

Patient and Carer Information

Having a vaginal hysterectomy – what should you expect?

What is vaginal hysterectomy?

Vaginal hysterectomy is an operation where the uterus (womb) and cervix (neck of the womb) are removed through a cut in the top of the vagina.

Vaginal hysterectomy may be combined with a repair operation. (See separate leaflet or ask a member of staff for a copy). Sometimes the ovaries and fallopian tubes may be removed at the same time. If the ovaries and fallopian tubes are removed then this is called a **salpingo-oophorectomy**.

Why do I need a vaginal hysterectomy?

Vaginal hysterectomy is done for the:

- Treatment/management of a prolapsed womb; that is when the womb drops down into the vagina from its normal position.
- Management of heavy periods where other treatments have not worked or may not be appropriate. You will need appropriate assessment for this as it is not possible to do vaginal hysterectomy in all patients especially if the womb is enlarged with fibroids.

Vaginal hysterectomy is done only if you have completed your family (that is are not planning to have any more children). You should have a clear understanding of why the operation is being done. You should not hesitate to discuss this with the doctor who plans/books the operation for you.

Having a hysterectomy means:

No more pregnancies.

No need for contraception.

No monthly periods.

No more smear tests (unless you had abnormal smears soon before the operation).

What are the possible complications of the operation?

Complications are rare, but it must be understood and accepted that these can occur.

These include the following:

Immediate Risks

1) Frequent risks

- a) Vaginal bleeding: You will experience some vaginal bleeding for approximately 1 to 2 weeks. You should not worry if this is mild (less than a period) and it should gradually decrease the couple of weeks following the surgery. Following on you will experience vaginal discharge as mentioned above.

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If you experience heavy bleeding or itchy and offensive discharge please consult your doctor as this may be due to blood clot at the top of the vagina or an infection. You might need treatment for this.

- b) Infection: there may be a simple infection of the urine or around the cut in the vagina. You are likely to need antibiotics to treat this.
- c) Pain and discomfort around the area of operation: You might experience lower abdominal pain or vaginal discomfort. This usually settles in 24-48 hours after the operation. You can take painkillers to help you cope with this.

2) Serious risks

- a) Haemorrhage (excessive bleeding) requiring blood transfusion occurs in 2 women in every 100 (common)
- b) Injury to surrounding structures
 - damage to bladder/ureters (tubes carrying urine down from the kidneys to the bladder), 2 women in every 1000 (uncommon)
 - damage to bowel, 5 women in every 1000 (uncommon)
- c) Severe infection - pelvic abscess, three women in every 1000 (uncommon)
- d) Blood clots in the legs and lungs (Deep Venous Thrombosis) - a possible complication of any operation (similar risk as on a long haul flight). This is much less likely with this type of operation where you are up and about almost immediately.
- e) Retention of Urine (<1%) - there is a small risk that you might not be able to pass urine straight away after the operation. This is usually because of the swelling and bruising around the area of operation. This usually settles on its own with time.

3) Any extra procedures which may become necessary during the procedure

- a) Blood transfusion: 2 women in every 100 undergoing vaginal hysterectomy will require blood transfusion whilst the surgery is being performed.
- b) Other procedures:
 - repair of bladder and bowel damage
 - laparotomy (open surgery through the tummy) to treat any complications

Long term complications

- a) New or continuing bladder dysfunction (variable): If you have bladder problems before the operation, it can't be guaranteed that these will be cured. You might need further treatment for the management of these symptoms.
- b) Failure to achieve desired results; recurrence of prolapse (15-30%): The recurrence rate is variable. It may never happen in some women. If prolapse recurs it and may or may not affect the same part of the vagina where the surgery was performed. If you start developing symptoms of prolapse again after the operation, you should see your GP and seek treatment.

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What anaesthetic will be used?

To do the operation an anaesthetic will be needed. This could be in the form of

- general anaesthesia when you are asleep during the operation.
- a spinal/ epidural anaesthetic when you are numb waist downwards but are actually awake during the operation.

The anaesthetist looking after you at the time of surgery will plan and discuss which is the best for you. There is additional information from The Royal College of Anaesthetists available. You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

Blood clot prevention

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

Consent

Your Consultant will explain the operation to you and discuss all the risks. If you are worried about any of the risks listed here, please speak to your consultant. Once you are happy that you wish to have the operation you will be asked to sign a consent form, which will document the operation planned, and any risks.

The Operation

You will be admitted to the hospital on the morning of the operation. You will be seen by your consultant team before the operation.

A pack (a piece of gauze like a large tampon) is sometimes placed inside the vagina to prevent excessive bleeding. This is removed the following day after the surgery. You might also have a catheter (a tube in bladder to drain urine into a bag) which is usually removed 24- 48 hours after your operation.

You will be given regular pain relief medication to help relieve any discomfort. Antibiotics might be given to avoid significant infections.

There will be some vaginal discharge after the pack (gauze) is taken out the following day, you should use sanitary towels rather than tampons. This discharge can last up to six weeks and can vary in colour and amount.

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All the stitches used for the operation are dissolvable and you might notice them with the discharge. This should not worry you.

Plan ahead for discharge home

As a guide most women will be in hospital for 1-3 days. You will be encouraged to get back to your normal level of mobility as soon as possible after the operation, as this improves your health and recovery. You will normally have to increase the amount of exercise gradually. Allow yourself to rest each day; you will find the time you need to rest will slowly become less. You may need extra help at home after your operation for the first 2 weeks. Please make appropriate arrangements. Light housework is fine from the time you get home and you should build up to things gradually. You **should avoid** lifting heavy weights, vacuuming and standing for long periods for at least 4 weeks.

Eat a well balanced diet with plenty of fibre and drink plenty of fluids (2-3 litres) a day, this will help stop you becoming constipated. If you experience difficulty with opening your bowels a laxative can help and you should discuss this with your hospital doctor/GP. This may persist for a week or two.

Keep fit or aerobics exercise may resume 6 weeks following surgery. Swimming may commence after the vaginal discharge has settled. You should not drive until you can easily turn in your seat without discomfort and can safely perform an emergency stop. This is usually 2-4 weeks after surgery. You can return to work 4-6 weeks after the operation depending on your job.

You can start having sexual relations at 6 weeks after surgery when comfortable, and have no bleeding or discharge.

Why and how to exercise the pelvic floor muscles?

Pelvic floor muscles form an important support for your vaginal walls, bladder and bowels. They are important for controlling bowel and bladder function. It is important that you practice your pelvic floor muscle exercises regularly following your operation to maintain good support to the vaginal area post surgery. Doing these exercises also aids the healing process by increasing the circulation of blood to the area. You can start these exercises once you have passed urine and you should aim for them to become a lifetime habit! You will be seen by a physiotherapist on the ward and given a pelvic floor muscle exercise leaflet and here is a brief summary of the exercise to start you off.

Pelvic Floor Muscle Exercises

- Start them initially lying comfortably on your back.

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- Tighten the back passage as if you are trying to stop yourself from passing wind. Once you feel the back passage drawing in, try and work this feeling forward into the vagina, as if closing the urinary passage too.
- Avoid holding your breath, tightening your buttocks or thighs.
- Aim to build up to a 10 second hold and 10 repetitions of this hold. Alongside doing 10 short hold and relax squeezes of the pelvic floor muscle.

Other information you may find useful**Will I be able to have my operation if I'm on a period?**

Yes it makes no difference to the surgery.

Will I be able to get pregnant following the surgery?

No as your womb is to be removed.

Will I have any more periods after the operation?

After the initial bleeding has stopped you should have no further bleeding; your womb has been removed.

Contact your GP if;

- You have severe pain
- You develop a fever
- You bleed heavily
- You develop smelly or offensive discharge
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual
- You develop unexplained shortness of breath, chest pain and coughing blood

NHS Direct 0845 4647

NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>

Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail: thepatientexperienceteam@hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.