Total Abdominal Hysterectomy

What is a hysterectomy?

A hysterectomy is the removal of the uterus (womb) and in most cases the cervix (the neck of the womb). The uterus is the size of a small pear, wider at the top and narrower below, the womb lies behind the pubic bone.

Why would I need a Hysterectomy?

There are many reasons why a hysterectomy is performed. The following are the main ones:

1. For heavy bleeding (also called menorrhagia) that has not responded to other treatments.
2. For endometriosis - when the lining of the womb is found outside of the womb. Common sites include the space behind the womb and the ovaries.
3. For cancer of the womb or ovaries.
4. For fibroids - these are swellings of the muscle cells in the wall of the uterus. The vast majority of them are benign, but they may cause heavy periods and pressure symptoms.
5. For severe pre-menstrual syndrome. Hysterectomy is a last and rarely used resort after all other treatments have been tried and failed.

After having a hysterectomy, you will no longer have any menstrual periods. You will also lose your ability to have children.

Explanation of terminology in hysterectomy

- **Total abdominal hysterectomy -** the removal of the womb and cervix via an incision through the abdomen
- **Sub-Total hysterectomy -** the removal of the uterus but the cervix is retained
- **Total abdominal hysterectomy and bilateral salpingo-oophorectomy -** the removal of the uterus and fallopian tubes and ovaries
- **Radical/Wertheims hysterectomy** - a more extensive hysterectomy reserved for cancer patients.
- **Vaginal hysterectomy** – removal of the womb via the vagina; see separate information sheet
- **Laparoscopic hysterectomy** – removal of the uterus via key-hole surgery

Ovaries can be removed during a hysterectomy, without adding significant operation time or risks. However, removal or conservation (keeping) of the ovaries is a complex issue, with serious consequences either way. If you are uncertain about whether or not you wish to agree to the removal of your ovaries, there is a separate information leaflet on this subject. You should also discuss this with the doctor/consultant.

How is the operation performed?

The operation is performed under a regional anaesthetic (spinal or epidural anaesthetic), general anaesthetic or a combination of the two. Current research and our own practice has shown that women who have a spinal or epidural anaesthetic tend to recover better than those that have solely a general anaesthetic. They tend to have better pain relief and their recovery is quicker because they tend to eat, drink and mobilise sooner.

The site of the incision is along the bikini line (pfannenstiel) on the lower abdomen. Occasionally an up and down (midline) incision is required due to previous operations or an unusually large uterus.

What are the possible risks or complications of the surgery?

- **Risks associated with general anaesthesia**
  General anaesthesia and spinal/ epidural anaesthesia is very safe. Problems can arise but this is very rare. Your anaesthetist will see you prior to your surgery to discuss your anaesthetic and any concerns you may have. This is also your opportunity to discuss the type of pain control to be used immediately following surgery.

- **Risk of bleeding**
  There will be some bleeding at the time of the operation but this is not usually a significant amount. Very occasionally damage can occur to the large blood vessels which may require repair and/or possible blood transfusion.

- **Risk of Injury to the bowel, bladder, and ureters**
  Every effort is made to avoid injury to these organs but on rare occasions this can still happen.

  These are organs that are next to and closely related to the uterus. Ureters are tubes that drain urine from the kidneys to the bladder. The risk of injury to these organs is increased in patients who have had previous abdominal surgery (including caesarean sections) or are known to have abdominal or pelvic scarring.

- **Risk of infection**
  There may be some inflammation of the wound for a few days. As long as the area is kept clean, this usually settles. If it persists, antibiotics will be prescribed.

  A catheter is usually inserted for 24-48 hours. This can cause cystitis like symptoms and may need antibiotics if accompanied with a temperature. Other types of infections, including pelvic infections and chest infection, may complicate a major operation like hysterectomy. Very rarely, severe infections may lead to formation of abscesses (pus-fill swelling) which then may require further surgery.

- **Risk of thrombo-embolism**
  Thrombo-embolism is a collective term for conditions that happen when clots form within venous blood vessels (thrombosis, DVT), causing inflammation and pain in the area that is affected. The clots can sometimes become dislodged from the blood vessel and travel along the blood stream to the other organs like the heart and lungs (embolism). This latter condition can be very serious.

  You will be given a pair of graduated stockings (anti-embolism stockings) to wear. These will encourage the circulation while you are less mobile in hospital. During your surgery, special air filled leggings will be applied to your legs to assist with the circulation while you are asleep.

  Following surgery, you may receive a daily injection which helps to “thin” the blood so that it will not clot readily. Sometimes, these injections may be required for days/weeks following a hysterectomy after you are discharged from the hospital. You will be given instructions of how to do these injections.

- **Risk of allergic reactions to drugs**
  You will have a lot of different drugs while in hospital. It is important that you inform the doctor of any known allergies. Very rarely allergic reactions can occur ranging from simple irritation and rashes to swelling and breathing problems. Always inform a member of staff straight away if you experience any problems.

What will happen on the day of admission?

You will normally be admitted to the ward or admissions lounge where a nurse or healthcare assistant will help you to change into a theatre gown and put on the anti-embolism stockings.

You will see the consultant/doctor and the anaesthetist prior to your surgery. Any questions or queries should be raised at this stage. Pre-operative medication (a pre-med) is not routinely prescribed by the anaesthetist but each patient is assessed as an individual and a pre-med will be given only if indicated.

How long will the operation take?

The operation takes about one to two hours, depending on the ease or difficulty of the operation. You will be away from the ward for approximately three to four hours due to the time taken to recover from the anaesthetic and to ensure good pain control is obtained.

How will I feel on return to the ward?

You may experience pain and nausea, which can be controlled by various forms of medication. It is important to let the nursing staff know if you are in pain or have nausea. You may have an intravenous infusion (drip) for up to 24 hours. This will be removed when you are drinking normally. You will be able to drink within two hours of returning to the ward and eat after four to six hours if feeling well.

You will have a urinary catheter in your bladder for a few hours up to 24 hours. After the catheter is removed, the nurses will monitor the amount of urine you pass on the next two to three occasions.

What can I do after the operation?

On the first day following your operation you will be helped with your personal hygiene and encouraged to mobilise as soon as possible. The physiotherapist will visit you and encourage you to do leg and deep breathing exercises. Try not to cross your legs as this impedes the circulation. If the physiotherapist is unavailable, leaflets will be given to you by the nursing staff with all the relevant information. From the second day onwards, you will be able to mobilise more in a gradual manner. You can shower if you feel able but bathing is discouraged until two weeks after the operation.

General care after your operation

Vaginal Discharge
The discharge will be like the tail end of a period and may last up to six weeks. This discharge should be dark red to brown or pale pink and watery. Sanitary towels should be used instead of tampons to minimise the risk of infection.

Pain relief
Everyone differs in the amount of discomfort they have after an operation. Injections, tablets or rectal suppositories can be given to relieve pain. Bruising and soreness may be noted which will slowly ease.

Bowels and wind
Generally a bowel motion may not occur in the first three days after the operation. The nurses will offer you a laxative if required. Wind pain can be a problem. Some women get pain in their shoulders, which may also be due to wind. The nurse will offer you peppermint water to relieve the symptom.

Wound care
The internal wound heals rapidly. Any sutures that are used are normally dissolvable. It is important to maintain feminine hygiene as this reduces the risk of infection.

Rest
Rest is part of the healing process. Try to rest for at least an hour during the day. You may find that lying on your side with your knees bent up or leaning on a pillow at waist level is comfortable and rests your back. Try to keep visitors to a minimum during the first few days as you may tire easily.

How will I feel afterwards?

The nurses will try to explain all procedures to reduce any anxiety. If you have any concerns, please feel free to ask questions. Sometimes women feel quite low and tearful after an operation which is quite normal. The understanding and support of family and friends can be invaluable at this time. Every woman's experience of hysterectomy is unique and therefore the length of time needed to recover differs.

When can I go home?

You will be in hospital for two to five days unless there are any complications. You will be given a sick certificate and medication (if appropriate). Your discharge letter will be sent to your GP within a few days of you leaving hospital.

Once home, accept any offers of help in the first week or perhaps stay with someone for a short time. It is not advisable to do any housework in the first week or two. Gentle exercise is important but you should stop if you feel any discomfort. Standing for long periods and heavy lifting should be avoided for at least six weeks.

Return to work and driving

Most employers will grant up to three months' sick leave after a hysterectomy/repair, however each person is different depending on the type of work they do.

It is usually safe to drive a car about six weeks following surgery although after any operation this will depend on your confidence and concentration and also on your ability to do an emergency stop. You need to check first that your car insurance policy does not have an exclusion relating to major surgery.

Hormone replacement therapy (HRT)

If your ovaries have been removed before you have reached the menopause you will become menopausal straight after the operation. You should discuss this with the doctors/nurses on the ward. Information leaflets are available for you to look at. You do not have to begin taking HRT straight away. Many women prefer to recover from the operation first and then to discuss their options with their GP. On some occasions the consultant may recommend that you commence HRT on the ward, particularly if you are having a hysterectomy in your thirties or early forties.

Do I need a follow-up appointment?

Any tissues or organs removed at the time of surgery are automatically sent to histopathology for examination. We do not routinely give appointments unless the doctor feels this is appropriate. A letter is usually sent to you informing you of the results from histopathology and if a follow-up visit is required, the consultant's secretary will send you the details.

Sexual activity

Most women may resume sexual relations after six weeks when the initial healing has taken place. Each person is an individual so it is down to personal preference and when you feel ready. It may be advisable to use vaginal lubricant initially.

Sources of information

The Amarant Trust
Grant House, 50-60 St. John Street, London, EC1M 4DT. Tel: 0207 490 1644

Women's Health Concerns
PO Box 16299, London, W8 6AU. Tel: 0207 938 3932

These organisations provide information on the menopause and HRT, self-help groups, HRT clinics and menopause counselling.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Consultants in Obstetrics and Gynaecology - David Chui and Dexter Pascall.
Consultant Anaesthetist - Nicky Deacey. Senior Sisters - Sue Page (Mirlees Ward, Conquest), Trish Shult (Pre-operative Assessment Clinic, Conquest)

The directorate group that have agreed this patient information leaflet:
Guideline implementation group Deputy Chair

Next review date: August 2021
Responsible clinician/author: David Chui Consultant Obstetrician