

# Vaginal Hysterectomy



Gynaecology

## What is a Vaginal Hysterectomy?

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A vaginal hysterectomy is the removal of the uterus (womb) and cervix. The operation is carried out through the vagina - no cut is made on the abdomen. The top of the vagina is closed with stitches. The ovaries are left in place. If you would like to have your ovaries removed then you will require a 'laparoscopic hysterectomy' (see laparoscopic hysterectomy leaflet).

## 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.
- Pelvic support problems due to weakened tissues resulting in a 'bulge' in the vagina or 'a bearing down' feeling of pressure. This is known as prolapse.

Often you will have been advised on other treatments first, such as pelvic floor exercises, medicines or more minor surgery. The choice of treatment depends on the nature and extent of your condition as well as personal factors.

## Vaginal Repair

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If you have a prolapse affecting the front or back wall of the vagina, your surgeon may suggest repairing this at the same time as carrying out the hysterectomy. This additional surgery is called an anterior or posterior repair.

## 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 you cannot get pregnant. Some women find it difficult to talk about because of its emotional, as well as physical implications.

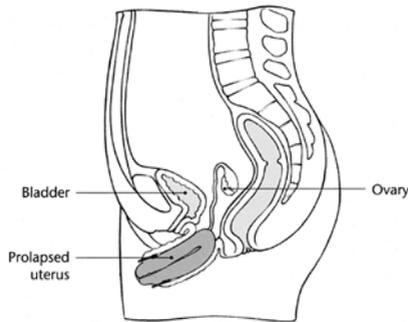
Having a hysterectomy will not affect sexual intercourse. Please talk to the Clinical Nurse Specialist if you have any concerns about this.

## What about my ovaries?

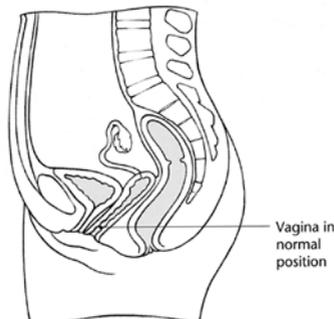
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As you are having a vaginal hysterectomy and your ovaries are not being removed, you will not have a premature menopause.

### Picture - Vaginal Hysterectomy



Prolapsed Uterus



Pelvic Organs Following Hysterectomy

## Before and After Your Operation

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### Before

- As soon as your surgery is planned, try to get yourself into the best physical shape so that you will recover more quickly after your operation. Stop smoking, eat a healthy diet and take regular exercise.
- You may have intercourse until your admission to hospital, but please use contraception - 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 - The Ward

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#### The day of your operation

When you arrive on the ward the nurses will check your details and attach a name band to your wrist. This will be red any allergies. You be

starved prior to your admission, which will have been discussed with you during your Enhanced Recovery Appointment.

You will be measured for tight, elastic stockings (usually knee length) called TEDS. The stocking work together with a daily injection of Clexane (to thin the blood) and this helps to prevent clots.

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 bleeding etc.

- The doctors and nurses will discuss your recovery plans with you and will expect you to mobile as soon as possible.
- Remember everyone is different and some people take a little longer to recover. Your consultant'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 experience some pain and discomfort when you wake. You will be given strong painkillers for the first 48hrs.

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 will have a “drip” in your arm and this will continue 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 nauseous). The doctor / nurse will advise you when you can have a 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 drain your bladder with a catheter. 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 either late that night, or the following day, depending upon your Consultant’s wishes. They may decide to leave the catheter in longer if you are unable to walk to the toilet.

## **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 continue to mobilise.

## **Mobility / Exercise**

The first day after your operation you will be encouraged to mobilise straight away. 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

Do not soak in a hot bath if you are bleeding vaginally, as the hot water can induce bleeding. Showering is fine even if you are bleeding. If however, you do not have a shower then we recommend that you have a shallow bath with tepid water and do not use any bath products.

## Vaginal bleeding

Some surgeons may decide to insert a 'vaginal pack' (gauze ribbon) into your vagina during the last stages of your operation. The pack has been soaked in antiseptic fluid and is yellow in colour. You may notice some yellow discharge on your sanitary towel. You may experience abdominal discomfort and the sensation that you need to open your bowels, this is caused from the pressure of the packing. At the same time a vaginal drain may also be inserted, to help drain excess blood loss.

The vaginal packing will be removed late evening or the following day by a nurse on the ward. The drain will be removed as soon as it has stopped draining, which is usually at the same time as the vaginal packing. You may find that you have a bleed once the packing has been removed. The bleeding should then settle, but you may experience vaginal bleeding up to two weeks after your operation. If you experience pain whilst the pack is being removed, please ask the nurses for pain relief.

## 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.

## 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.
- Your vaginal bleeding should have settled to a minimal amount.
- Some 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 back to their G.P.

## General Advice

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### When you go home

#### Pain

The day you may have some initial discomfort and require pain relief. You will be given medication to take home to keep you comfortable. Usually this is Anti-inflammatory (to reduce abdominal swelling after your operation). We suggest you take Paracetamol to assist with pain symptoms as Codeine may cause constipation. These will be the same pain relief that you would have been taking on the ward. 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 try to drink at least 1 Litre of water as well as your normal drinks to avoid constipation. And to help with 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. By eating a healthy diet you will help to improve the healing process.

## **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 this may indicate an 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**

You will have vaginal stitches which are dissolvable. Threads may come away and appear on your sanitary towel or underwear for up to three months, which is quite normal.

Ensure that your genital area is kept clean by using unscented soaps when washing, showering and then dry carefully. Do not use perfumed bath products or talcum powder until you are fully healed. Some people find Arnica tablets helpful with bruising after surgery.

## **Vaginal Bleeding**

You may experience some vaginal bleeding when you go home. This is normal - it can last up to two weeks or more. You are advised to use sanitary towels and not tampons at this time. Some women do not bleed at all they start to increase activity and then vaginal bleeding is noticed. If the bleeding becomes heavy with clots and you need to change pads often; or it changes to a dark brown discharge with an offensive smell, this could be the first sign of a vaginal infection - which is common after this type of surgery.

See GP as you may have an infection and require a course of antibiotics.

## **Mobility / Exercise**

Gentle exercise 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, 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 should 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 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 examined by your G.P. before returning to work.

## **Driving**

From a surgical viewpoint we recommend that you do not drive for a few weeks, but always check with your G.P. or Consultant first. Check with your insurance company if you have insurance cover before you start driving again.

Before you do, make sure you can reach the foot controls 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 at least six weeks, to allow your internal wounds to heal and you have had your “check-up” with your doctor. Make sure that you feel comfortable and ready.

## 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**

01483 571122 ext 6828 (Monday - Friday)

**Elstead Ward** - 01483 571122 ext 4083

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

01483 571122 ext 4173 (Answer phone)

## Resources

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**NHS Direct** - 0845 4647 [www.nhsdirect.nhs.uk](http://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](http://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](http://www.womens-health-concerns.org)

Tel: 01628 488065

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





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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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