



# Hysterectomy explained

Gynaecology department



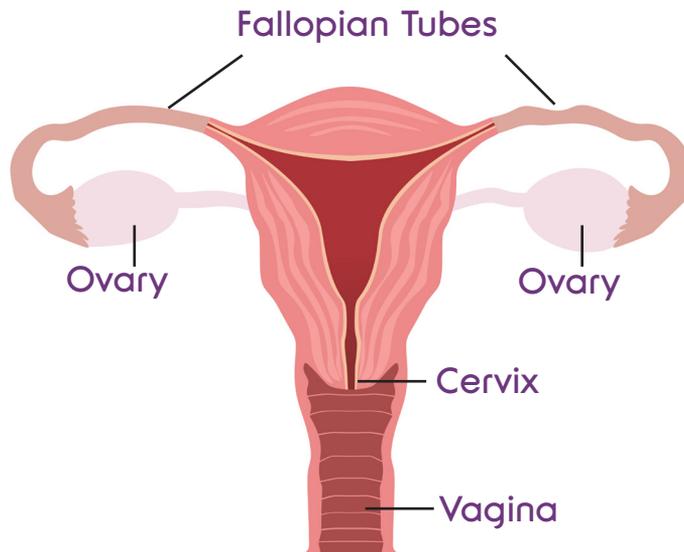
01935 475 122  
[yeovilhospital.nhs.uk](http://yeovilhospital.nhs.uk)





Hysterectomy is often recommended in the following circumstances:

- Excessive bleeding or pain which cannot be controlled by other treatments
- Fibroids which are increasing in size, cause pain and/or excessive bleeding (fibroids are non-cancerous)
- Changes in the cervix or lining of the womb which may lead to cancer
- Cancer of the lining of the womb or ovaries
- Uterine prolapse (dropping of the womb)
- Endometriosis



A hysterectomy is an operation to remove the womb (uterus) which often includes removing the cervix.

**Total hysterectomy** - Removal of the entire womb (uterus) and cervix.

**Salpingo-oophorectomy** - Removal of an ovary and Fallopian tube, often bilateral (both sides) and performed at the same time as a total hysterectomy.

**Subtotal hysterectomy** - Is occasionally performed. This is removal of the womb only. The neck of the womb or cervix is left therefore smear tests need to be continued.

If the ovaries are removed, These symptoms can be treated in a variety of forms ie: implants, patches, tablets and topical applications. Your doctor will discuss the most appropriate form of treatment. Please feel free to ask any member of staff for information.

Even if you have not had your ovaries removed, you can still have menopausal symptoms, these should resolve within a week.

**Hysterectomy ends periods** - If one or both ovaries remain, a hysterectomy does not cause hormone related problems or an early menopause. The ovary will still produce hormones. However, menopause may occur a little earlier for some women.

Hysterectomy is a common operation - approximately 50,000 are performed annually in the UK. The benefits of this surgery far outweigh any minor problems that you may experience such as slight bleeding or temporary difficulty in passing water.

**Types of hysterectomy:** Your uterus may be removed through an abdominal incision or through the vagina. The method used will depend on several factors including symptoms and findings on examination.

## Before your operation

An appointment for pre assessment will be arranged prior to your procedure. These tests are to check that you are fit for surgery. You will have blood taken and may have an x-ray of your chest, monitoring to check your heart (ECG) or other investigations if the doctor thinks they are necessary.

You will be asked to have a shave or a clipping the evening before your operation, depending on which type of hysterectomy (abdominal or vaginal) you are having.

There will be a period of time just before your operation when you won't be able to eat or drink - you will be informed of this at PAC. You will also be assessed for your likelihood of developing a blood clot and will be fitted with stocking during your stay, to help following surgery. You are also advised to refrain from smoking for a few days before and after your operation. If you are having an abdominal hysterectomy, you will be assessed for patient controlled analgesia (PCA). A gynaecological doctor and an anaesthetist will also see you.

## After your operation

You will wake up in the recovery area or in your bed on the ward. You may have a drip (a tube going into a vein to provide you with fluids), a catheter (a tube going into your bladder to drain urine), a drain near your incision to remove excess fluid and/or a pack in your vagina. All of these are usually removed within 24-72 hours, but you will be kept informed of this.

Your blood pressure, heart rate, pain level and vaginal loss will be checked regularly and you will be given pain relief as required or advised how to use your PCA, if you have one. Most people can tolerate oral pain relief within 12-24 hours post operatively.

The day after your operation, a doctor will see you to explain what has been done. You may find you have vaginal bleeding which is quite normal and you may feel 'windy'. Walking is encouraged and will help in getting rid of the wind and it is also important in achieving a good recovery. The nurse will tell you when you can drink and eat.

Suppositories will be offered on the third day after your operation if you are having difficulty with your bowels. You will be told when you should shower or bathe and advised when your sutures will be removed.

Your stay in hospital is likely to be between three and five days and your discharge letter, follow-up appointment and any necessary medication will be dispensed and ready for you to take home on your day of discharge.

### Exercise

When you wake up, start the deep breathing and leg exercises (found in the leaflet you should have received in the post). Repeat these three times every hour until you are walking. When you need to cough, sit up straight, support your wound, take in a deep breath and cough. It might be easier if you hold a pillow over the incision site. The physiotherapist will teach you how to do other helpful exercises.

### Going home

You may find that you have some vaginal discharge for a couple of weeks after going home. This is quite normal as long as it does not have a bad smell, is too excessive or too painful.

When you first go home, you should rest, gradually increasing the amount that you do. Do not lift anything heavy. Walking is good exercise. But, remember to rest when you feel tired. You should be back to full activity approximately four to eight weeks after your operation. Six weeks rest from work is the minimum recommendation. However, return to work will depend on your condition and type of work.

You are advised to refrain from sexual intercourse until after your post operative check-up, about six weeks after the operation. Your doctor will advise you when you can drive again; this would usually be after four to six weeks depending on your comfort. Also check with your car insurance company.

Maintaining an active lifestyle with a healthy diet will help to ensure you feel fit and make a good recovery.

Please use this space for any questions or notes

**Gynae Fast Track Clinic**  
Tuesday to Friday  
01935 384 454  
07557 313 816

**Colposcopy team**  
Monday to Thursday  
01935 384 622

**Jasmine Ward**  
Weekends and evenings  
01935 384 385

**If you would like this leaflet in another format or in a different language, please ask a member of staff.**

Yeovil District Hospital  
NHS Foundation Trust  
Higher Kingston  
Yeovil  
Somerset  
BA21 4AT

Ref: 14-16-148  
Review: 04/18