Patient and Carer Information

Abdominal Hysterectomy

The procedure

An abdominal hysterectomy is an operation to remove a woman's uterus (womb) through an incision (cut) in the abdomen (tummy). The incision may be either horizontal or vertical. Sometimes the ovaries and fallopian tubes may be removed at the same time. This is called a salpingo-oophorectomy. When your womb is removed you can no longer get pregnant.

If the cervix (neck of the womb) is removed at the same time, this is called a total hysterectomy. Sometimes the cervix is left in place; this operation is called a sub-total hysterectomy.

Having a sub-total hysterectomy means that there may be some monthly spotting and smear tests are still required.

What are the reasons for doing a hysterectomy?

A hysterectomy can be performed to treat:

- Heavy or irregular periods
- Fibroids
- Suspected or proven cancer of the uterus or cervix

A hysterectomy may result in the end of a health problem or may be part of an on-going treatment plan.

Are there any alternatives?

Although hysterectomy is a relatively safe operation it is still major surgery. The alternatives available depend on the reason that hysterectomy is being considered for you. You and your doctor will probably have discussed any other suitable treatments before now. However please ask if you want any further advice about any alternatives that might be suitable for you, including the option of no treatment.

What are the risks?

The risks of the operation are:

- Infection
- Excessive bleeding
- Deep Vein Thrombosis (DVT or blood clot)
- Damage to bladder, bowel, ureters (tubes from kidneys to bladder)

There are risks associated with anaesthetics. There is additional patient information from the Royal College of Anaesthetists available.

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What anaesthetic will be used?

Most hysterectomies are done under a general anaesthetic, when you are "put to sleep" for the operation. A regional block is an alternative, where feeling is blocked in the lower part of your body. This is sometimes advised if you have heart disease or breathing difficulties. The anaesthetist will discuss which is best for you. 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

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form may be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

Plan ahead for discharge home

As a guide, most women will be in hospital for between 1 and 3 days following this operation. You may need extra help at home after your operation for the first 2 weeks. If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment. Please ensure that you have asked your nurse or doctor when your expected discharge date will be so that you can make suitable arrangements for help with shopping, cooking and cleaning.

After the operation

You may have a catheter (tube) in your bladder, which will be removed within a day or two. Sometimes people have problems passing urine when a catheter is removed. Usually this settles in time but occasionally another catheter needs to be inserted for a time. You may also have a drain (small plastic tube into the operation site) from the wound which is usually removed in 1 – 2 days.

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Bleeding

After the operation you may have some vaginal bleeding and will need to use sanitary towels. We advise you not to use tampons. Vaginal loss can last up to 6 weeks. If you have any new pain, fresh bleeding or bad smelling discharge after you go home, you should contact your GP.

Pain

Most women experience some pain or discomfort for the first few days and you will be offered painkillers to ease this.

For the first 24 – 48 hours after the operation you may have a pain buster. You will be given a leaflet about this. After this you will have a choice of tablets or suppositories to control your pain. You will be encouraged to use them as being pain free helps your recovery.

Some women experience wind pains following the operation, which can be very uncomfortable and make your abdomen distend (look swollen). This should not last long and can be relieved by medicines, eating and drinking and walking about.

Nausea

An anaesthetic, an operation and pain killers can sometimes make you feel sick. This can be helped with injections and tablets.

Constipation

This is uncomfortable and can be avoided by taking plenty of fluids and fibre in your diet. Fresh fruit, vegetables and gentle exercise will help. If it becomes a problem for you, ask your nurse, pharmacist or doctor.

Exercise

The physiotherapist will visit you the day after your operation and teach you pelvic floor exercises. Please ask if you have any specific problems.
You are encouraged to get back to your normal level of mobility as soon as possible after the operation, as this improves your health and recovery.

Household jobs

The sort of movements that can cause discomfort are bending and stretching e.g. reaching high or low shelves, lifting heavy weights including small children, and pushing or pulling.

When you first go home, anything you can comfortably lift with one hand is fine. Avoid using two hands to lift as this uses your abdominal muscles, and avoid lifting the hoover or

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small children for 4-6 weeks. You may need to ensure you have someone available to give you some help at home after your operation, probably for the first 2 weeks.

Exercise

You are 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. Swimming can be resumed after about 6 weeks, providing your vaginal discharge has stopped completely.
Avoid the gym for 6 weeks and then gradually reintroduce your exercise regime.

Driving

You should avoid driving for 2 - 4 weeks after surgery. You should be able to perform an emergency stop without pain before starting to drive again. If you are unsure, you should consult your insurance company.

Work

The time at which you can return to work depends on both the operation and your job. You can expect to be off work for between4-6 weeks depending on your type of employment.

Sex

We advise that you avoid penetrative intercourse for about 6 weeks. Generally speaking, after this time you can resume your usual sexual relationship when you feel ready.

Wound Care

All wounds progress through several stages of healing and you will be able to see changes in your wound. The following are frequently experienced:

- Unusual sensations such as tingling, numbness or itching
- A slightly hard, lumpy feeling as the new tissue forms
- Slight pulling around the stitches as the wound heals.

Remember – do not pull off any scabs as they protect the new tissues underneath and act as “nature’s dressing”. They will fall off without any help when ready.

A variety of different stitches can be used to close the incision in your abdomen. Some need to be removed and others will dissolve without being taken out. Your GP practice nurse will remove any stitches that need to be taken out.
We ask you to observe your wound daily when you get home. If it appears red and lumpy, if any swelling or pain increases or if it starts to leak fluid, please see your GP.

Bathing and showering

It is quite safe to get your wound wet 24 hours after your operation (unless you are otherwise advised).

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Clothing

Try to avoid tight belts and close fitting underwear, particularly if it has seams. Loose clothing is generally more comfortable.

PELVIC FLOOR EXERCISES:

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 continue to do pelvic floor exercises to strengthen the muscles of the pelvic floor.
Either lie on your back with your knees bent up, or sit on a firm chair with your knees slightly apart in good posture.

TIGHTEN the ring of muscle around your back passage (anus) as though preventing a bowel movement or wind escaping, and then **TIGHTEN** the muscles around your front passages, **LIFT** them up inside, **HOLD**, and then…**RELAX** slowly. Remembering to keep your buttocks and thigh muscles relaxed. Breathe normally throughout.

Exercise programme:

Three times a day aim to exercise you pelvic floor as follows:

- Slow holds: Gradually build up the time you can hold in your pelvic floor muscle, up to a maximum of 10 seconds, aiming to repeat this up to 10 times.

- Fast squeezes: Now quickly tighten your pelvic floor muscles and then relax the muscles completely, aiming to do 10 quick squeezes.

- Once you can do both of these exercises while sitting, progress into a standing position. Your goal is for these exercises to become a lifetime habit to maintain your support to your bladder.

Contact your GP if

- You have severe pain
- You develop a fever
- You bleed heavily
- You develop a smelly or offensive discharge
- Your wound appears red and lumpy or starts to leak fluid
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

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Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number ……..……..

Other sources of useful information can be found at:

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.