

Your Hysterectomy

Information for women

Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei,
Fakaalofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,

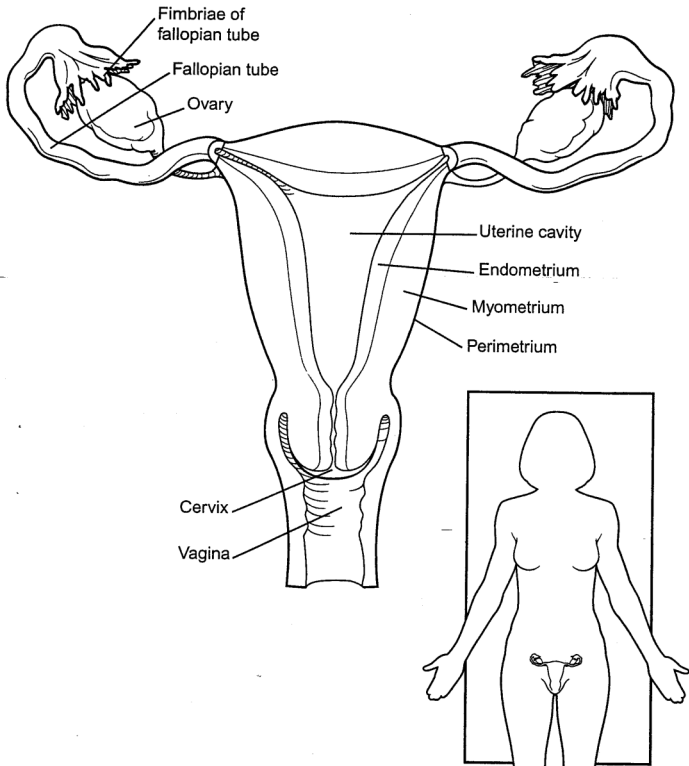
Greetings and Welcome to Women's Health



Reproductive System

Anatomical Line Drawings

Female Reproductive Organs - Anterior View



What is a hysterectomy?

A hysterectomy is a surgical operation to remove the uterus (womb). The hysterectomy operation is usually carried out to relieve distressing or painful gynaecological symptoms and conditions. These include:

- Prolapsed uterus
- Fibroids
- Heavy menstrual bleeding (menorrhagia)
- Endometriosis
- Gynaecological cancer

Who makes the decision for you to have a hysterectomy?

The decision to have a hysterectomy is made by you in consultation with your gynaecologist.

The gynaecologist will discuss any appropriate alternative treatments with you e.g. (medication; endometrial ablation; myomectomy), prior to you agreeing to have a hysterectomy.

The gynaecologist will also outline the risks and benefits associated with this surgery, any potential side effects and what you can expect during your recovery phase.

Risks associated with the hysterectomy operation:

- Haemorrhage
- Infection
- Deep vein thrombosis (blood clots)
- Bladder function problems
- Constipation
- Adhesions (scar tissue that can form internally after surgery).
- Very rarely, the surgery can cause injury to the bladder, the ureters (the tubes that transport urine between the kidneys and the bladder), or the bowel.

What does the surgery involve?

There are 3 possible methods of doing a hysterectomy operation.


Abdominal hysterectomy

Your uterus, your cervix, (plus or minus) your fallopian tubes and ovaries, will be removed via a vertical or horizontal incision in your abdomen. This incision will be closed at the end of the operation.

Your stay in hospital will be 4 - 5 days.

Vaginal hysterectomy

The uterus and your cervix will be removed via an incision made at the top of your vagina. Your fallopian tubes and your ovaries will also be removed if you have agreed to this. Once the surgery is completed the incision at the top



of the vagina will be closed. The vagina looses approximately 1 - 2 cm in length as a result of the surgery.

Your stay in hospital will be 2 - 3 days.

Laparoscopically assisted vaginal hysterectomy

During laparoscopic surgery a laproscope (fibre-optic telescope) is inserted into your abdomen through a small incision in the umbilicus (tummy button). The laproscope has a tiny video camera attached to it so the view of your internal organs can be seen by the gynaecologist on the screen at the time of the operation. Your abdomen will be inflated with carbon dioxide gas to enable the gynaecologist to visualise your internal organs easier.

Some conditions are more suited to one type of hysterectomy than another. For example, women who have a prolapsed uterus usually have a vaginal hysterectomy so that the weakened supporting tissues of the vagina can be repaired at the same time.

If your gynaecologist recommends the removal of your ovaries, fallopian tubes and cervix along with your uterus, an abdominal hysterectomy will probably be the most suitable for you.

Your gynaecologist will explain which procedure is the most appropriate for your situation and they will explain to you the reasons for this recommendation.

Pre-admission clinic

Prior to your admission to the hospital for your hysterectomy, an appointment will be made for you to attend a pre-admission clinic at the Green Lane Clinic Centre.

- At this clinic an anaesthetist, a doctor and a nurse will see you.
- You may be required to have blood tests, a urine test, a chest x-ray, an ECG (tracing of your heartbeat).
- You will be asked to sign a consent form to say that you agree to have an anaesthetic.
- If you are taking any medications the anaesthetist will advise you which medications to take on the day of your surgery.

Please bring all your medications to the preadmission clinic, including any herbal or over the counter medications you may be taking.

- The nurse will outline your hospital stay to you, advise you of what you need to bring to hospital, approximately how long you will be in hospital, the pre & post operative care as well as discuss arrangements for your discharge home.
- The nurse will advise you when you need to stop eating and drinking before you come into the hospital.

You may be required to have a bowel preparation before to your surgery. The nurse will discuss this with you and provide you with written information and the medication you need to take at home to complete this.

The health professionals you see at the preadmission clinic will be happy to answer any queries you may have about your surgery, hospital stay, discharge and recovery.

Admission to Auckland City Hospital

- **You will receive a letter in the mail** giving you a date and time to report to Ward 97.
- **You may be admitted directly to the pre-operative care unit (PACU)** or, you may be admitted to the ward. Once you are in the right area, you will be prepared for theatre.
- **You will be provided with a surgical gown to wear, and fitted with anti-embolic stockings to prevent the formation of blood clots in your legs.**
- **Pre-operative recordings will be taken of your temperature, blood pressure, pulse and respiration's.** The nurse caring for you pre-operatively will make sure that your chart is in order and the relevant test results are present. It may be necessary to take further blood tests on the day of your admission.
- **You will sign your consent form for surgery.**
- If you are admitted to the ward pre-operatively, you will be taken on your bed to the Pre-operative Care Unit (PACU), by the nurse who is caring for you on ward 97.

- **The PACU nurses will check your details**
- **The anaesthetist will insert a drip** (intravenous line) into your hand or arm to administer the medication to start your anaesthetic. The PACU nurses will care for you until you are transferred to the operating theatre.

What happens in the operating theatre?


You will be transferred from your bed to a theatre trolley. There will be several people in the operating theatre, amongst them will be the surgeon (your gynaecologist), the anaesthetist and the theatre nurses. The anaesthetist will inject the drugs that you need to put you to sleep.

When your surgery is complete you will be transferred back on to your bed and then to the Post-Operative Care unit where your recovery will be monitored by the PACU nurses.

When you wake up you will have:

- Oxygen delivered via soft plastic nasal prongs into your nose, to ensure that your body is well oxygenated after your operation
- A catheter (tube inserted into your bladder to collect your urine). This will be removed 24-36 hours after your surgery.

You will continue to get fluid through the intravenous drip in your arm for at least 24-48



hours after surgery. Your doctors will review this.

- A redivac (long thin tube inserted into your abdomen while you are asleep, to remove any excess fluids during the initial healing time and prevent bruising). This will usually be removed 24 - 36 hours after your surgery.
- A dressing covering your wound.
- Occasionally a pack is placed in the vagina post-operatively to help reduce bleeding. This feels like a very large tampon and usually remains for 24 hours after your surgery before being removed by your nurse on the ward.


You will be given pain relief in PACU to make sure that you are pain free after your surgery. This pain relief will be given to you through a pain pump or epidural. The anaesthetist will have discussed these options with you at the pre-admission clinic.

After surgery/ recovering on the ward

Your nurse will monitor your recovery from your surgery and anaesthetic. This will involve regularly monitoring you:

- blood pressure
- Temperature
- breathing rate
- heart rate (pulse)
- oxygen saturation
- intravenous fluids
- urine output

You may be given a Clexane injection to prevent the formation of blood clots.



As your condition stabilises you will be encouraged to sit up. The next day you will be assisted out of bed to have a shower. It is important to get up and start moving and walking, as this will prevent you developing post-operative complications e.g. chest infections or blood clots in your legs.

Visiting hours

The visiting hours on Ward 97 are from **11am until 8 p.m.**

Please explain this to your visitors. Please encourage your visitors to come in small numbers e.g. 2 people at any one time.

Nausea (feeling sick)

Occasionally people are sensitive to anaesthetic and pain relief medications. This can cause them to feel sick. Anti-nausea medication is prescribed for you and is given to counteract any nausea experienced.

Wind pain

Wind pain after gynaecological surgery is common. Unfortunately it can cause discomfort. Walking around can often help encourage your digestive system to start working again.

Peppermint tea is helpful and can soothe abdominal discomfort due to wind-pain. The physiotherapist can help with exercises to help relieve the abdominal discomfort and encourage your gut back to proper working order.



Constipation

It is normal for your bowels not to move for 2-3 days after your surgery. This can be a source of concern for some women.

If your bowels have not moved for 4-5 days after your surgery, you will be offered an oral or rectal laxative to help get things moving.

Recovery/increasing your activity levels

Full recovery from a hysterectomy can take several months. Your surgeon will advise you on how much time you should take off work.

It is important not to do any heavy lifting for at least 6 weeks. Initially vacuuming, hanging out washing, bending and stretching are not advised. It is good to talk these issues over with your family prior to your surgery, so they are aware that when you come home you will need them to do the things that you normally do.

You will attend a 'homeward bound' class with the physiotherapist prior to leaving the hospital. The physiotherapist will advise you on how to increase your activity slowly without causing pain or discomfort. They will advise you on how to sit on the toilet, how to get in and out of bed and how to increase your exercise level everyday.

What to expect following a hysterectomy

- As the uterus has been removed you will no longer have periods.
- You will not need contraception and you will not be able to get pregnant
- If your ovaries are still present and you have not reached menopause, you will still ovulate but your body will absorb the eggs released.
- If your ovaries have been removed you may experience symptoms of menopause such as; hot flushes, or night sweats.
- The histology report (results from the laboratory examination of your tissue), will be available and will be discussed with you by your doctor in the follow-up clinic.
- You have the option to take your tissue home after the laboratory has examined it. In order to do this you will be asked to sign a form indicating that this is your wish. If your cervix has not been removed you will be advised whether or not you need to resume your normal cervical screening.
- If your cervix has been removed you will be advised whether or not you need to have vaginal vault smears.

Women's Health Psychology service

This service is available to any woman having treatment for gynaecological conditions.

Psychologists see women in the hospital and on an outpatient appointment basis. You may be offered this service during your care at Auckland City Hospital, please ask if you would like to speak with a women's health psychologist.

Sexual functioning and sexual feelings

Most women do not notice a change in their sexual feelings or function following their recovery from the hysterectomy operation.

However some women can experience problems with sexual function, arousal and experience of orgasm. Coming to terms with the loss of reproductive organs can take time and requires the patience and support of partners and friends.

Talking to a psychologist from Women's health and psychology can be very helpful in these circumstances.

A woman's sexuality remains following a hysterectomy. Sexuality is the way a person, looks, feels, acts and relates to others. It does not change because the uterus is removed. However, some women feel less feminine and less attractive. The relief of symptoms and elimination of anxiety about contraception and pregnancy can sometimes make for greater enjoyment.

Discharge advice

To be completed by the nurse caring for you before you leave the hospital.

Pain relief

You may get some discomfort for the next few weeks. You should take regular pain relief to remain comfortable.

Preventing and detecting infection

- If you have been prescribed antibiotics prior to leaving the hospital - please finish all the tablets
- Use sanitary pads rather than tampons until the bleeding/discharge has stopped
- Do not swim in spa pools and swimming pools until all the bleeding/ discharge has stopped following your surgery
- You are advised not to resume sexual intercourse until all bleeding and discharge has stopped.



Contact your GP straight away if:

- You develop flu like symptoms
- You get a temperature over 38 degrees Celsius
- You have pain or difficulty passing urine
- The bleeding becomes heavy and you pass clots
- You have a smelly vaginal discharge
- You experience redness/pain or increased
- You experience abdominal wound ooze

Returning to work/normal activities

We recommend that you don't return to work for four to six weeks. You will need to discuss this with your surgeon prior to leaving the hospital.

If you require a medical certificate for your employer, please let us know in advance so it can be ready when you are discharged from hospital.



Reviewed June 2011