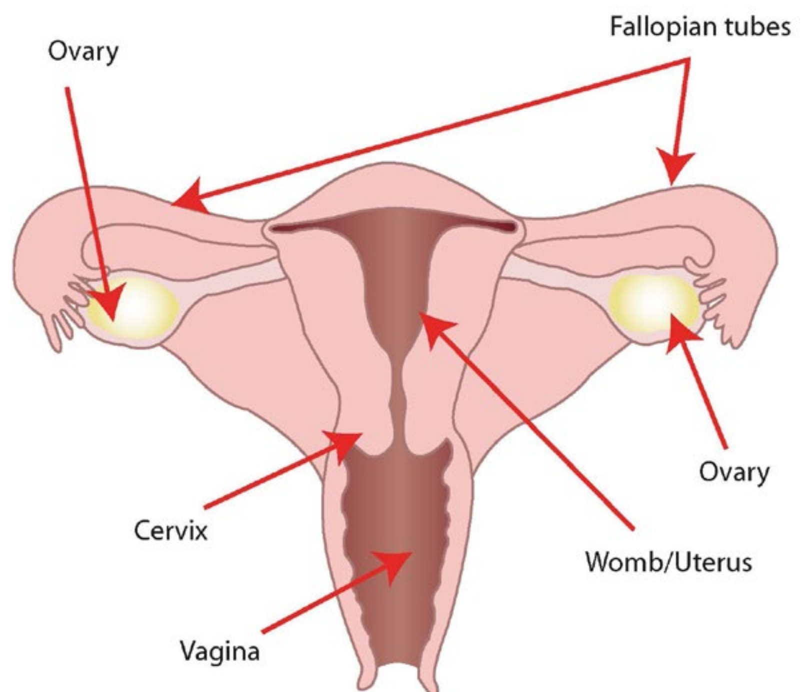
East Kent Hospitals University NHS Foundation Trust

Hysterectomy

Information for patients

What is a hysterectomy?

Hysterectomy simply means removal of the womb. However, there are a number of different types of hysterectomy.



- **Total abdominal hysterectomy**
  This is where the uterus and the neck of the womb (cervix) are removed through an incision (cut) in the lower abdomen.

- **Vaginal hysterectomy**
  This is the removal of the uterus and neck of the womb through the vagina without the need for an abdominal incision.

- **Total abdominal hysterectomy with bilateral salpingo-oophorectomy**
  This is a total abdominal hysterectomy, but with both tubes and ovaries being removed as well. Sometimes, only one tube or ovary is removed (left or right salpingo-oophorectomy).

- **Subtotal hysterectomy (with/without salpingo-oophorectomy)**
  This involves the removal of the body of the uterus (with or without removal of tubes and ovaries) leaving the cervix or neck of the womb behind. This is done through a lower abdominal incision.

- **Laparoscopically assisted vaginal hysterectomy with or without bilateral salpingo-oophorectomy**
  This operation is used to remove the uterus vaginally with the help of a laparoscope to secure some of the blood vessels serving the uterus and/or ovaries to secure blood loss.

- **Laparoscopic hysterectomy** (for more information, see the Trust's **Laparoscopic hysterectomy** leaflet)
  This procedure can be carried out entirely by keyhole surgery. However sometimes the surgeon may choose to remove through the vagina (known as laparoscopic assisted vaginal hysterectomy).

How will it help and are there alternatives?

There are a number of reasons for performing a hysterectomy and there are possible alternatives to all. You will have discussed these with your doctor in clinic, but some of the more common reasons for having a hysterectomy are listed below.

- **Fibroids** are benign tumours in the muscle coat of the uterus. They can cause problems mainly with heavy periods or abdominal pain. Occasionally, a fibroid can press on the bladder and cause urinary symptoms.

  Alternatives to hysterectomy include removal of the fibroids alone (myomectomy). If the fibroid protrudes into the uterine cavity, then it may be possible for the fibroid to be removed through the vagina. Blocking the blood vessels to the uterus (uterine artery embolisation) is also available.

- **Prolapse** is a condition where the uterus (the neck of the womb, or the whole of the uterus) prolapses outside the vaginal opening.

  Vaginal hysterectomy is one form of treatment for this. Alternatives include vaginal repair procedures, which may be suitable in more minor cases of uterine prolapse. Ring pessaries are sometimes used as a short term treatment to control the symptoms of prolapse. However, if used in the long term they can lead to ulceration of the vaginal skin and discharge. As a general rule, the ring pessary is therefore reserved for the older and more frail patients.

- **Endometriosis** is a condition where the cells which normally lie in the uterine cavity (endometrium) come to lie outside the uterus. They may cause scarring and cysts to form. Hysterectomy with the removal of both tubes and ovaries may be needed to control symptoms. There are more conservative surgical and medical treatments available for this condition.

- Hysterectomy will be guaranteed to **stop periods.** There are however a number of less invasive treatments available, including drug therapy, progesterone containing coil (Mirena) and ablation therapy (Thermachoice Balloon/Novasure ablation), or resection of the endometium (the endometrium is the lining of the womb).

- For certain gynaecological **cancers** such as cancer of the lining of the womb or ovary, there is probably little alternative other than surgery. Cancer of the cervix can be treated either by surgery or by radiotherapy, depending on the individual patient.

What are the benefits?

The main benefit to having a hysterectomy is to stop your periods (menstruation). Any symptoms you have that are not related to your womb will not change.

Is the treatment safe?

There are certain complications which are common to all surgery, including haemorrhage (bleeding), infection (either of the wound or the urinary tract), and clots forming in the veins of the leg.

Clot formation can be serious if the clot becomes dislodged and travels to the lung. You will be given an antibiotic at the time of your surgery to minimise the risk of infection, and will wear compression stockings to minimise the risk of venous clotting. Patients at higher risk of clotting will also be given Heparin injections which thin the blood.

What risks are involved?

All operations carry a risk of death: for hysterectomy, this is one in every 4000 operations.

All operations carry a risk of complications, but the chance increases if you are overweight, have had previous surgery, and/or have pre-existing medical conditions.

Frequent risks

- Wound bruising and delayed wound healing.
- Infection (wound, urinary tract, chest).
- Having to pass urine more often than normal.
- For women keeping their ovaries, possibly bringing forward the age of the menopause - the evidence for this is not conclusive.
- Excessive thickening of the skin incision after healing (keloid).

Serious risks

Two women in every 100 having an abdominal hysterectomy will have at least one of the following complications.

- Haemorrhage needing a blood transfusion.
- Return to theatre for more stitches to stop haemorrhage (the abdomen needs re-opening in half of these cases).
- Damage to the bladder and/or ureter (the ureter carries urine from the kidney to the bladder) and/or long-term problems with how your bladder works.
- Venous thrombosis (a blood clot in the calf) or pulmonary embolism (a blood clot in the lung).
- Pelvic abscess or infection.
- Damage to the bowel.

Extra procedures that may become necessary during your hysterectomy

- Repair of damage to bladder, bowel, or major blood vessels (formation of possible colostomy if your bowel is injured).

- Removal of an ovary for unexpected disease (as long as you have given your consent for this before your surgery).

When serious complications happen during an abdominal hysterectomy, further surgery to save life or prevent serious harm to future health will be carried out. Some complications, such as damage to a ureter, may need further surgery at a later date.

All risks and benefits will be discussed with you in clinic following your decision about your planned treatment/operation.

What should I do before I come into hospital?
You will be asked to come to a preassessment clinic. Blood tests will be taken before your operation and the details of your admission will be sent to you by letter.

What will happen when I arrive at hospital?
On admission to hospital you will be greeted by a member of the ward team, who will discuss with you the care you will receive whilst you are in hospital. You will also be seen by your consultant or one of their team.

You will be asked to remove make-up, nail varnish, and jewellery.

A pre-medication (an injection or tablet to relax you) may be given about an hour before your operation. You will be given pain relief after your operation. Pain relief can be given in many different ways - as tablets that can be swallowed, an injection, and sometimes as suppositories which can be given via your rectum (back passage).

Will I have an anaesthetic?
You will have a general anaesthetic (you will be asleep) for this operation; sometimes a spinal anaesthetic may be possible.

How will I feel afterwards?
You will feel pain in your lower abdomen. This will be controlled either by a painkilling drip or injection. You will also be aware of a small tube at the edge of your wound and a catheter inside your bladder. The catheter and drain will usually be removed the day following surgery, but if a repair has been performed to your bladder at the same time as the hysterectomy the catheter will remain in place for the next few days.

If you have had a vaginal hysterectomy, then you will be aware of a vaginal pack (rather like a large tampon). This will be removed the day following surgery.

All patients having hysterectomies will have a drip in their arm/hand for hydration/medication purposes. It is usual on the third day following surgery to get a lot of abdominal wind, but this usually settles after you have been for a poo.

How long will I be in hospital?
This will depend on the type of hysterectomy that you have had. You can expect to be discharged from hospital after one to two days following vaginal hysterectomy alone; two to four days after abdominal hysterectomy; and between three to five days following hysterectomy with bladder neck repair.

Will I have to come back to hospital?
You may receive a date for a follow-up appointment in the Gynaecology Outpatients Department approximately six weeks following your discharge from hospital.

What should I do when I go home?

For the first two weeks at home, you should make sure that you have someone with you and should avoid all work. It is not necessary to be in bed all this time, but you will feel the benefit of resting for a couple of hours in the middle of the day.

You may have vaginal discharge, which could last for up to six weeks after your surgery. This may be pinkish or slightly bloodstained at times. If this loss approaches a period-type loss or greater, contact your GP for advice.

Between two and six weeks after going home you should slowly return to your normal routine. Heavy work or heavy lifting should be avoided for six weeks following your surgery.

You may drive again four to six weeks after returning home, however you should speak to your insurance company before driving again.

When can I return to work?

This will depend on the type of hysterectomy you have had and the type of job you carry out, and will be discussed with you at your outpatient appointment.

What do I do if I feel unwell at home?

If you have any questions or concerns, please phone the gynaecology wards listed below or contact your GP.

- Women's Health Suite, William Harvey Hospital, Ashford Telephone: 01233 65 19 87
- Birchington Ward, Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 42 01

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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