall background health. Your gynaecologist will discuss the risks with you when you sign your consent form. Please ask any questions to make an informed choice.

The following side effects are expected within the first few weeks after a hysterectomy and will gradually improve as your body heals:

- Pain, swelling and bruising on the abdomen and pelvic area
- Vaginal discharge or bleeding
- Bloated abdomen

Complications are when problems occur during or after the operation, such as:

Bleeding: it is normal to lose a small amount of blood during a hysterectomy, approximately 100-200ml. Significant blood loss may happen and a blood transfusion may be required.

Infection: post-operative infections may occur at the incision sites and inside the pelvic cavity. Signs include fever, foul smelling discharge or worsening pelvic pain. Infection is treated with antibiotics and in rare cases, additional procedures to drain deep seated pelvic infections are needed. Infections of the chest and urine are also possible and you should see your GP if you have any symptoms such as painful urination, cough or sputum.

Damage to nearby organs: organs near the uterus, such as the bladder, ureters bowel or blood vessels, may be injured during surgery. This risk is higher in more complex cases or if you have had previous surgeries. If damage occurs, additional surgery may be needed to repair the pelvic organs.

Blood clots on the legs and lungs (deep vein thrombosis or pulmonary embolism): having pelvic surgery and being immobile after the operation may increase the risk of blood clots in the legs or lungs. The risk is further increased if you have a previous history of clots or a blood clotting disorder. It is important to mobilise after your surgery, wear the compression stockings provided and stay well hydrated. You may be prescribed blood thinning injections to further reduce the risk.

Reaction to anaesthesia: as with any surgery, there is a small risk of complications related to general anaesthesia, including allergic reactions, breathing difficulties or heart problems. The anaesthetist will further discuss the risks with you.

Return to theatre for further surgery: if there are complications that become apparent after the surgery, you may need a further operation to correct the problem.

Admission to intensive care unit: if you have a very high risk of anaesthetic related problems or there are significant complications during your surgery, you may be admitted to the high dependency or intensive care unit for very close monitoring, until you are stable.

Possible need to remove the ovaries: in some unexpected situations, the surgeon may need to remove the ovaries during the procedure, even if this was not originally planned e.g. uncontrolled bleeding or due to the ovaries being badly stuck/damaged or unexpected suspected cancer of the ovaries. If you are planning to keep your ovaries you should discuss this with your doctor and ensure that they are aware of your preferences.

Adhesions (internal scarring): scar tissue can form inside the abdomen and pelvis after surgery. Adhesions may cause chronic pain or bowel obstruction in rare cases.

Hernia at the wound sites: a hernia is when parts of your insides bulge through an area of weakness within the abdominal wall. This can appear as a smooth soft lump around the wound site. If it is very painful, red or hot you should seek a medical opinion urgently.

Vaginal vault dehiscence: there will be a layer of stitches in the wound at the top of the vagina. It is possible for these stitches to open up and for the wound to break down. This may be due to infection or a haematoma (collection of blood) around the vaginal wound. Signs may include bleeding that continues for several weeks and/or excessive vaginal discharge.

Preparing for surgery

It is important that you take steps to ensure you are as healthy as possible before undergoing surgery. Before your hysterectomy you should:

- Take your regular medications, unless advised otherwise.
- If you are a smoker, try to give up or cut down
- Maintain a healthy weight
- Eat a well balanced nutritious diet
- Try to stop or cut down on drinking alcohol
- If you develop an infection or serious illness before your operation, please contact us

We recommend that you purchase some over the counter pain killers such as paracetamol and ibuprofen as well as a supply of laxatives, to be used at home, after your surgery. The hospital will supply stronger pain killers and any other medications you require on discharge.

What to expect before surgery

In the gynaecology clinic, you will have the opportunity to ask questions and once you are certain about your decision, you will be asked to sign a consent form for the operation.
You will be invited to the pre-operative assessment clinic. During this appointment you will see a nurse who will check your fitness for general anaesthetic and surgery. You may also be referred to see an anaesthetic doctor. Your height and weight will be checked and your BMI will be calculated. A blood test and swabs will be taken and any other investigations that are necessary for your operation to go ahead will be arranged e.g. x-rays, ECG etc. You will be asked about your medical and surgical history, whether you have had any problems with previous anaesthetic and if you have any allergies. All of this information is very important. Please bring a list of your medications and medical illnesses with you. The pre-operative nurse will advise if you need to stop any of your medications in advance of your hysterectomy.

Prior to your surgery you will receive high energy carbohydrate drinks to help with your recovery. Instructions will be provided for when they need to be taken and when to stop eating and drinking before your operation.

You will receive an admission letter confirming the date and time that you need to attend the hospital on the day of your surgery.

Gynaecology school

You may be asked to attend a pre-operative educational class (gynaecology school) where you will be informed about important information relating to your upcoming operation. This session will take approximately 2 hours. The gynaecology school is a group session and will involve talks from a member of the gynaecology team that will be involved in your care. It will also include a tour of the ward.

During the session you will:

- Have an opportunity to talk to the nursing staff about what to expect during your hospital admission, as well as how to prepare for your surgery.
- Discuss pain control options
- Receive a free supply of a carbohydrate drink to be taken before surgery
- Discuss the use of the stockings that you are advised to wear to prevent thrombosis.
- Discuss about the day of discharge and useful post operative information.

Day of surgery

On the day of your operation, you will be seen by the gynaecologist performing your surgery and the anaesthetist. You will have the opportunity to ask further questions and they will confirm your consent for the procedure. The nursing staff will help to prepare you for theatre and will provide a hospital gown and surgical stockings for you to wear. It is not unusual to feel anxious. The nursing staff will be able to provide support and reassurance.

During the surgery

You will be transferred to the operating theatre and a narrow plastic tube called a cannula is inserted into a vein in your arm or hand using a needle; this is used to give you fluids and medications needed for the general anaesthetic.

During the operation, the surgeon will carefully separate the uterus from its blood supply and surrounding pelvic organs such as the bladder. Your ovaries may or may not be removed depending on the reason for your surgery. In cases of a total hysterectomy, the uterus and cervix are separated from the top of the vagina which is then closed using a layer of stitches. In open surgery (laparotomy) the uterus is removed through the abdominal wound. In keyhole surgery (laparoscopic or robotic) the uterus is removed through the vagina. If the uterus is too large to remove vaginally, or the vagina is too narrow, a slightly larger cut is made on the abdomen, and it is taken out that way.

Your wounds will be closed using dissolvable stitches. If you have an open cut (laparotomy) you may have surgical clips in the wound. A thin plastic tube called a drain may be left in place to monitor for signs of internal bleeding after the surgery. This is usually removed within 1-2 days after surgery. You may also have a catheter to drain urine from the bladder which may be removed before you wake up or may be left in place until the evening or the next day.

You may be given some medications such as tranexamic acid to reduce bleeding during the procedure and antibiotics to reduce the risk of infection. You will be given a combination of pain killers and anti sickness medications so that they will be effective for when you wake up.

The procedure takes approximately 2 ½ hours, but you can expect to be in theatre and recovery area for 3 to 4 hours.

After surgery

After surgery, you will be initially monitored in the theatre recovery room as you wake from anaesthesia. You will be given more analgesia to keep your pain under control. You may have an oxygen mask to support your breathing. You will have a drip to keep you hydrated, which will usually be removed later that day. Once you are awake from the general anaesthetic, you will be transferred to the ward where you will have your pulse, blood pressure and temperature monitored regularly.

We will make sure you have passed urine and are feeling well in yourself. If you have a catheter, your urine output will be monitored. The catheter is usually removed on the evening of surgery or the next morning. You may have some vaginal bleeding and will need a pad. You will be offered a drink and something light to eat and will be given regular pain relief, as needed. You will be encouraged to sit out of bed and mobilise on the afternoon or evening after your surgery.

If you have had laparoscopic or robotic surgery you may be discharged the same day or the day after your surgery. If you go home the same day, you will need to have a responsible person to take you home and be with you for 24 hours. If you have had an open operation (laparotomy) you will need to stay in hospital overnight and will be discharged usually within 1-2 days.

Discharge/the day after surgery

If not already removed, your catheter will be taken out and the nurse will ask you to pass urine when ready, to ensure your bladder is functioning. You may have a shower. If the doctors are happy and you feel well, you will be discharged.

Upon discharge, we can provide you with stronger pain medications to take home, if required and a sickness certificate for time off work. You will be given more information about what to expect after surgery and wound care advice before you go home. The wounds are usually closed with stitches which will dissolve. If you have a larger cut, you may have surgical clips which need to be removed 5-7 days after surgery, the nursing staff will inform you if this is required.

What can I expect during my recovery?

General expectations

You may have some vaginal bleeding for up to 2-3 weeks or intermittent spotting for several weeks. We advise not to use tampons, but you should wear a sanitary pad. If you have any fresh or heavy bleeding or offensive smelling discharge after leaving the hospital, you should seek medical advice

Your wounds will initially be covered with a dressing, which can be removed after 24-48 hours. We advise that you shower daily and keep the wounds clean and dry. There is no need to keep the wounds covered with a dressing if they appear healthy. The stitches at the top of your vagina will not need to be removed as they are dissolvable. It is important to maintain good feminine hygiene as this reduces the risk of infection.

You may feel much more tired than usual after your operation. A hysterectomy can also be emotionally stressful leaving you feeling tearful and emotional at first. Your body and your emotions need time to recover, and this can take up to six weeks but will vary from person to person and may take longer, sometimes several months.

Rest

Rest as much as you can for the first few days after you get home. It is important to relax but avoid crossing your legs for too long when you are lying down. Rest does not mean doing nothing at all throughout the day, as it is important to stay mobile and start doing light activities around the house within the first few days.

Pelvic floor exercises

Your pelvic floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), control your bladder and bowel function (stop urinary or anal incontinence) and improve sexual satisfaction. It is important for you to get these muscles working properly after your operation, even if you have stitches. You will be given an information leaflet on how to do pelvic floor exercises.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen to provide support for the first one or two times your bowels move. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so that your knees are higher than your hips. If possible lean forward and rest your arms on top of your legs to avoid straining.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help, even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan to have someone stay with you for the first few days when you are at home if possible.

A positive outlook and lifestyle changes

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices, such as starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take or eating a healthy diet. If you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise. If you smoke, it is advised that you stop smoking before your operation and maintain this afterwards. Smoking can delay the healing of your wounds and increase the chances of infection.

Preventing Deep Vein Thrombosis (DVT)

There is a small risk of blood clots forming in your legs after any operation and these clots can travel to your lungs. Reduce the risk of blood clots by:

- Being mobile
- Doing leg exercises when you are sitting or lying down
- Administer the blood thinning injections as directed (these will be issued to you on discharge)
- Wear the compression stockings for as long as possible after your surgery and until you are back to your normal levels of mobility

Returning to work

Returning to work depends on your personal circumstances and type of work. We advise that you stay off work for 4 to 6 weeks. We can give you a sick note for up to 6 weeks on discharge. If you need further time off work, please see your GP.

Sex and emotional effect

The area at the top of the vagina where the uterus and cervix was removed from will have stitches which require at least 6 weeks to heal before intercourse can be resumed. Please avoid intercourse for a minimum of 6 weeks, but it may take longer before you are ready. You should ensure that vaginal bleeding has completely stopped and there is no abnormal discharge before resuming intercourse. Initially, intercourse may be slightly uncomfortable which usually improves with time. If you experience any significant pain or bleeding, please seek medical advice.

Will I need Hormone Replacement Therapy (HRT)?

If your ovaries have been removed during your operation you may be offered HRT. Your doctor will discuss this with you and together you can decide the best way forward. If you are already taking HRT and wish to continue with it after the hysterectomy, it is usually safe to do so. If there are concerns about the possibility of cancer, you will be advised to stop your HRT until further evaluation has taken place.

Taking hormones can sometimes increase the risk of thrombosis but the risk is not increased with transdermal HRT i.e. a patch, gel or spray. You may need to switch to a different preparation of HRT (e.g. Oestrogen only/transdermal) after the hysterectomy. You should discuss this with your gynaecologist and they will confirm this for you.

Smear tests

Usually after a hysterectomy smear tests are no longer required. Some women who have had a history of abnormal cells on the cervix will need to continue to have smears from the top of the vagina. Your gynaecologist will confirm with you and will inform your GP if you need any further smear tests.

Follow up and results

After surgery, the uterus will be sent to the laboratory for histological examination under the microscope. Your results will be sent to you by letter in the post. Alternatively, a follow up appointment may be scheduled, if required, to discuss the results and review your postoperative progress. On discharge from the ward, the nurse will advise if a follow up appointment is required and when that is likely to take place.

You will have direct access to the gynaecology ward for 2 weeks in case of any postoperative issues. On discharge, you will be issued with the telephone number for the gynaecology ward so that you can contact us directly for advice. After this time, if you have any concerns, please see your GP.

Where can I find more information?

You may find the following websites useful:

Women's Health Concern https://www.womens-health-concern.org

NHS website https://www.nhs.uk/tests-and-treatments/hysterectomy/recovery/

Royal College of Obstetricians and Gynaecologists https://www.rcog.org.uk/for-the-public/

Hysterectomy Association https://hysterectomy-association.org.uk/

Who can I contact if I have any questions?

If you have any concerns about having a hysterectomy, please tell your gynaecologist who can discuss this further with you.

If you have questions or need any further information then please do not hesitate to contact:

Whiston and St Helens Hospital sites

Gynaecology secretaries
Womens offices, Whiston Hospital
Tel no. 0151 676 5289
Gynae.secs@merseywestlancs.nhs.uk

Gynaecology Ward (3E)
Level 3, Whiston Hospital
Tel no: 0151 430 1522

Southport and Ormskirk Hospital sites

Gynaecology secretaries
Tel no. 01695 656658

Gynae assessment bay (E ward)
Ormskirk Hospital
Tel no. 01695 656901

Recovery tracker

Everyone recovers at a different rate. The table below provides some guidance as to how you may feel and what is safe to do at each stage of your recovery following a hysterectomy. It shows the expected or ideal recovery schedule but may vary between individuals.

Time after	How might I feel?	What is safe to do?	Fit to work?
1 – 2 days	- You may still be in hospital - You will have some pain and discomfort in the abdomen - You may feel sore moving in and out of bed - You may have some bleeding like a light period	- Get up and move about - Go to the toilet - Get yourself dressed - Start eating and drinking as usual - You may feel tired and perhaps feel like a sleep in the afternoon	□ No
3 – 7 days	- You should be at home - Your pains will be reducing in intensity and you will be able to move more comfortably - You will still get tired easily	- Continue as for days 1–2 - Go for short walks - Continue with exercises that have been recommended - Wash and shower as normal - Have a sleep or rest in the	□ No
1 – 2 weeks	- There will be less pain as you move about and you will find your energy levels slowly returning - Bleeding should have	- Build up your activity slowly and steadily - You are encouraged to go for longer and more frequent walks, as able	□ Not just yet
2 – 4 weeks	- There will be even less pain as you move more and more - You will find your energy levels returning to normal - You should feel stronger every day	- Continue to build up the amount of activity you are doing towards your normal levels - You can start to do low-impact sport - Make a plan for going back to work	□ After 4 weeks, some women will be fit to return to work, particularly following laparoscopic or robotic surgery. Initially, reduced hours or lighter duties may be required.
4 – 6 weeks	- Almost back to normal - You may still feel tired and need to rest more than usual	- All daily activities including lifting - Usual exercise - Driving	□ Yes, but if you do not feel ready to go to work, talk to your GP or employer about the reasons for this
6 weeks onwards	- Back to normal	- You can do all of your usual activities - Have sex if you feel ready	□ Yes, but if you do not feel ready to go to work, talk to your GP or employer about the reasons for this.

NHS
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