Bradford Teaching Hospitals
NHS Foundation Trust

Hysterectomy

Patient Information

Hysterectomy

Hysterectomy is an operation during which the uterus (womb) is removed. Every week over 1000 hysterectomies are performed in the UK and it is estimated that by the age of 75 one in five women will have had this operation. In Bradford about 200 women have a hysterectomy every year. This booklet attempts to answer some of the common questions women ask and cover some of the problems that may arise. By providing this information we hope to reduce any anxieties you may have and so speed your recovery.

What are the usual reasons for having a Hysterectomy?

1) Heavy and/or irregular periods

Hormones control the way in which the lining of the womb is shed every month. Occasionally the levels of these hormones become unbalanced resulting in heavy and/or irregular periods. Everyday life can become seriously disrupted and with very heavy periods there is a risk of anaemia.

There are safer, alternative treatments for heavy periods, which your doctor should have discussed with you before suggesting hysterectomy.

They are:

- Medical management: where tablets are given to reduce the amount of bleeding.
- Use the Mirena intra uterine system; the hormone coil.
- Have an endometrial ablation. This is a treatment where the lining of the womb is destroyed.
- To have no treatment and therefore continue with your present symptoms.

2) Fibroids - (refer to Fibroid leaflet)

Fibroids are non-cancerous growths occurring in the muscle layer of the womb. Other methods of treatment for fibroids are available such as embolisation (a non surgical way of treating fibroids). These will have been discussed with you before the decision is made to undergo hysterectomy.

3) Prolapse

A prolapse of the womb develops when the ligaments which support it and the vagina become weakened. As a consequence, the womb begins to descend and may eventually extend outside the vagina. This is not serious but can cause discomfort and a 'weak bladder'. It is more common in women who have had children, but often does not become apparent until after the menopause when a decrease in hormones contributes to the thinning of the supporting ligaments. Alternative treatments will have been discussed with you.

4) Chronic pelvic infection

Some women suffer from repeated pelvic infections causing recurrent pelvic pain. If your quality of life is severely affected, a hysterectomy may be indicated.

5) Endometriosis

Sometimes cells similar to the cells that form the lining of the womb (the endometrium) appear elsewhere in the pelvis, often on the ovaries or on the ligaments that support the womb. The cells are affected by the hormone cycle in the same way as the endometrium and therefore slight bleeding occurs every month. This can lead to scarring and cyst formation; often, affected areas become stuck together. As a result women with endometriosis may experience painful periods and pain during sexual intercourse or at other times during the month.

6) Cancer - *(refer to leaflet specific for each cancer)*

There are several types of cancer, which may be treated by hysterectomy. The more common ones are:

a) Cancer of cervix (the neck of the womb).

b) Cancer of the endometrium (the lining of the body of the womb).

c) Cancer of the ovary.

If the hysterectomy is done as part of cancer treatment, further treatment may be required such as Chemotherapy or Radiotherapy.

How is the operation performed?

Whether the operation is performed through a cut on the abdomen or through the vagina will depend on the reasons for the hysterectomy. Sometimes the procedure will be performed using laparoscopic (key-hole) techniques.

For example, the presence of a large fibroid may make a vaginal operation difficult, whereas prolapse tends to make vaginal surgery the most appropriate method. Whether or not your ovaries are being removed can also affect the decision.

Abdominal hysterectomy

An abdominal hysterectomy is usually performed through a 'bikini line' cut. This is a horizontal cut made just above the pubic hairline. In some circumstances, it is necessary to make a vertical incision running from the navel downwards.

Vaginal hysterectomy

With a vaginal hysterectomy there are no external stitches but there are internal ones.

Laparoscopically-assisted vaginal hysterectomy / laparoscopic hysterectomy

In these operations instruments and a camera are inserted through a number (usually 3 or 4) of small incisions in your abdomen (each about 0.5-1cm in size). These are also internal stitches as for a vaginal hysterectomy.

What are the different types of hysterectomy?

Total hysterectomy

A total hysterectomy involves removal of the womb (the body of the uterus) and the neck of the womb (the cervix).

Sub-total hysterectomy

With a sub-total hysterectomy only the body of the uterus is removed. Women treated in this way must continue to have cervical smears. Some women who have a sub-total hysterectomy will continue to have, usually small, monthly bleeds.

Total hysterectomy and bilateral salpingo-oopherectomy (TAH & BSO)

If, in an addition to removal of the womb, both the fallopian tubes and ovaries are removed, this is called a TAH & BSO. This operation may be indicated for the treatment of endometriosis or ovarian cancer. It may be recommended for women past the menopause when their ovaries are no longer working. Sometimes it is only necessary to remove one fallopian tube or ovary. Whether or not the ovaries should be removed will be fully discussed with you by your Consultant Gynaecologist.

Wertheims hysterectomy

This is the operation performed for cancer of the cervix. The whole uterus, upper part of the vagina and lymph glands from the sides of the pelvis are removed. Where possible, the ovaries are not removed. If you are to undergo this operation, it will be discussed with you in detail.

What are the advantages to having a hysterectomy?

- You will no longer have periods, with their associated problems.
- You will no longer have period pain or pain caused by fibroids. It may relieve the pain caused by endometriosis, although this is not guaranteed.
- If the hysterectomy is performed for pre-cancer changes (benign pathology) it will usually remove your chances of getting cervical or endometrial cancer. If you have your ovaries removed as well as the womb, it will remove your chance of getting ovarian cancer.

What are the risks of having a hysterectomy?

A hysterectomy is a major operation. There are risks with all major operations. It is important you are aware of these before you consent to a hysterectomy.

Risk relating to the operation

You could have a lot of bleeding during the operation, which may require a blood transfusion.

1 in 50 women return to the operating theatre because of bleeding after the operation is over.

- There is a small risk of damage to nearby organs, e.g. bowels, bladder, ureters (the tubes from the kidneys to the bladder) and blood vessels. This happens in about 1 in 100 women.

Risks after the operation

1 in 10 women suffer from one of these complications after surgery.

- You could bleed internally to form a clot inside the pelvis (haematoma). This could get infected and lead to abscess formation.
- You could also develop a wound infection, urine infection or chest infection.
- You could develop a thrombosis (blood clot) in your leg, which can also move to your lungs.
- Wound dehiscence; the wound fails to heal correctly and comes apart. If this happened you would need to go back to theatre to be re-sutured.

Risks relating to having an anaesthetic

A hysterectomy usually requires a general anaesthetic, which has an increased risk if you are older, have heart or chest problems or you smoke. The risk of death from general anaesthesia is 1 in 100,000.

Risk of readmission

1 in 25 women are readmitted to hospital after they have been discharged home. Usually this is because of wound problems or vaginal bleeding.

Risks in the longer term

Some types of pelvic pain may not be relieved by hysterectomy; sometimes pain can be made worse. Some patients develop pain in their abdominal scar. Occasionally you may be left with chronic pelvic pain. This could be treated with pain killers or you may be referred to the pain management team but it may never resolve.

If you have a hysterectomy before you reach the menopause, your ovaries may stop working earlier than expected. It may bring the natural menopause forward by several years.

If you have your ovaries removed at the hysterectomy and you were still having periods, you may experience menopausal symptoms such as hot flushes, sweats at night and lose the desire to make love (loss of libido).

At your post operative check up the doctor may notice that you have developed soft scar tissue (granulation tissue) at the top of the vagina. This produces a discharge and can bleed during intercourse. This can usually be treated in the gynaecology clinic but occasionally may need to be treated under general anaesthetic, which would mean another half a day in hospital.

After the operation you may notice that you have to visit the toilet more often to pass urine and sometimes have to go with more urgency (have to rush to get to the toilet). This commonly settles down with time but if it does not, you should see your GP for advice and treatment.

During your stay in Hospital

It is helpful if your pubic hair is trimmed before your operation. You can do this yourself at home a day or two before you come into hospital. You may use wax or depilatory cream but please do not shave as this causes small grazes in the skin and can be a source of infection.

Throughout your stay in hospital you will need to wear knee length anti-embolic stockings to prevent deep vein thrombosis (a blood clot in the leg). You will also be given injections to prevent thrombosis.

When it is time to go to theatre a nurse or member of the theatre team will go with you. He / she will stay with you until have had your anaesthetic.

A hysterectomy usually takes less than an hour but sometimes takes longer.

A Consultant does the majority of cases. As Bradford is a teaching hospital, in a proportion of cases a doctor such as a registrar, who is being supervised by a Consultant, will perform your operation.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

After surgery

When you are ready to return to the ward, a nurse will collect you from theatre. You will have an intravenous infusion (IVI or drip). This will ensure that your body receives the fluid it needs as you may be too sleepy to drink. You will have a catheter (a fine tube into your bladder) which will keep your bladder empty of urine. The catheter will usually be removed within the first couple of days after your hysterectomy.

You will have an oxygen mask in place for the first 24 hours to provide you with oxygen. If you have had abdominal surgery you may have a wound drain to prevent any excess fluid collecting in you abdomen. This will be removed a few days after your operation.

You may be very sleepy for 24 hours following surgery. During this time you will be aware of the nursing staff regularly checking your blood pressure, your wound if you have one, and for signs of bleeding..

The nurses will give you small amounts to drink as soon as possible, although this will be dependent on the surgery you have had. We will give you plain water initially because tea, coffee and juice tend to make you feel sick..

Pain relief

Pain relief will usually have been discussed with you before the operation.

Pain relief may take the form of regular injections according to your pain needs or you may have pain relief via a P.C.A. (patient controlled analgesia). P.C.A. is a pump connected to your drip and allows you to give yourself painkillers as and when you need them, by pressing a button, although it will not allow you to give yourself too much.

Often more than one type of pain relief can be used, for example, you may have a P.C.A. and also be given pain-killing suppositories. Sometimes an epidural infusion (similar to those given to women in labour) can be used. This will be discussed with you before your operation. Please note that the pain relief is very carefully monitored to ensure you are kept comfortable without the possibility of becoming overdosed or dependent on the pain relief.

Visitors

You will probably be sleepy on the day of your operation, so we suggest that you only have one visitor that day.

A group of people visiting can be quite disturbing when you do not feel well.

After the first day we would appreciate if you could limit visitors to 3 at any one time to reduce disturbance to other ill patients on the ward.

There are visiting times on the ward, which we ask you to keep to, these are:

Monday to Friday: 11am to 12am and 6pm to 7.30pm.

Saturday, Sunday and Bank Holidays: 1pm to 7.30pm.

If you have arranged for your family to contact the ward, it is helpful if only one member telephones. Please encourage other family members and friends to contact them directly rather than ringing the ward. To protect your privacy we will not give any details of your surgery to them and will only discuss your general condition.

Returning to normal

You are usually able to eat later on the day of surgery or the following morning. After your operation we will suggest something light to start with, such as soup or toast otherwise you may vomit.

Bathing

We will help you wash and change into your own nightclothes later on the day of surgery or the following morning. If you feel well enough you can walk to the bathroom.

As the day progresses you may find you feel able to drink enough so that your drip can be removed. Your may be able to have a bath or shower within a day or two.

Going home

As you recover and become more independent we will discuss when you can go home. Your body should be returning to normal, for example, passing urine without any problems and having your bowels open. Your temperature should be normal and your wound (if you have one) should be healing.

Any stitches or clips can be removed at home. This can be done by the district nurse or your practice nurse.

You should ideally have someone to help you at home for the first few days at least. Most women go home 2-3 days after the operation.

Common questions following a hysterectomy

Why am I so tired?

Still feeling exhausted 2 to 3 weeks after a hysterectomy is normal.

You must not forget that you have had a major operation. You should accept offers of help and ask for assistance when you need it. Remember for the first few weeks at home you should not have to care for anyone other than yourself. Others should be doing most of the household chores such as washing, ironing, cooking and cleaning.

Why are my bowels still not working properly?

In the first few days following your operation it is normal for your bowels to be a little sluggish. Try to drink at least 3-4 pints of fluid per day, and eat plenty of fresh fruits, vegetables and high fibre foods such as brown bread and breakfast cereals. If problems persist, please speak to your GP who may be able to prescribe a gentle laxative.

Should I still have a vaginal discharge?

Vaginal loss following surgery is normal. The amount and length of time it lasts varies from one woman to another. Anything up to 6 weeks is reasonable provided that it is not bright red fresh blood. It should not be heavy; nor should it have an offensive smell. A good guidance is that it should be similar to the end of a period. If in doubt check with your GP or phone the ward for advice. Always use sanitary towels and not tampons after your operation.

Why do I keep feeling weepy and depressed?

Many women experience days when for no apparent reason they keep bursting into tears. Be reassured that this will not last. The 'down' days will become fewer as you start to feel well again. If, however, your feel this is more than 'post operative blues' then please contact your GP.

When can I start exercise?

The simple answer is very soon. Swimming is an excellent form of exercise and may begin as soon as your vaginal loss has stopped. Other more strenuous forms of exercise can usually begin at about 6 weeks after your operation.

Remember to start gently; doing too much too soon may do you more harm than good.

You will receive information from our physiotherapists about pelvic floor and abdominal exercises that will help your recovery.

I have heard I will put on weight

This is not strictly true. Any weight gain is likely to be due to too little exercise during the recovery period combined with a temptation to overeat if you are bored. Try to eat sensibly; avoid nibbling biscuits and sweets. Gentle exercise is good for you. As early as your first few days at home you may go outside for a walk and a breath of fresh air.

How soon can I drive?

We suggest that you do not drive for 4 weeks. It is not only the physical effort that driving requires but you also need to be mentally alert. The stress of major surgery and an anaesthetic can slow down your reactions.

You must feel confident and well before you drive. Start with short journeys.

When can I go back to work?

The timing of your return to work will depend on the type of hysterectomy you have had, how well you have recovered and the type of job you do. Most women will be able to go back to work after about 6 weeks but if your job involves heavy lifting or is fairly strenuous then you may have to delay going back to work for up to 12 weeks.

How long should I wait before I have sexual intercourse?

Whether you have had an abdominal or a vaginal operation you will have internal stitches which will need to be completely healed before you take part in penetrative sex. This can take up to 6 weeks. You should not resume sexual intercourse until your vaginal discharge has returned to normal.

There are not usually any long term effects following hysterectomy. However you may find it helpful at first to use a little lubricant such as KY jelly, available from the chemist; and you may find you need to experiment to find a more comfortable position initially. Remember to be patient; if your sex life was good before your operation, it soon will be again.

Will I need cervical smears?

It is not normally necessary to have smears after a hysterectomy because the cervix is removed. However if pre-cancer cells are found to be present at the time of surgery, you will be advised to have 2 follow-up smears at 6 and 12 months after surgery. Although your cervix will have been removed, the smears will be taken from the vault (top) of the vagina. If these are negative, you will require no further smears after that. Regular smears are still needed following a subtotal hysterectomy and they may be recommended for cancer patients.

Finally do no be afraid to ask. There is very little we have not heard before however trivial it may seem to you. If you need to contact us after you have left the ward please ring Ward 12 on 01274 364380 (24 hours a day).

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Next Generation Text

We use Next Generation Text for people with hearing difficulties. To contact us ring 18001 01274 364380.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

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