We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact the Women & Children's Division, Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Buckinghamshire, HP21 8AL

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Women & Children's Division

How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Buckinghamshire Healthcare NHS
NHS Trust

Abdominal Hysterectomy expectant management

Patient Information Leaflet

If you require a translation of this leaflet
please contact the Surgical Floor 01296 418110

Safe & compassionate care,

every time

This leaflet looks to inform and answer the more common questions asked about an abdominal hysterectomy.

What is an abdominal hysterectomy?

An abdominal hysterectomy is a major operation carried out to remove the uterus (womb) via an incision (cut) on the abdomen.

More than 1,000 women have a hysterectomy every week in the UK, so it's quite a common operation. However, for every woman it is a unique event and it is important that you have as much information available to you as is possible, before embarking on surgery.

This leaflet aims to provide some of that information and give you a clear idea of what will happen to your body during and after surgery. Further information is available via the web addresses at the end of this leaflet.

Why is it performed?

- Removal of the uterus may be needed because of:
- Period problems – particularly heavy ones.
- Fibroids.
- Pain (in certain cases).
- Endometriosis.
- Cancer.

Sometimes the ovaries and uterine (fallopian) tubes are removed at the time of hysterectomy.

Should I have my ovaries removed?

This depends on the reason for your hysterectomy. Removal of the ovaries may have been recommended if there is a problem with ovarian cysts, endometriosis or cancer. Otherwise it will depend on a full discussion and partnership decision with your doctor. The advantage of having your ovaries removed is that they will not cause problems (such as those mentioned above), in the future, The disadvantage is that you will become

Nevertheless sex is usually quite safe after about four weeks if you feel comfortable. If you feel a bit dry inside it is perfectly fine to use some water-soluble lubricating jelly - the type you can buy from the chemist. Many women report that their sex-lives are improved following a hysterectomy because the problems that led to the need for surgery have gone.

Femininity

The loss of your uterus should have no effect on your sense of being a woman or on femininity. Most women report an improved sense of well-being and self-confidence after hysterectomy - having resolved a medical problem that was creating an unpleasant impact on their quality of life.

Depression

Many, if not all, women feel weepy and sad quite soon after surgery—often the second or third day. This is normal and will soon pass. At home there may be further days when you feel a bit down, perhaps uncomfortable, perhaps fed-up at the time it takes to get back to normal. This too is quite normal and usually passes quickly.

HRT

If your ovaries are removed and you had not yet become menopausal, the issue of HRT will be discussed. Not everyone needs HRT but it is beneficial for some women.

Smears

If the cervix is removed, then smears are no longer needed unless there is a history of a recent abnormal smear in which case a smear of the vagina at the location where the cervix used to be, may be required.

All surgery may lead to the formation of scar tissue in the abdomen as healing takes place. This scarring may affect your bowels or bladder in a small percentage of operations, leading to altered function of these organs. Most women will have a return of normal bowel/bladder function in time. However if you find a persistent change, you may need to see your GP.

Operative risk, in general, tends to be increased by factors such as existing medical problems (e.g. diabetes, high blood pressure, certain drug treatment) or previous surgery. Being overweight does make both anaesthesia and surgery more difficult and therefore increases risk. Smoking tobacco is also an important risk factor. If you do smoke it really would be best to stop for at least 2 weeks before your operation and afterwards during your recovery.

Please contact your insurance company for advice before driving any vehicles.

Longer term questions

Work

Returning to work depends on many different factors -your gynaecologist and GP should guide you. However, in general it may be reasonable to plan to return to work 6-10 weeks after surgery if you have a relatively sedentary job. If you have a physically demanding job you should plan to return to work after 8 -12 weeks.

Sex

Having a hysterectomy and/or ovary removal should not change your sexual feelings (libido) or the enjoyment of sex.

You and your partner may well be anxious and apprehensive about sex after your operation. You may feel a bit bruised and uncomfortable inside and prefer to wait until after you have had a check up with your Doctor about six weeks after surgery.

'menopausal' if you were not so before the operation. You will need to consider whether or not you wish to use hormone replacement therapy (HRT). This is usually straight forward, but does not suit a small proportion of women. There is also the option of non-hormonal treatment and some complimentary (natural) alternative medicines.

Should I have my cervix removed?

This depends on the reason for your hysterectomy and would only be left if your cervical smears have been normal.

The advantage of having your cervix removed is that for the majority of women you will no longer require cervical smear tests (Note: some women may require vault smears). The disadvantages of leaving the cervix behind are that you may experience a monthly blood stained loss, you will still require cervical smear tests and the cervix can be more difficult to remove if necessary at a later date. However some studies have suggested better sexual pleasure when the cervix is left.

You will have an opportunity to discuss removal of your cervix with your gynaecologist before your operation.

When do I come in and how long do I stay in hospital?

We try to ensure that all patients are seen in the pre-assessment clinic a few weeks before the operation takes place. This is an outpatient visit and is an opportunity for us to ensure that you are fit to undergo the operation. We will carry out routine blood tests and sometimes other investigations such as an ECG (heart trace) or chest X-ray if you have certain medical problems. It is also an opportunity for you to discuss your operation and aftercare with medical and ward nursing staff. This visit usually takes about one hour.

The operation is carried out with you as an inpatient. Your length of stay in hospital depends on a number of factors but an average stay in the ward after such surgery would be in the order of 2-4 days.

What happens when I come in to hospital?

Admission

You will be admitted the same day of your operation regardless of whether your surgery is planned for a morning or an afternoon list. Before the operation is carried out you will be seen by both a gynaecologist and an anaesthetist. You will be asked the date of your last menstrual period (if relevant). The procedure will be explained again, any questions you have can be answered and your formal (written) consent to the procedure confirmed. A pregnancy test may be carried out.

The anaesthetist will discuss the type of anaesthetic with you and the method of postoperative pain relief to be used, which may be patient controlled analgesia or an epidural (see separate information leaflet).

Regular treatment with a drug to thin the blood (an anticoagulant) is normally used to minimise the risk of deep vein thrombosis (DVT) post-operatively.

Day of operation

The operation is carried out in the operating theatre, usually under general anaesthesia. You will be taken to the operating anaesthetic room accompanied by a member of the ward nursing staff. This is where the anaesthetist will give you your anaesthetic before transferring you into the operating theatre.

The operation

The operation involves making an incision (cut) in the lower abdomen and removing the uterus. The incision is most commonly a short horizontal incision – along the “bikini” line, although sometimes a longer vertical incision may be necessary if your womb is large or to gain better access to your pelvis.

During the operation the uterus is removed from the pelvis in a number of steps. These include separating the bladder from the uterus and tying off important blood vessels to prevent bleeding.

If you smoke, please try to stop before your surgery – at least two weeks before. It does make a difference to your recovery and reduces complications.

If you have any concerns about the procedure beforehand then please ask either your GP or the hospital staff. If you have any problems after discharge then please contact your GP.

Finally - is it safe to have this operation?

This is a very common procedure carried out in gynaecological practice. However, as with any major surgical operation there is an element of risk.

There are very small risks associated with having a general anaesthetic and any concerns you may have should be discussed with the anaesthetist. The operation involves a surgical procedure in the abdomen and pelvis. In addition to the vagina, bladder and bowel there is a rich supply of blood vessels in this region. Accordingly, there can occasionally be inadvertent injury to any of these structures. Such complications are usually recognised and dealt with during the operation but very rarely, a second procedure could prove necessary to deal with whatever problem or complication had later been recognised.

In preparation for your surgery a sample of blood is taken and retained in the laboratory. If there is excessive bleeding at the time of your surgery, a blood transfusion may be necessary. However, this is relatively uncommon after hysterectomy.

Serious infections after this type of operation are rare, however about 1 in 4 women may develop a urinary tract infection (UTI) which is usually minor and responds promptly to antibiotic treatment.

Deep vein thrombosis (DVT), a blood clot in the main leg veins, can arise after any surgical operation. We minimise this risk by ensuring adequate fluid replacement during and after surgery, early mobilisation and, if appropriate, regular injections of heparin. Consequently DVT is a rare event nowadays.

Looking after yourself in this way really is important during the first 4-6 weeks after your operation. ring this time all the healing tissues are held together by the sutures (stitches) placed at the time of your operation – any undue strain could burst these. However, you should be able to do all the things you need to do to look after yourself, go for short walks, do simple exercises and enjoy your recovery.

There are particular exercises that can be beneficial to your recovery and you will be advised about these during your stay. You should not drive for the first 4 weeks after your operation, thereafter if you feel confident and capable to do so and your insurance cover is appropriate then you can resume driving.

Intercourse (sex) should be avoided during the first 4-6 weeks after surgery. Most women prefer to wait until after their postoperative check-up (about 6-8 weeks post-op) before resuming intercourse.

You will probably find that you have much less “oomph!” than you might like and it can take many weeks to regain your stamina and energy. Don’t despair. During your recovery you will experience a gradual improvement in your well-being but at times you may feel your recovery is going rather more slowly than you would like. Feeling a bit despondent, depressed and possibly, tearful at these times is very common. It will pass. If you find these negative feelings are becoming difficult to cope with then we advise that you discuss these feelings with your GP.

Problems?

If you are menstruating (having a period) or are due to be menstruating at the time of your operation - don't worry, this does not prevent you having surgery.

Please inform us if you are, or think you could be pregnant as it is essential that the procedure is not carried out. If your period is late or there is a possibility of pregnancy then a pregnancy test can be carried out preoperatively. If doubt still remains then the operation will be postponed.

The last step is the closure of the small gap left at the top of the vagina with sutures (stitches). The cervix (neck of womb) is part of the uterus and is usually removed with it. The ovaries and uterine tubes (fallopian tubes) are checked during the operation and sometimes these are also removed.

A small plastic tube called a drain, may be left inside the abdomen, running out to a small bag or bottle by your bedside. It may come through the abdomen or down through the vagina. Its purpose is to help drain away any small collection of blood and tissue fluid, which can collect near the site of surgery. This helps to prevent deep wound bruising and is usually removed after 1-2 days.

The abdominal wall is closed together in several layers with further sutures. A dressing is placed over the wound.

Your surgery may take between 1-2 hours in total.

After surgery

After the operation you are taken to the “Recovery Area”, where all patients remain for a time after surgery. You will stay there until you have recovered from your anaesthetic and we can ensure that good pain control is achieved. You are then transferred back to the ward once your general condition is satisfactory.

Anything else?

Antibiotics will be given during your surgery to reduce the risk of infection complicating your recovery.

The uterus (plus ovaries and tubes if removed) is sent for detailed examination in the pathology laboratory after your operation - to rule out any serious disease. This is always carried out even when no suspicious condition is suspected.

How do I feel afterwards?

In Hospital

After your anaesthetic you will probably feel sleepy. Everyone responds in a slightly different way and some patients feel sick. You may have some abdominal discomfort and soreness in your back and/or bottom. The nursing staff will ensure that you continue to receive effective pain relief during your recovery to keep pain “at bay”. If you require more pain relief, please tell the nursing staff. You will spend most of the first day after surgery in bed, but as soon as possible we would want to have you sitting out of bed and then mobilising steadily over the next 24-48 hours. If you have a catheter and/or drain in place these will usually be removed after 24-48 hours.

You will probably have a routine blood test carried out, to check your haemoglobin level (“blood count”), two days after your surgery. This is to check that you are not anaemic. Sometimes a urine test will be taken to investigate whether you have a minor urine infection (cystitis) - this sometimes happens after gynaecological surgery.

Most patients tell us that they find the initial recovery easier than expected and you will probably be out of bed quickly. Your appetite should soon return enabling a return to a normal diet. Passing urine may be a little uncomfortable to begin with and your bladder may seem slightly irritable initially. Similarly, your bowel action may be a little upset with some constipation for a day or so, this is often associated with trapped “wind” which can be quite uncomfortable. Both of these problems usually resolve themselves, although some women may need a laxative to aid bowel action.

You will feel much more comfortable after the first 24-48 hours. By then your appetite will probably be back to normal, you will be more mobile and a bath or shower can be very therapeutic.

You may have some vaginal blood loss to begin with, but this usually settles down during the days you are in hospital,

although some women experience some bleeding for up to 10 days after surgery. Sanitary towels/pads should be used – **not** tampons please. This is to minimise the risk of infection.

The abdominal wound is repaired in several layers using sutures (stitches). The deeper layer sutures will usually dissolve in 4-6 weeks. The skin edges are closed together in a variety of ways and will depend on the type and location of cut you have and the technique used by your gynaecologist. Really this is the only part of the wound that you will see. Sometimes metal staples and/or several individual sutures may be used and these too are removed after 4-7 days.

At Home

After you go home you may still have some discomfort from time to time so we will discharge you from the ward with some pain killers which you can take as recommended. It may also be useful to have a small supply of painkillers such as paracetamol (e.g. "Panadol") or ibuprofen (e.g. "Nurofen") available at home to take in accordance with the manufacturer's instructions. These should only be taken after the hospital prescription has finished.

You may also find that after the bleeding stops you are left with a fairly heavy discharge, which may be dark in colour or yellow. This is a common and normal experience after your operation. It is unlikely that you will have further major problems after going home from hospital. However if you do experience severe pain, heavy vaginal bleeding, offensive vaginal discharge, burning and frequency passing urine (cystitis) or a high temperature, you should seek your GP’s advice.

What can I do afterwards?

Quite a lot really. You will be advised during your stay on the important “do’s and don’ts” after your operation. In general you must avoid all vigorous and strenuous activities such as lifting heavy objects, straining your abdominal muscles, pushing downwards into your pelvis and prolonged standing (i.e. standing still).