

**What you need to know
about hysterectomy**
Information for women



Obstetrics & Gynaecology

patient**information**



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Slovak

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

کوردی سۆرانی
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی لێم بەلگەنامە بە تێبگات یان بێخوێنتێتەو، تکایە پەیوەندیمان پێوە بکە لەسەر ناو ژمارەییە سەرەوددا یان بەو نێماینە.

Arabic

عربی
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Introduction

The staff at Rotherham Hospital are committed to ensuring that your hospital stay is as comfortable as possible.

Please do not hesitate to call Gynaecology Ward B11 on 01709 424349 for any questions after recovery. You may wish to contact your GP first if unsure.

The following information will help to answer frequently asked questions and will also help you understand some of the common experiences that may occur after your surgery. Please note that most patients have very few complications after surgery.

However, to ensure that you have as much information as possible, the comprehensive list below should help with any concerns you have after your surgery.

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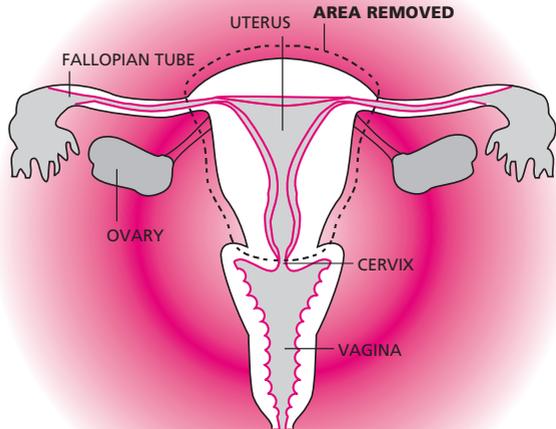
1

What is hysterectomy?

What is a hysterectomy?

Hysterectomy is a common major operation to remove the uterus (womb). Usually the cervix (neck of the womb) is removed and sometimes either one or both fallopian tubes and ovaries.

How much is removed depends on your particular condition, but your surgeon will assess what is best for you.



How is a hysterectomy performed?

Hysterectomy may be performed in three ways:

- Abdominal incision/cut (total abdominal hysterectomy)
- Vagina (vaginal hysterectomy)
- Keyhole (laparoscopic hysterectomy)

Again, your consultant will have discussed the most suitable option with you.

2

Preparation for your operation

Preparation for your operation

- Please read all of your patient information booklets thoroughly prior to admission
- Check your patient letter and starving instructions
- **Please note: For laparoscopic and abdominal surgery we ask that where possible you remove the top 1-2 inches of your bikini line hair (pubic hair), preferably using hair removal cream or waxing**

Your hospital stay

You will normally stay in hospital between one and two days after you operation, depending on the way in which your hysterectomy was performed. Usually one day for a vaginal or laparoscopic (keyhole) hysterectomy and two days for a total abdominal hysterectomy (incision/cut). Your stay might be longer than this if there are any complications with your surgery or recovery, or if your care team feel it is in your best interests.

2

Preparation for your operation

Reducing the risk of complications BEFORE your operation

Stopping smoking

If you smoke, you have an increased risk of breathing difficulties during and immediately after your operation. You are more likely to develop a chest infection following your surgery, which can make you very ill.

Smoking also reduces the oxygen supply to your skin, so can slow down wound healing and increase the risk of your wound becoming infected. Stopping smoking as soon as possible before your surgery will reduce your risk of complications.

We can refer you to our Smoking Cessation team within the hospital to support you in stopping smoking, offer advice and provide free Nicotine Replacement Therapy (NRT) if you need it. Alternatively, your GP or local pharmacist can help.

Losing weight

Being overweight at the time of your operation can increase your risk of complications, both during and after your surgery. You have a higher risk of developing breathing difficulties, wound infection and deep vein thrombosis if you are overweight. In general, the more overweight you are, the higher the risk of complications.

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Preparation for your operation

Your surgeon and anaesthetist will take every care to reduce your chance of complications, but if your surgery is not classed as urgent, it is advisable that you try and lose weight first.

You may choose to do this independently, or we can refer you to our Rotherham NHS weight loss Institute (RIO) for professional advice, monitoring and support.

Improving chronic health conditions

Many people have chronic or long term health conditions. Common examples include diabetes, asthma, COPD, heart disease and high blood pressure.

If you have a health condition that is not well controlled, you have an increased risk of anaesthetic complications and problems occurring following your surgery.

Your surgeon and anaesthetist may decide to delay your operation until your health condition is as well controlled as possible; we would normally ask your GP to review your treatment and medications.

If your blood sugar or blood pressure is raised on the day of the hysterectomy, your operation may be cancelled.

2

Preparation for your operation

Telling us about changes in your health

If you develop a new health problem that was not known at your pre-op assessment, or if symptoms of an existing condition become worse, **it is important that you contact your pre-op nurses and let them know that something has changed.**

It may be that you have had a change in your medications, or that your GP is investigating some new health symptoms that you have developed. It may be safer to delay your operation until investigations are completed, so please let us know.

If you develop a virus or infection within four to six weeks before your operation it may be necessary to postpone your surgery, even if you have been given a course of antibiotics.

This is because your immune system may be weakened for several weeks, so can increase your risk of anaesthetic complications and slow down your recovery. Examples include coughs, colds, ear and throat infections, or diarrhoea and sickness.

Let your pre-op nurses know if you develop an infection or virus within six weeks before your surgery.

3

What to expect following your operation

What to expect following your operation

Pain and discomfort

Most operations will cause you to experience some pain at first. This can last for a few days depending on the type of surgery you have. Controlling your pain well will speed up your recovery from the operation and help you get back to normal as soon as possible.

Open total abdominal hysterectomy

If you are having an open total abdominal hysterectomy we have found that the best way to control your pain is by giving you a spinal morphine injection as well as your general anaesthetic.

A spinal injection involves putting a very fine needle into your back, injecting the morphine and then removing the needle. This injection is quick, and rarely causes any discomfort. The spinal morphine lasts quite a long time and means that you are unlikely to need any morphine injections for pain relief after your operation.

You will be given pain killing tablets regularly following your operation, it is very important that you take them even if you don't have pain at the time. You will need to continue to take these pain killers regularly for a few days even when you go home.

If you are unable to have a spinal morphine injection for any reason you will be offered another method of pain relief which the anaesthetist will talk to you about before your operation.

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What to expect following your operation

Occasionally you may be offered an epidural rather than spinal morphine but this will be discussed with you beforehand by the anaesthetist or pain relief team

Laparoscopic hysterectomy

If you are having a laparoscopic hysterectomy, you will be given a general anaesthetic. The anaesthetist will give you pain relief during the operation and at the end of the operation the surgeon will use local anaesthetic to numb the wounds.

You may have some pain in your shoulders after the operation; this is quite common after key-hole surgery and is nothing to worry about. Getting up and walking around the ward will help get rid of this.

You will be given pain killing tablets regularly following your operation, it is very important that you take them even if you don't have pain at the time. You will need to continue to take these pain killers regularly for a few days even when you go home.

Vaginal hysterectomy

If you are having a vaginal hysterectomy you may be offered a general or spinal anaesthetic. The anaesthetist will give you pain relief during the operation and the surgeon will use local anaesthetic to numb the area. You will be given pain killing tablets regularly following your operation, it is very important that you take them even if you don't have pain at the time. You will need to continue to take these pain killers regularly for a few days even when you go home.

3

What to expect following your operation

Acupin (anti-sickness treatment)

One of the side effects of surgery is feeling sick afterwards. You will be given anti-sickness treatment to reduce this. One of the treatments you may be offered is an acupin which is similar to a sea-band. It looks like a small plaster and is placed on your wrist, staying in place for 2-3 days.

Intravenous infusion (drip)

This is where a bag of fluid is given through a thin tube directly into your vein, normally in your arm or hand. A drip ensures that you get sufficient fluids into your body to prevent dehydration until you feel well enough to drink freely.

You will usually be ready to drink freely and eat a light meal within a few hours after your procedure. Once you can manage this, your drip will usually be removed. Other medications, such as antibiotics or pain relief can also be given through a drip if necessary.

Catheter

You will return from your operation with a catheter. This is a thin tube inserted into your urethra (the hole you pass urine out of). It allows your urine to drain freely into a bag, until you feel well enough to walk to the toilet to pass urine and is usually removed within twenty four hours after surgery.

If you have difficulties passing urine, you may need to have a catheter for a few days, although this rarely happens.

3

What to expect following your operation

Pack

If you have had a **vaginal hysterectomy** (the womb has been removed through the vagina) you may have a gauze pack inserted into the vagina, to reduce bleeding and assist healing. This is normally removed within twenty four hours after your operation.

Wound drain

Some patients return from surgery with a drain (small tube) inserted into the lower abdomen to drain away any fluid and blood that may accumulate immediately after the operation. A drain will normally be removed twenty four to forty eight hours of surgery.

Dressings and stitches

If you have had an **abdominal hysterectomy** (a cut in your abdomen) your stitches may either be 'dissolving' or may need to be removed a few days after your procedure. Your wound dressing can normally be removed one to two days after your operation. If your stitches do need removing, your surgeon and nursing staff will advise on this and make arrangements before you go home.

If your operation was **laparoscopic (keyhole)**, you will normally have three or four very small (5-10mm) incisions on your abdomen. These stitches are normally 'dissolving', which means you do not need to have them removed unless you experience any problems. Wound dressings can usually be removed the day after your surgery.

3

What to expect following your operation

If you had a **vaginal hysterectomy**, with no incisions (cuts) on your abdomen, your stitches will be 'dissolving'. As the stitches disintegrate you may notice them as small threads on your toilet paper or underwear a few weeks after your surgery.

Wound care and hygiene

In most cases you should be able to shower or bath within one to two days after your operation, unless you have been advised otherwise.

Don't worry about getting your wound area wet for a short period of time; just ensure that you gently pat your wound area dry with a clean towel that only you use. Avoid soaking your wound in the bath for long periods for the first two or three weeks until the wound is fully healed.

Perfumed soaps, bath oils, talcum powder and moisturiser can irritate the skin and increase the risk of infection, so avoid these products around your wound until it appears dry and well healed. Unperfumed soap/shower gel is normally the safest option.

Antiseptic sprays and creams can sometimes do more harm than good, so only use these if we have advised you to.

3

What to expect following your operation

Vaginal bleeding

You can expect to have some light vaginal bleeding and discharge following your hysterectomy. This is caused by drainage from the internal wound as it heals.

Light bleeding and discharge can be expected for up to six weeks following surgery, but often settles much sooner, sometimes within a few days.

Use sanitary towels rather than tampons. Inserting tampons could increase the risk of wound infection.

If you notice excessive bleeding that causes concern, please call **Gynaecology Ward B11 on telephone 01709 424349** or contact your GP.

Trapped wind

Following your operation your bowel may temporarily slow down, causing air or 'wind' to become trapped. This can be quite uncomfortable.

Walking around, rather than sitting or lying in one position can help to release trapped wind. Peppermint water or capsules can also help to relax the bowel and ease your discomfort.

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What to expect following your operation

Hormone Replacement Therapy (HRT)

If your ovaries are removed during your operation, and you have not already gone through the menopause naturally, you may be advised to have a course of Hormone Replacement Therapy (HRT).

This can reduce your risk of menopausal symptoms after your operation, most commonly 'hot flushes'. HRT is also recommended when your ovaries are removed before your natural menopause, to reduce the risk of osteoporosis in later life.

HRT, like all medications can have side effects and risks, so may not be suitable for you. Your gynaecologist will discuss your options and help you decide what is best for you.

Cervical screening (smear tests)

Usually your cervix is removed during your hysterectomy and so cervical screening (smear tests) can normally stop. If for any reason your cervix is not removed, you will need to continue with routine cervical screening.

Also, if you have had cancerous or abnormal cells on the cervix or womb before your hysterectomy, you may need to continue with smear tests, even if your cervix has been removed. This is called a 'vault smear'.

Your surgeon will tell you if this is necessary, but if you are unsure and need further advice, please contact your GP.

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Reducing the risk of complications after your operation

Reducing the risk of complications AFTER your operation

Avoiding constipation

Your bowels may take time to return to normal after your operation. Your bowel motion should be soft and easy to pass. Straining hard because you are constipated can increase your chances of developing haemorrhoids (piles) or even a hernia.

Some types of strong pain relief can cause constipation, especially codeine and tramadol. Whilst it is important to take regular pain relief to keep you comfortable and mobile, it is also important that you avoid becoming constipated.

Constipation can lead to more discomfort and pain; the more constipated you become, the more pain relief you will need. This can become a vicious cycle, leading to severe constipation and can delay your recovery.

Eating a diet that is high in fibre, fruit and vegetables can reduce the chance of developing constipation. Drink plenty of fluids (around 2 litres per day), to keep stools soft.

We also recommend using laxatives for at least the first few days after surgery, or for as long as you are taking strong pain relief such as codeine or tramadol. Commonly used laxatives include milk of magnesia, Lactulose or Movicol.

*The hospital staff and local Pharmacist can give you further advice on suitable laxatives. **

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Reducing the risk of complications after your operation

Avoid delaying or 'putting off' opening your bowels after your surgery. Go to the toilet as soon as you get the urge to open your bowels as this will reduce the risk of becoming constipated.

Pushing gently to open your bowels will not cause any damage. You may find it more comfortable to hold your lower abdomen to support it for the first few times you open your bowels. You can either gently support with your hands or hold a rolled up hand towel to your abdomen.

**If you have an existing bowel condition or disorder such as Crohn's disease or ulcerative colitis, please seek further medical advice before taking laxatives.*

Avoiding heavy lifting

It is important to avoid heavy work, lifting or straining for six weeks following your surgery until your wound is fully healed. This will reduce the risk of developing a hernia.

You **can** lift the equivalent of a 1 litre kettle, or 2 pints carton of milk, but avoid much heavier objects. Things to avoid include changing bedding (lifting a mattress etc.) carrying or pushing a heavy vacuum cleaner, mowing the lawn, lifting heavy bags or heavy saucepans.

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Reducing
the risk of
complications
after your
operation

Eating a balanced diet

A balanced diet will ensure that your body gets all the nutrients and vitamins it needs to heal and to fight infection, as well as reducing the chance of constipation and weight gain.

Eat a diet that is high in **fibre** (fruit, vegetables, wholegrain bread and cereal) and protein (meat, fish and pulses such as beans or lentils). Avoid eating too many sugary and fatty foods.

If you cannot face full meals at first, don't worry; try to 'graze' frequently on regular, healthy food and snacks.

Preventing Deep Vein Thrombosis (DVT) and pulmonary embolism

Deep Vein Thrombosis (DVT) is when a blood clot forms in the deep veins of the leg. This can happen to any person during their lifetime, sometimes with no obvious cause. Pelvic surgery and reduced mobility following an operation increases the risk of deep vein thrombosis.

These blood clots can travel to the lungs (**pulmonary embolism**) which is a serious and potentially life threatening condition.

To reduce your risk of forming blood clots, you will normally be given a daily blood thinning injection whilst you are in hospital and graduated compression stockings which you can take home and wear until you are back to your usual level of mobility.

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Going home and what to expect

Going home and what to expect

The following information is designed as a general guide. Speed of recovery varies with each individual. Patients who have had laparoscopic (keyhole) surgery may recover much more quickly than described below.

First two weeks

- It is normal to feel more tired and lethargic than usual for at least the first week or two after your operation.
- You will probably not want to venture far from home. Rest or sleep when you need to, but mobilise gently between periods of rest.
- Start to gradually reduce your amount of pain relief where possible.
- Accept any offers of help with preparing meals, shopping or housework from family, friends and carers.
- If you have no support on going home, please tell your pre operative nurse and/or ward staff. We will try and arrange any necessary help and support.

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Going home and what to expect

Two to four weeks

- You should now be starting to feel less tired.
- Start increasing activities, such as preparing simple meals and light housework (e.g. dusting, surface wiping).
- Boredom can become a problem when your energy levels increase; try to get out regularly for short trips and walks and a change of scene. Increase your level of exercise as your energy levels improve.
- If you are still taking pain relief, continue to reduce the amount you take where possible.

Four to six weeks

- You will normally feel ready to resume most of your normal daily activities, but you may still get tired more quickly than usual.
- Gradually build up to normal levels of activity, but continue to avoid excessive lifting and straining for twelve weeks.

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Going home and what to expect

Driving

Insurance companies have different rules and conditions for driving after a hysterectomy. This can depend on type of surgery you have and your general recovery.

Please check your policy to ensure that you are covered before starting to drive.

As a general rule you should only start to drive when;

- You have stopped taking medication that can make you drowsy (including certain pain relief).
- You are able to wear a seatbelt without discomfort and move freely to manoeuvre safely.
- You are comfortably able to make an emergency stop.

Travelling abroad

Insurance companies have various restrictions on covering your health care when travelling abroad following a hysterectomy. This can mean that you may not be able to get flight or medical insurance for the first few weeks (or even months) after surgery, or that your insurance is more expensive. Check that you are eligible for cover, and the cost of your insurance before booking a flight or holiday abroad. Ideally, do not book a holiday or flight abroad until you are fully recovered.

Resuming your sex life

Abdominal and vaginal wounds need around 4-6 weeks to heal. Providing you are pain free and have had no complications, it is safe to have sex as long as you feel comfortable usually after 4 weeks.

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Surgical risks and complications

Surgical risks and complications

As with any operation, there are risks and potential complications associated with having a hysterectomy. Whilst serious complications do not occur often, it is important that you are aware of these risks these before agreeing to undergo your operation.

Haemorrhage (heavy / excessive bleeding)

Haemorrhage can occur during or soon after your hysterectomy and you may need further immediate surgery to stop the bleeding. In many cases when heavy bleeding occurs it may be necessary to give you a blood transfusion.

Bladder damage and urinary complications

The bladder is situated very near to the womb. It is therefore possible to injure the bladder or the ureters (the tubes leading from the kidneys to the bladder).

If this occurs, damage will normally be repaired at the time of your hysterectomy, but you may need to have a catheter in your bladder for at least several days longer than normal. Rarely, the damage can be recognised after the operation.

Urinary tract or 'water' infections can sometimes occur, usually a few days to a week after your surgery. Urine infections normally require a course of antibiotics. Contact your GP if you suspect that you may have a urine infection.

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Surgical risks and complications

Bowel injury and other complications

Occasionally, injury to the bowel may occur during surgery. Although rare, bowel injury may mean that you need a colostomy or ileostomy (an opening of your bowel onto the outside of your abdomen). This is normally temporary and will be reversed once the injured piece of bowel has healed.

Bowel obstruction can occur after your operation, usually caused by a 'kink' in a loop of bowel, which prevents the bowel working properly. Further surgery may be required to correct this problem.

Sometimes the bowel simply fails to start functioning properly again during the days after your operation. This is more complicated than constipation; the bowel stops absorbing any diet or fluids resulting in severe bloating, possible abdominal pain and repeated vomiting. This will normally correct itself within a few days if the bowel is completely rested.

To relieve symptoms of nausea and vomiting, you would more than likely need a tube to drain bile from the stomach (nasogastric tube), and anti-sickness drugs.

You would be given sips of water only until the bowel started working again and given a drip to replace fluids and prevent dehydration.

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Surgical risks and complications

Wound infection

Wound infection can occur more commonly than some of the other complications mentioned above, usually in the first two weeks after surgery.

Mild infections can normally be treated with antibiotics, but occasionally wound infections can be more complicated and difficult to treat.

It is important that you follow the wound care advice in this booklet and contact your GP or the Gynaecology Department for advice as soon as possible if you think your wound is becoming infected.

Deep Vein Thrombosis (DVT) and Pulmonary Embolism

For further information see the section in this booklet headed 'Preventing Deep Vein Thrombosis and Pulmonary Embolism' on page 20.'

Wound or vaginal vault haematoma

A haematoma is a collection of blood that can occur following a hysterectomy, either underneath the abdominal wound, or at the top of the vagina (vault haematoma). Occasionally a haematoma may need to be drained away, which could result in a further surgical procedure.

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Surgical risks and complications

When should I seek medical advice following a hysterectomy?

Most complications occur within the first few weeks after surgery. You should seek medical advice from your GP, walk in centres or by contacting the Gynaecology Department.

Problems to look out for include;

- A painful, swollen calf which may feel hot to touch. This may be caused by a Deep Vein Thrombosis (DVT).
- Shortness of breath, chest pain, or coughing up blood can be signs of a pulmonary embolism.
Suspected DVT or pulmonary embolism require immediate medical attention
- Red / pink and tender skin around your wound area which may feel very warm to touch, or a wound which is sticky and leaking fluid or pus may indicate a wound infection.
- Offensive smelling vaginal discharge with or without a fever (high temperature) may indicate a vaginal wound infection or a vaginal vault haematoma.
- Burning and stinging when you pass urine and passing small amounts of urine very frequently can indicate a urinary tract infection. You may also have a fever (high temperature), and pain in your lower back and groins.

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Surgical risks and complications

- Excessive bruising around your abdominal wound which seems to be spreading or getting worse. This may be a wound haematoma and might require treatment.
- Excessive bleeding or 'flooding' from the vagina, with or without blood clots.
- Excessive abdominal pain with increased abdominal swelling may indicate a bowel obstruction or bowel damage, especially if you are vomiting and unable to tolerate diet or fluids. This may be a bad case of constipation, but if in doubt, contact your GP, or the Gynaecology Department for further guidance.

Further advice and information

You may have questions or concerns that have not been discussed at your pre- operative assessment or covered in this booklet.

Please do not hesitate to contact us if you have further questions or concerns relating to your surgery and recovery.

Notes

How to contact us
Gynaecology Ward B11
Telephone 01709 424349

Switchboard
Telephone 01709 820000

Useful contact numbers
If it's not an emergency,
please consider using a
Pharmacy or call NHS 111
before going to A&E.

NHS 111 Service
Telephone 111

Health Info
Telephone 01709 427190

Stop Smoking Service
Telephone 01709 422444

UECC (A&E)
Telephone 01709 424455

For GP out of hours,
contact your surgery

Useful websites
www.therotherhamft.nhs.uk
www.nhs.uk
www.gov.uk
www.patient.co.uk
www.rotherhaminstitute
forobesity.co.uk

Easyread websites
www.easyhealth.org.uk
www.friendlyresources.org.uk
www.easy-read-online.co.uk

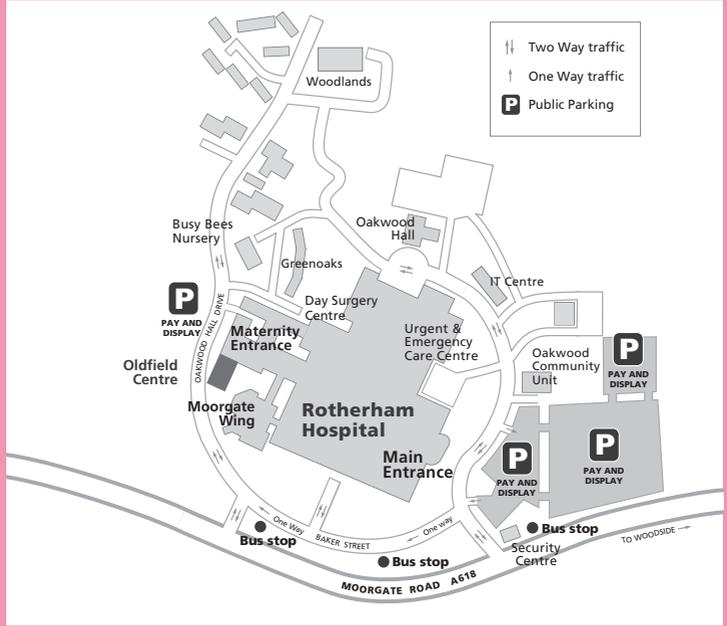
We value your comments
If you have any comments
or concerns about the services
we have provided please
let us know, or alternatively
you can contact the
Patient Experience Team.

Patient Experience Team
The Oldfield Centre
The Rotherham NHS
Foundation Trust
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

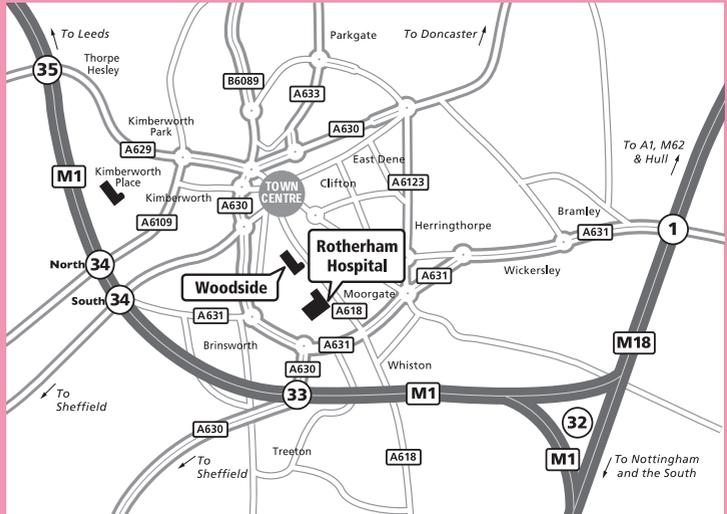
Telephone: 01709 424461
Monday to Friday
9.00am until 5.00pm
Email: your.experience@nhs.net

How to find us

Hospital site plan



Rotherham main routes





LS 718 04/2020 V3 Jones & Brooks



The Rotherham
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
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Telephone 01709 820000
www.therotherhamft.nhs.uk