NHS
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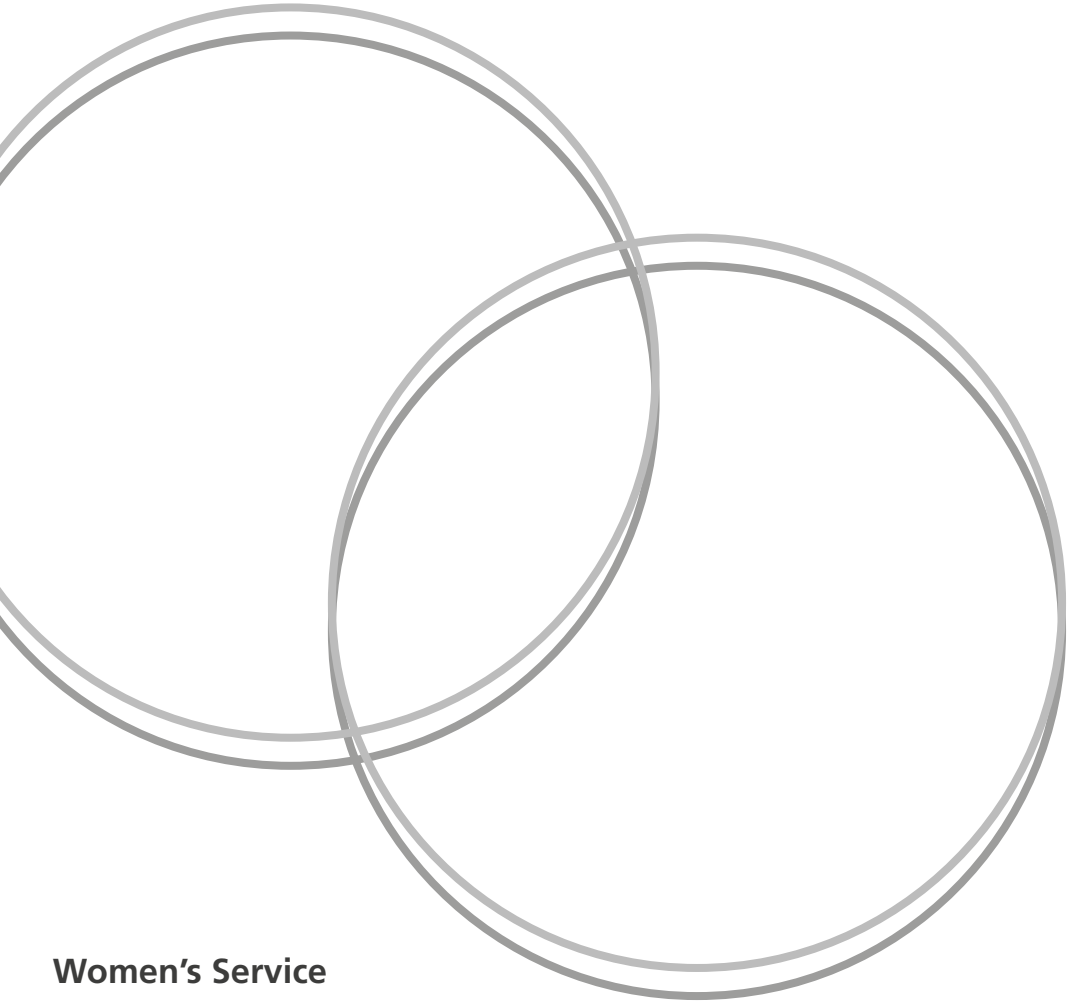
Abdominal Hysterectomy

Information for patients



Women's Service

Abdominal hysterectomy

This leaflet is for women who have been advised to have an abdominal hysterectomy. It tells you why doctors recommend this operation and what the operation involves. It also describes the benefits and risks of the operation, recovery, and what to expect when you go home.

If you have any questions about the information in this leaflet, or any concerns about the procedure, please telephone one of the numbers below and ask to speak to a member of the nursing staff.

John Radcliffe Hospital, Oxford

Gynaecology Ward: **01865 222 001** or **01865 222 002**

Horton Hospital, Banbury

Pre-operative assessment: **01295 229 375**

Gynaecology Ward: **01295 229 088**

What is an abdominal hysterectomy?

An abdominal hysterectomy is an operation to remove a woman's uterus (womb) through a cut on the abdomen.

There are three types of hysterectomy. Which one you have will depend on your circumstances. Your surgeon will talk to you about the most appropriate operation for you.

Subtotal hysterectomy – only the uterus is removed, the cervix (neck of the womb) is left in place.

There are several potential benefits from leaving the cervix behind:

- You are less likely to have difficulties passing urine.
- You will lose less blood during the operation.
- You are less likely to develop a fever after your operation.

There are, however, some possible disadvantages:

- You may still experience spotting every month – this occurs in about 6% of women.
- The cervix is a potential site for cancer in the future and you will still need regular smears.

Total hysterectomy – both the uterus and the cervix are removed.

Total hysterectomy with bilateral salpingo-oophorectomy – the uterus, cervix, fallopian tubes and ovaries are all removed. Your surgeon will be able to discuss with you the advantages and disadvantages of removing your ovaries or leaving them in.

Why is a hysterectomy necessary?

There are many reasons why your doctor might have recommended a hysterectomy. The main reasons include:

- Period problems such as heavy or irregular periods.
- Fibroids.
- Suspected or proven cancer of the womb or cervix.

Alternative treatments

Depending on your circumstances you may have been advised on alternative treatments first, such as drugs or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors. Your surgeon will discuss this with you.

What are the consequences of a hysterectomy?

If you have a hysterectomy:

- You will not be able to get pregnant.
- You will no longer have monthly periods. (for a subtotal Hysterectomy 6 to 10% risk of light bleeds).
- You will not need to use contraception.
- It may be part of a continuing treatment or it may mean the end of a health problem.

A hysterectomy does not:

- Cause premature ageing.
- Mean becoming less of a woman or losing your sex drive.
- Leave a gap inside – the bowel fills up the space.

The benefits of hysterectomy

- Overall, over 90% of women who have a hysterectomy are satisfied with the operation.
- The benefits of hysterectomy depend on the type and severity of problems that you are having. Problems like very heavy periods will be cured by total hysterectomy. However, other problems like pelvic pain may not be improved or cured by hysterectomy.
- Your surgeon will discuss with you the chances of a hysterectomy leading to a cure or improvement in your condition. You should weigh this against the severity of your condition and other available treatments.

You should also consider the risk of not having the operation.

Physical activity

It is important to carry out some gentle physical activity, in addition to the exercises provided by your physiotherapist.

Aim to complete 150 minutes of 'moderate' exercise a week. This can be broken up into to 30 minutes of moderate aerobic exercise 5 times a week, such as walking or cycling on a stationary exercise bike. 'Moderate' exercise refers to activity which raises your heart rate, making you breathe faster and feel warmer.

You should be working to a level where you are still able to maintain a conversation.

Follow-up

When you leave hospital will be offered a referral to Outpatient Physiotherapy by your physiotherapist, to continue your rehabilitation.

If you have any questions about your exercises or referral, please contact the Specialist Surgical Physiotherapist.

Telephone: **01865 235 391**
(8.00am to 4.00pm, Monday to Friday)

Risks of Hysterectomy

Most operations are straightforward and without complications. However, there are risks associated with all operations. You need to be aware of these when deciding the right treatment for you.

Serious risks are:

- Damage to the bladder or one of the tubes which drain the kidneys (the ureters) – 1 in 150 women.
- Very rarely, damage to the bowel – 1 in 2500 women.

The risk of damage to surrounding organs is higher in women who have had previous operations like caesarean sections, or women with endometriosis. If such damage occurs, you may need an additional operation which was not planned. This happens in about 1 in 150 women.

- Excessive bleeding – this may occur during the operation (about 1 in 50 women), or after the operation (about 1 in 75 women), requiring a blood transfusion (1:43) or return to theatre (1:150).

  If you do not wish to have a blood transfusion under any circumstances, please discuss this with the surgeon.

- Deep vein thrombosis (DVT) – this is the formation of a blood clot in a leg vein. This occurs in 1 in 250 women.

  A clot can then move to the lungs and cause a very serious condition called pulmonary embolism. We will give you preventative treatment to reduce the risk of DVT.

- Rarely, infection may occur inside the abdomen or pelvis (1 in 500 women).

- Death, rarely complications arise that lead to death (1 in every 3,125 patients). The commonest causes include blood clots or pre-existing heart disease.

Frequent risks:

- Infection – which may affect the wound, bladder or lungs, or develop around the operation site internally. Most infections can be easily treated with antibiotics but others can be more severe.
- Numbness, tingling or burning sensation around the scars (often resolves in weeks to months).
- Ovarian failure.

Additional procedures which may be required:

- Blood transfusion.
- Repair of injury to bladder, bowel.
- Ureter and blood vessels.
- Oophorectomy for unsuspected disease.

Although hysterectomy is a relatively safe operation and serious side effects are not very common, it is still major surgery. You and your doctor must together weigh the benefits and risks of surgery, giving consideration to alternative treatments.

Before you come into hospital

Plan ahead – when you come out of hospital you are going to need extra help at home for the first 2 weeks. Make sure your family know this too!

Smoking – if you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation, and speed up the time it takes to recover. Perhaps this is a good opportunity to give up completely. If you are not able to stop completely, even doing so for a few days will be helpful. You will not be able to smoke while you are in hospital.

Driving – we recommend that you do not drive for 6 weeks, and then check with your doctor at your follow up appointment. We advise checking with your insurance company that you have insurance cover if you choose to drive earlier. It may be helpful to first sit in the car while it is parked and see if you could do an emergency stop if needed. Remember, you need to think of yourself and other people's safety.

Medicines – some medicines need to be stopped or altered before the operation. You should check this with your GP. In particular, the contraceptive pill should be stopped at least 4 weeks beforehand and another method of contraception used. If you have been anaemic then your GP will advise iron supplements before surgery.

Weight Loss – if you are overweight, then speaking with your GP about weight loss strategies will benefit your overall health and reduce the risks at the time of surgery. For some patients weight loss may be recommended before surgery.

On the day of surgery

You may be given an estimated time for your operation, but it will not be possible to give you an exact time. In the anaesthetic room, next door to the operating theatre, a needle will be placed in your arm or wrist. It will be attached to a tube which will supply your body with fluids and medicines. This will stay in place until you are drinking normally after the operation. A monitor will be attached to your chest by leads before you are given the anaesthetic.

Anaesthesia

You will meet the anaesthetist before your operation and have the opportunity to ask any questions about the anaesthetic. Most hysterectomies are done under a general anaesthetic – you will be asleep during the operation. A regional anaesthetic is an alternative, where feeling is blocked out in the lower part of your body. Regional anaesthetics are sometimes advised if you have heart disease or breathing difficulties. The anaesthetist will talk to you about which one is most appropriate in your case.

After the operation

When you return to the ward, you are likely to be very sleepy for the rest of the day. There may be a catheter in your bladder, which will be removed within a day or two.

Bleeding

After the operation you may have some vaginal bleeding and will need to wear a sanitary pad. We advise you not to use tampons. Your vaginal loss should change to a creamy discharge over the next 2 to 3 weeks. (If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.)

Pain relief

Most people experience some pain or discomfort for the first few days and we will offer you painkillers to help with this. The anaesthetist will talk to you about pain relief before your operation.

For the first 24 to 48 hours after the operation you may have a Patient Controlled Analgesia pump (PCA). This is a syringe pump containing a strong painkiller, which you can control yourself. If you have any pain you simply press a button. The PCA will give you a controlled amount of painkiller through a fine plastic tube that goes into a vein. The machine controls the amount of drug you have, so you cannot have too much in one go. If you do not have a PCA you may need to have strong painkillers by injection to keep you comfortable.

After this you will have the choice of tablets or suppositories to control any pain you may have. You will be encouraged to take painkillers, as being pain-free will speed up your recovery.

Having an anaesthetic, being in pain and having strong pain killers can sometimes make you feel nauseous or sick. This can easily be helped by injections or tablets.

Many women get wind pains a few days after the operation, which can be uncomfortable and make the tummy look swollen. This should not last long and can be relieved by medicines, eating and walking about.

Recovery

Recovery is a time consuming process, which can leave you feeling tired, emotionally low or tearful. This is particularly true after hysterectomy and is a normal reaction. The body needs time and help to build new cells and repair itself. You may feel tired for up to 6 to 8 weeks.

After a hysterectomy, most women will stay in the hospital for approximately 3 days, but it could be longer if necessary. This will depend on your operation, your general health and how smoothly things go after surgery. It is important to remember that everyone's experience is different and so it is best not to compare your own recovery with that of others on the ward.

Emotional effects

Many women experience an emotional reaction after a hysterectomy, feeling a sense of loss or sadness. This depends on many factors, including how well prepared you are for the procedure, the timing of the operation, the reasons for the operation and whether the problem is cured. Some women may feel depressed because they can no longer have children. If these problems persist you should discuss them with your GP. The organizations listed at the end of this leaflet can provide further information and support.

Sex after hysterectomy

There may be a change in sexual response after hysterectomy. For many women this area of their life is improved because there is no longer discomfort or the risk of pregnancy. We advise that you avoid penetrative intercourse for about 6 weeks.

Take time, feel comfortable, don't be rushed and for the first few times you might find a lubricating gel is helpful. You can buy this from the chemist. Because the womb has been removed, contractions that may have been felt during orgasm will no longer occur.

If your ovaries are removed, vaginal dryness may be a problem during sex. Oestrogen cream or HRT can help with this, as can vaginal lubricating gel.

Weight

The operation itself should not cause you to gain weight. Initially, because you are feeling better, experiencing reduced levels of activity and an increase in appetite, you might tend to put weight on if you are not careful. By paying attention to what you eat and increasing your activity level as you recover, weight gain need not be a problem.

Exercise

It is important to continue to exercise and walking is an excellent example of this. Gradually increase the length of your walks, but remember to only walk the distance you can achieve comfortably. Cycling and swimming are equally good.

Cervical smears

If you have had a total hysterectomy (the cervix is also removed) you will no longer need cervical smear tests. If the cervix has not been removed, you will need to continue to have cervical smears.

Hormone Replacement Therapy (HRT)

The decision to use HRT is a personal one. If your ovaries are not removed, there is no need to use HRT. If your ovaries are removed, your medical team will discuss HRT with you.

Further information and help

Women's Health Concern

www.womens-health-concern.org

Women's Health Concern provides an independent advice and information service about women's health concerns.

The Hysterectomy Association

www.hysterectomy-association.org.uk

Telephone Helpline: **0844 357 5917**

(For quick questions and answers. Details of how to access other telephone support are available on the website.)

The Physiotherapy Department

Women's Centre
John Radcliffe Hospital

Telephone: **01865 221 530**

Women's Health Physiotherapist

Horton Hospital

Telephone: **01295 229 432**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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