

# Abdominal Hysterectomy



Gynaecology

An abdominal hysterectomy is an operation to remove a woman's uterus (womb) through a cut on the abdomen. Sometimes the ovaries and fallopian tubes may be removed at the same time, which is called a salpingo-oophorectomy.

During an abdominal hysterectomy, the cervix (neck of the womb) can be left behind (sub-total hysterectomy) or may be removed (total hysterectomy).

## Why do I need a Hysterectomy?

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For women who have had no success with other treatments and have completed their family, a hysterectomy is usually offered. There are many reasons for a woman to be offered a hysterectomy. Conditions include:

- Bleeding problems such as heavy or irregular periods.
- Endometriosis (when tissue that usually lines the lining of the womb grows outside the womb).
- Fibroids (these are growths - not cancer which can grow very large and can cause pain and heavy irregular periods).
- Suspected or proven cancer of the womb or cervix.

## What effect will it have on me?

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Most women find that their health and well-being improve and that they can still lead an active life. It also means that you will have no more periods and that you can't get pregnant. Some women find it difficult to talk about because of its emotional as well as physical implications. Having a hysterectomy will not affect sexual intercourse. Please talk to the clinical nurse specialist if you have any concerns about this.

## What about my ovaries?

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If you are having your ovaries removed and you have not yet naturally gone through the menopause, then you will experience menopausal symptoms such as hot flushes, night sweats and vaginal dryness. These symptoms can be relieved by taking Hormone Replacement Therapy (HRT).

This can be prescribed for you on discharge home after your operation. Some patients take homeopathic remedies such as redclover or evening primrose to help reduce the symptoms. If you are not having your ovaries removed, they will continue to work until your menopause.

## Abdominal Hysterectomy

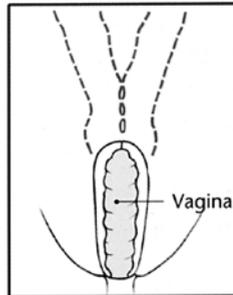
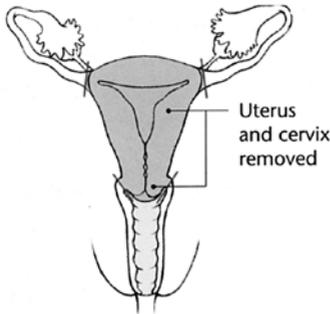
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### Total / Sub-total Hysterectomy



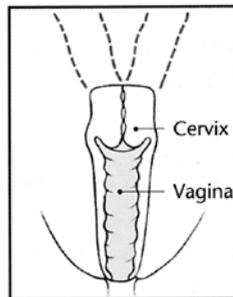
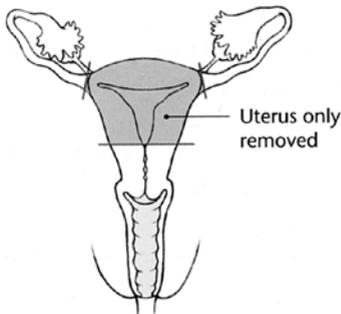
Incision site

#### TOTAL HYSTERECTOMY



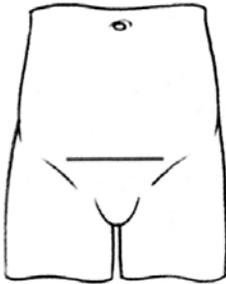
After surgery

#### SUBTOTAL HYSTERECTOMY

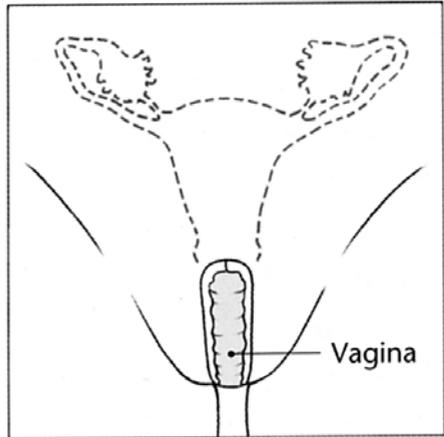


After surgery

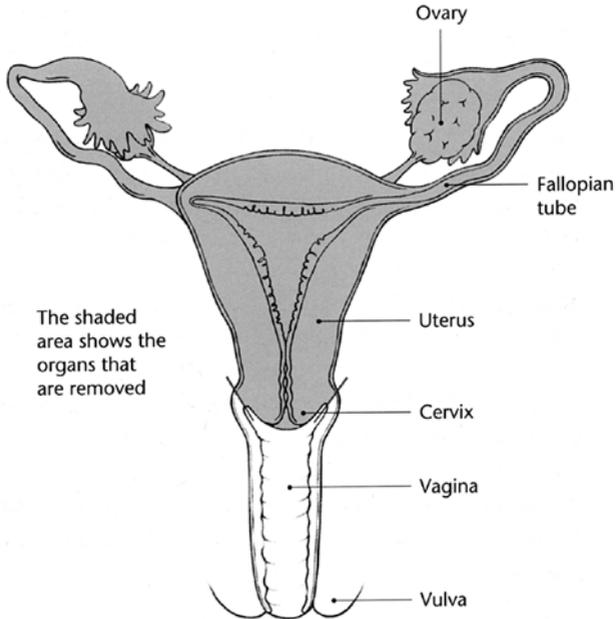
# Total / Sub-total Hysterectomy With removal of ovaries



Incision site



After surgery



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Gynaecology, Health Press, Oxford 1998

## Before and After Your Operation

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### Before

- As soon as you know that you will need a hysterectomy, try to get yourself into the best physical shape so that you will recover faster from your operation. Stop smoking, eat a healthy diet and take regular exercise.
- You may have intercourse until your admission to hospital, but please take precautions - e.g. condoms

### Pre-Assessment

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Your Pre-Assessment appointment is the opportunity to ensure you are fit and healthy for both anaesthetic and surgery and plan your admission with the nurse-led team.

### Enhanced Recovery Appointment

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You will have a separate appointment to be seen by a Gynae Nurse from the Enhanced Recovery Team. She will give you the opportunity to ask questions and will enable you to have a good understanding of what to expect in hospital and what to do when you get home. The nurse will discuss with you your expected length of stay in hospital. Your length of stay will depend upon the consultant who is caring for you. The nurse will monitor your progress and will call you on discharge home, she will be there to support you.

### Before Admission

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Please remove nail varnish (fingers and toes) and body piercings and leave at home. If unable to remove, wedding bands (no stones) are acceptable as we can cover these with tape.

## In Hospital

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### The day of your operation

When you arrive on the ward the nurses will check your details and attach an I.D name band to your wrist. This will be red if you have any allergies. You will be measured for tight, elastic stockings (usually knee length) called TEDS. The stocking works together with a daily injection of Clexane (to thin the blood) and this helps to prevent clots.

You will not permitted to eat prior to your admission, which will have been discussed with you during your Enhanced Recovery Appointment. A member of the Anaesthetic Team may visit you on the ward prior to your operation to discuss your medical history and plan your pain management with you. A member of the operating theatre team will come and take you to the operating theatre.

The ward now has individual patient telephone and television systems. You can access this service by buying a card from machines in the main reception corridor or from outside the Ward.

## After the Operation

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### Your Recovery

You will remain in the Recovery Room until the recovery team decides you are well enough to return to the ward. When you return the nurses will continue to monitor your progress by taking your blood pressure, pulse, temperature and checking your wounds etc.

- The doctors and nurses will discuss your recovery plans with you and will expect you to become more mobile.
- Remember everyone is different and some people take a little longer to feel better. Your doctor's team will monitor your progress on the ward and the nurses will be there to advise you.

## After your procedure

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### **Pain**

You will probably feel some pain and discomfort when you wake. You will be given strong painkillers for the first 48hrs. Patients are usually hooked up to a special pain relief machine, called a PCA pump (Patient Controlled Analgesia) in the Recovery Room. The machine contains a syringe of morphine and a button. You manage your pain yourself by pressing the button on the machine. The nursing staff will ensure that you are using the machine effectively. You may also get gripping wind pains caused by bowel and stomach gas but there are medicines that can help. If you are constipated you may be given a laxative.

### **Diet**

You may have a drip in your arm and this will stay in until you are able to drink. Usually you start with a few sips and build up the amount (this is to stop you from being sick). The doctor / nurse will advise you when you can start light diet and build up to eating normally. Little and often is usually acceptable for most people after surgery rather than waiting several hours and then eating a large meal.

### **Urine**

During the operation the doctors will put a catheter in. A catheter is a thin rubber tube that goes into your bladder and the urine drains into a bag by the side of your bed. The nurses will empty this. The catheter is removed as soon as you are able to walk out to the toilet, usually two days after your operation.

### **Bowels**

It may take two to three days to have your bowels open. If you are having difficulty, the nursing staff can give you some medicine to help you have your bowels open. You will also find it helps if you:

- Drink lots of fluids.
- Eat a high fibre diet (e.g. wholemeal or granary bread, fruit, vegetables, cereals).
- Keep having short walks and staying mobile.

## **Mobility / Exercise**

The first day after your operation you will be encouraged to sit out in your chair, even if only for a short period of time. However, while you are in bed it is important for you to move around in order to relieve pressure on your heels and bottom. You will be expected to move yourself, but the nurses will show you how and give you help if needed.

We also encourage you to rest, but it is also important to start doing exercises as soon as you can. A physiotherapy booklet will be given to you to follow exercises after your operation. If you have any problems, the nursing staff can refer you to the physiotherapy team.

## **Hygiene**

On the first and second morning after your operation a nurse will help you to have a wash. On the third morning you will probably find you are able to wash yourself without any help, but if you do need help then please ask the nursing staff.

## **Wound**

When you come out of theatre a dressing will be covering the wound (usually a pressure dressing). This will be removed on the second day following the operation. The nurses will monitor your wound throughout your stay.

Usually patients have dissolvable stitches, which will dissolve in their own time and not need to be removed. Sometimes patients have clips (staples), which will be removed on discharge home by a Practice Nurse or District Nurse (the ward staff will arrange).

## **Your recovery**

Recovery is a time-consuming process, which can leave you feeling very tired, emotionally low or tearful. This often happens during the early days and is a normal reaction. The body needs time and help to build new cells and repair itself.

## **Going home**

- You will be discharged from hospital once you are medically fit. This will be approximately 3-5 days after your operation, but in some cases it may be longer. Try not to compare your recovery with other women on the ward, as everyone is different.
- You will need to arrange for someone to collect you to take you home.

## **Before you go home**

- Your catheter will have been removed and you will be able to pass urine without any problems. In rare cases you will be discharged home with a catheter to rest your bladder and then be booked in for removal of the catheter after a week.
- Often doctors request that patient's have their bowels open before being discharged home. The nursing staff can give you some laxatives to help if needed.
- You will be able to eat and drink. Often after surgery eating little and often is best.
- You will be up and walking around.
- Make sure that you fully understand the operation that you have had. Your hospital doctor will write a letter to your G.P about your operation. This will be sent in the post.
- The nurse will go through any medication that has been prescribed for you to take home.
- You may be given an outpatient appointment for 6-8 weeks time for a postoperation check in the Gynaecology Outpatient's Department. Alternately patients are referred to see their G.P.

## Going Home

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You will be discharged from hospital once you are medically fit. Your length of stay will be discussed with you in your Enhanced Recovery Appointment.

You will need to arrange for someone to collect you to take you home, and someone to support you when you arrive home.

### **Pain**

You may have some initial discomfort and require pain relief. You will be given medicine to take home to keep you comfortable. Usually this is an Anti-inflammatory (to reduce abdominal swelling after your operation). We suggest you take Paracetamol to assist with pain symptoms as Codeine may cause constipation. Over time you will gradually be able to reduce the amount of pain relief that you require.

### **Diet**

Eat a well balanced diet including fruit and vegetables and drink at least 1 litre of water as well as your normal drinks to avoid constipation. And to help with the healing process eat and drink on a regular basis - do not starve for hours and then eat a big meal, as this could make you feel bloated and uncomfortable. It may also help to cut down on bread and pasta to help with a bloated abdomen. If you are feeling sick, you need to 'nibble' - little and often to break the "nausea cycle". Peppermint tea or hot water helps to break down gas in your body. Caffeine may aggravate your bladder, cut down your tea / coffee intake for the first few days and drink water / lemon barley / cranberry juice.

### **Urine**

Initially it may be uncomfortable to pass urine following your operation. If you notice pain or burning / stinging when passing urine and offensive smell or low backache / or increased frequency may indicate infection. See your GP because if you have got an infection, you will require a course of antibiotics.

### **Bowels**

Constipation is one of the most common problems after surgery. Even if you have had your bowels open on the ward, you may find that

you have problems with constipation when home. Apart from a fibrous diet you may need to take stimulant laxatives. Docusate Sodium acts as a stimulant and as a softening agent.

Senna is also useful for a few days to help get your bowel back to normal function. You will also need to exercise - walk to help stimulate the bowel. We advise you have some laxatives ready to take at home on a regular basis until you resume your normal bowel routine.

## **Wound Care**

If you have dissolvable stitches, they will dissolve in their own time and not need to be removed. For those patients who have been discharged home with clips (staples), the ward nurse will have arranged for a Practice Nurse or District Nurse to remove them on a particular day (usually after 7 days). Keep the wound area clean and dry to help prevent infection. A shower is more advisable than a bath for the first week following surgery. Use kitchen roll to dry the area and then discard. Avoid using talcum powder, perfumed products, lotions, antiseptic gel on the area. You may have been discharged with spare dressings, use these as you feel necessary. If you have steri-strips to your wound, these will usually peel off after a few days. Do not remove them, they will fall off in their own time.

If you notice any problems with your wound such as redness or smelly discharge, then make an appointment with your G.P as soon as possible as you may require a course of antibiotics.

Some people find taking Arnica tablets helpful to reduce bruising (do not use arnica cream on the wound). Arnica tablets can be taken prior to surgery and until the bruising has resolved.

## **Exercise**

Gentle exercises is good for you, but remember to build up gradually. Only do light household duties e.g. dusting, making a cup of tea etc. Do not carry heavy shopping, toddlers or heavy objects (more than a full three-pint kettle), move furniture, use the vacuum cleaner, gardening or drive a car. Be guided by how you feel and do not push yourself. It is important to carry on with the exercises in the physiotherapy booklet. You will need to continue with pelvic floor exercises to maximize the tone of the pelvic floor. You can climb the stairs from the day you get home.

Walking is good exercise. Start with 10 minutes a day and gradually build up. Because of the risk of infection, swimming is best left for about 3 weeks. More active sports like horse riding and aerobics should be left for at least 3 months after the operation.

### **Work/ Activity**

On discharge home from the hospital you will be given a 'fit for work' certificate, for the length of time anticipated for you to require off work. All patients recover at different rates you may need to see your G.P to get your sick certificate extended if you take longer than anticipated to recover, it may also be different depending upon your occupation. Often it is a good idea to be checked over by your G.P before returning to work.

### **Driving**

From a surgical viewpoint we recommend that you do not drive for about 6 weeks, but always check with your G.P or hospital doctor first.

Check your insurance policy, as each company has it's own conditions for when you are insured to start driving again.

Before you do, make sure you are free from the sedative effects of pain relief, and are able to sit in the car comfortably and manage the controls, are able to wear the seatbelt comfortably, are able to turn comfortably to look behind you to manoeuvre and can reach the pedals comfortably and that you can manage an emergency stop. Some insurers will not provide cover for 3 months after a major operation.

### **Sexual Intercourse**

We advise that you avoid penetrative intercourse for about six weeks to allow your internal wounds to heal. Make sure that you feel comfortable and ready. If you experience any problems with vaginal dryness you may find a lubricant useful or discuss with the Specialist Nurse Team.

## **Any Complaints or Comments?**

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If you have a concern or there is a problem, the best way to get it resolved is usually to tell someone there and then. On the ward talk to the Sister in Charge or Senior Nurse on-duty. In Gynaecology Outpatients please talk to one of the nursing staff. Similarly, if you would like to compliment the service provided or give praise about a particular member of staff, we would like to hear your comments, so that they can be forwarded onto the team.

## **For further information or advice**

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### **Surgical Short Stay Unit**

Telephone: 01483 571122 ext 6828 (Monday-Friday)

### **Compton Ward**

Telephone: 01483 571122 ext 4941

### **Gynaecology Outpatient's Department** (Monday-Friday 9am-5pm)

Telephone: 01483 571122 ext 4173 (Answer phone)

## Resources

**NHS Direct** - 0845 4647 www.nhsdirect.nhs.uk Information on a range of women's health topics, plus an online enquiry service.

**NHS Clinical Knowledge Summaries** (formerly PRODIGY) cks.library.nhs.uk - excellent patient information on a variety of common conditions and symptoms.

**Women's Health Concern**, PO BOX 2126, Marlow, Bucks SL7 2RY  
www.womens-health-concerns.org  
Tel: 01628 488065

Women's Health Concern produce information leaflets about hysterectomy, prolapse and associated health conditions.

**Hysterectomy Association**, 60 Redwood House, Charlton Down, Dorchester, Dorset DT2 9UH

www.hysterectomy-association.org.uk  
Tel: 0871 78 111 41

Information and support about hysterectomy. The website contains an online discussion area for patients and their families.

**National Osteoporosis Society**, Camerton, Bath BA2 0PJ  
www.nos.org.uk

Tel: 01761 471771

Information about osteoporosis and relevant treatments.



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## **PALS and Advocacy contact details**

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Future review date: February 2019

Author: Fiona McDonald

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