Patient information leaflet

Department of Gynaecology Services

Whiston Hospital, Warrington Road, Prescot L35 5DR
0151 430 1522 (Ward 3E)

Abdominal Hysterectomy (+/- Bilateral Salpingo Oophorectomy)

Introduction

Hysterectomy is surgery to remove the uterus (womb).

- An oophorectomy means removal of an ovary.
- Bilateral means both sides, and if one ovary is to be removed this will be clearly stated right or left.
- As part of the procedure the cervix will usually be removed.

Occasionally it is not possible to remove the cervix because of technical reasons and your surgeon will explain why this may be suspected or if a problem has been encountered during the surgery.

The reasons for the procedure

- To stop bleeding
- Because of a disease condition
- Because of prolapse
- Other reasons which will be discussed with you

The nature of the procedure

The operation involves a general anaesthetic. If you are part of the Enhanced Recovery Programme you will also be offered a spinal anaesthetic (see in the Enhanced Recovery Information Leaflet). A cut is made in your abdominal wall. This may be a mid-line cut (from your belly button to your pubic bone) or a transverse cut (bikini-line just above the pubic hair). This allows your consultant to assess the pelvis. The cut will be discussed with you and the reason for the choice of cut. Sometimes the surgeon can only make the final decision when you are examined on the theatre table under the anaesthetic. When a hysterectomy is carried out the womb and usually the neck of the womb (cervix) are removed. Occasionally the cervix is not removed and the operation is then referred to as a Sub-Total Hysterectomy. (**It is important in this situation that you carry on having cervical smears**). When the womb is removed the top of the vagina is over-sewn.

As part of the procedure it may be necessary to remove one or both ovaries; this will be discussed with you before your surgery. If you are not menopausal, removal of both your ovaries will make you menopausal and the management of this will be discussed with you by your surgeon.

VERY IMPORTANT

It is vital that you are **not pregnant** whilst undergoing this procedure. You must therefore, continue with a reliable method of contraception from the time you are listed for surgery until the procedure is carried out if applicable. A pregnancy test will be performed on your admission to the ward as part of the admission procedure if you are not menopausal.

Please note that a negative pregnancy test does not exclude a very early pregnancy, so if you suspect that you are pregnant, you must let the doctor or nurse know before the procedure.

It is possible that the procedure will be postponed until you have had a period or until a pregnancy has been excluded if there is any possibility that you might be pregnant.

Benefits of the procedure

The reason for a hysterectomy will have been explained to you by your surgeon. Hysterectomy is a treatment for a number of different pathologies. When your womb is removed, you will not have any more periods (if applicable) and you will not require any further cervical screening if your cervix is removed.

Risks of the procedure

- **Vaginal Bleeding/Discharge:** Some women have a small blood stained vaginal discharge after the operation but occasionally you can bleed quite heavily. This may be a sign that the wound inside your vagina is not healing or that there may be infection or a blood clot developing. You should inform the nurse looking after you about this and she will assess if it is normal. When you are discharged, if you have a heavy vaginal loss or an unpleasant smelling discharge, **you are advised to contact your General Practitioner or the Gynaecology Ward 3E**.
- **Infection:** With any invasive operation there is a risk of infection. These are mainly urinary or vaginal infections. There is also a risk of developing a chest infection, particularly if you have a breathing related illness or if you smoke. It is important to do deep breathing exercises after your operation. If necessary you may be referred for physiotherapy or you may need a course of antibiotics. Another potential area of infection is the abdominal wound. Redness around the wound or a raised temperature could indicate a wound infection. A member of the nursing staff will check your dressing each day; please inform them if you are worried. It is also possible to develop a blood clot behind the wound and this will cause bruising and tenderness.
- **Bleeding:** As well as the risk of vaginal bleeding, there is also the risk of bleeding from one of the blood vessels that has been tied off following removal of the womb. This may occur during the procedure and result in the need for a blood transfusion or it can happen a few hours after the surgery. Very occasionally this may result in a return to theatre to deal with it. You may have an abdominal drain (tube) which is used to monitor any internal bleeding.
- **Damage to the Bowel or Bladder:** Due to the nature of your surgery and the anatomy inside the pelvis, there is a small risk of damage to the bladder, the tubes to the kidneys (ureters) or the bowel. The surgeon doing your operation will explain beforehand if you are at an increased risk. If there are any problems encountered during the operation these will be dealt with appropriately and you will be informed after your surgery.
- **Adhesions/Hernia:** Almost all patients undergoing surgery on their abdomen will develop some adhesions. This is scar tissue which can cause the bowel to stick together. The adhesions usually cause no symptoms and you will not be aware of

them. However, they can occasionally cause persistent pain and problems with bowel function. A hernia is a defect in the scar that can develop and this may require corrective surgery.

- **Thrombosis:** It is well recognised that having major surgery can cause patients to develop a deep vein thrombosis or a pulmonary embolism. As this is a well known risk, all patients will be risk assessed and will be advised to wear anti-embolism stockings until fully mobile and will be given an injection into the abdominal wall which thins the blood. These injections will possibly need to be continued after discharge and this will be arranged with you. If you have any concerns please speak to a member of the nursing staff.

Discomforts of the procedure

- **Wind Pain/Delayed Bowel Function:** The operation can affect your bowel function and cause increased wind pain. This will cause pain in the abdomen, shoulder and neck. Eating small quantities of fruit and vegetables and drinking plenty of fluids will help to re-establish your normal bowel movement. Painkillers and moving about will also ease the discomfort. Occasionally the bowel can "go on strike" and this is known as an ileus. This can cause abdominal pain and distension, vomiting and constipation. If this occurs you may require a drip and will not be allowed to eat until your symptoms settle, usually within a couple of days.
- **Constipation:** It usually takes time for your bowels to return to their normal pattern, so please let the nurses know if you are constipated so that a laxative can be given. You may well be offered a laxative during your stay in hospital.
- **Frequency and Pain on Passing Urine:** Occasionally after a hysterectomy you may feel the need to pass urine more frequently. This is because of slight bruising and swelling of the bladder which may be related to the fact that there has been a tube in your bladder. Pain relief such as Paracetamol is recommended. It is also beneficial to exclude a urinary infection if this persists so you may be asked to submit a specimen to your GP. Cranberry Juice and lemon or orange barley water often help the discomfort.

The alternatives to the procedure

Depending on the nature of the pathology, you may have been offered other treatments in the form of medication (tablets), hormone releasing intra uterine device (Mirena coil) or an endometrial ablation technique (thermal ablation, Novasure or hydro-ablation). These ablation techniques heat the lining of the womb to result in scarring of the endometrium so that bleeding is reduced or stops.

Consequences of not having the procedure

Depending on the nature of the pathology this will be discussed with you at your outpatient consultation. It is important to understand that you always have a choice and you may feel you need more time to think about the treatment on offer. You should let your surgeon know of your decision so that arrangements can be made. You may also wish to discuss the treatment with your family/friends and/or your GP.

Removal of ovaries

If you are having your ovaries removed and have not stopped having your periods, then this will result in you having a menopause. Some of the symptoms of the menopause are hot flushes and night sweats which may disturb your sleep. You may also experience dryness in the vagina which could cause pain and discomfort when having intercourse. Other problems are mood changes, tiredness, anxiety and loss of concentration. Your hair

and skin may become dry and joints may be painful. In time low oestrogen levels can cause osteoporosis (thinning of the bones) and heart disease.

Hormone Replacement Therapy

Hormone Replacement Therapy (HRT) relieves menopausal symptoms and can prevent osteoporosis. This treatment replaces the oestrogen your ovaries no longer produce. There are many different types and strengths of HRT available. HRT can be given as tablets, patches or gel. Your doctor will discuss the form of HRT that may be best for you and will also decide with you when and whether it is appropriate for you to start taking HRT.

Returning to work

Recovery time is variable for patients. Returning to work depends on the nature of your job. You must feel comfortable at work and be able to cope. You will need to refrain from work for about **6-12 weeks** but your GP and surgeon will give you advice. If you are returning for a gynaecological outpatient appointment following your surgery, you may discuss this with the doctor.

Driving

Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel with the seat belt over your abdomen. Recommended guidelines suggest **4-6 weeks** and you should always check with your insurance company.

Sexual activity

It is advisable to refrain from sexual intercourse for at least **6 weeks**. This is to prevent infection and reduce trauma. Resuming sexual intercourse will depend on the type and extent of surgery you have had and if you are worried about this, then please speak to a member of the staff before you are discharged. Alternatively, you can wait for your follow up appointment and discuss it at this point.

Follow-up appointment

You will be informed if you are to be given a follow up appointment. In the case of straight forward surgery, you may not be offered a follow up appointment. A pathology assessment will be made of any tissues removed and the report will be sent to your surgeon. You may be contacted if there are any unusual findings.

For further advice please telephone: Ward 3E – 0151 431 1522

Further information can be found on the following website:

Royal College of Obstetricians & Gynaecologists – Information for you after an abdominal hysterectomy www.rcog.org.uk

This leaflet can be made available in alternative languages/formats on request.

Creation Date – May 2012
Review Date – May 2018
Version 1: New format
Produced by: Department of Gynaecology Services