

Having an abdominal hysterectomy

Women's Services

Information for Patients

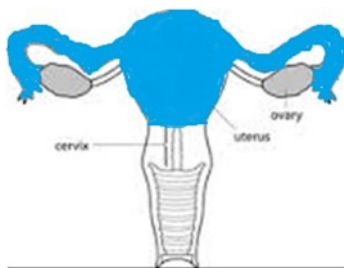
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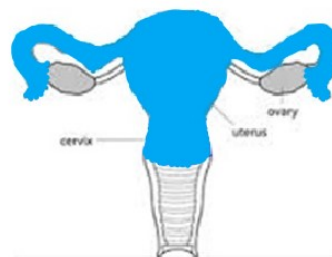
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What is an abdominal hysterectomy?

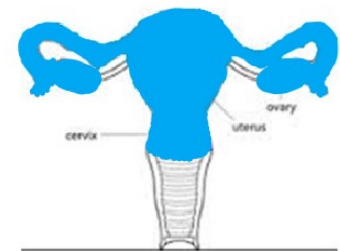
A hysterectomy is a major operation to remove the womb (uterus) through a surgical cut in the lower abdomen (tummy). The body of the womb may be removed leaving the neck of the womb (cervix) behind (called a subtotal hysterectomy) or the cervix may be removed along with the womb (called a total hysterectomy). The tubes will also be removed in both types. The ovaries may be removed or left in depending on your circumstances and preferences. The type of hysterectomy you have will depend on your preferences, circumstances and the reason for the hysterectomy. The diagrams below show what is removed for each type in blue. Sometimes a hysterectomy can be performed with a keyhole approach or vaginal approach and your consultant will explain if these are not suitable options for you.



Subtotal hysterectomy & bilateral salpingectomy



Total hysterectomy & bilateral salpingectomy



Total hysterectomy & bilateral salpingo-oophorectomy

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Why do I need a hysterectomy?

You may have:

- heavy or painful periods and other treatment options have failed.
- pre-cancerous changes in the womb lining (persistent endometrial hyperplasia).
- endometrial, cervical or ovarian cancer.
- fibroids.
- conditions such as endometriosis or adenomyosis.
- uterine prolapse (we would usually offer a vaginal hysterectomy for this unless the womb is too big).
- chronic pelvic inflammatory disease
- severe pre-menstrual syndrome.

What are the potential risks of having a hysterectomy?

- **Anaesthetic problems** - these are extremely rare. The risk of a serious problem caused by the anaesthetic is 1 in 10,000, risk of death is 1 in 100,000.
- **Pain** is common and is managed with regular painkillers. Long term pain usually from scar tissue inside the tummy after major surgery happens in 2 to 15 out of 100 operations.
- **Infections** (chest, skin, urine or in the abdomen) are common and happen in about 10 to 20 in 100 cases.
- **Damage to the bowel** (1 in 250), **bladder** (1 in 50) or **ureters** (tubes that carry the urine from the kidneys to the bladder (1 in 200 cases)). If the damage is noticed, it will usually be repaired during the same operation and have little or no long term consequences. However, sometimes these injuries may not be obvious straight away.
- **Heavy bleeding** is common and happens in 1 to 3 in 100 cases. If you bleed heavily you may need to be given an emergency blood transfusion.

Rare complications include: blood clot in the vein of the leg (DVT) which can break off and go to the lung (PE), heart attack, stroke and kidney failure. Death within 6 weeks of surgery as a result of complications is very rare (32 women out of 100,000 having a hysterectomy).

What do I need to do before the operation?

If you need to have a hysterectomy, it's important to be as fit and healthy as possible. Good health before your operation will help reduce your risk of developing complications and speed up your recovery.

- If you smoke, try to stop smoking.
- Exercise regularly.

- Try to lose weight if you are overweight. Being overweight or obese increases the risks of complications of surgery such as accidental damage to other organs, more blood loss, blood clots in the legs or lungs, infections, the operation takes longer and your recovery is slower.
- Eat a healthy, balanced diet with plenty of fruit and fibre to avoid constipation and keep well hydrated with plenty of healthy drinks. This will help to reduce constipation and pain after your operation.

You will need to have a pre-assessment appointment about a week before your operation. This will involve having some blood tests and a general health check to be sure that you are fit for surgery. It is also a good opportunity to discuss any concerns that you have and to ask questions.

What happens during the procedure?

Once you are fully asleep, a catheter (tube) will be inserted into the bladder to drain wee (urine) away and you will be examined. Your tummy will be cleaned with an antiseptic paint. The cut in the lower tummy will either run side to side or up and down depending on the size of the womb and any other procedures which may be planned. The blood vessels and ligaments to the womb are cut and tied off releasing the womb, tubes, cervix and ovaries (depending on the type of hysterectomy you are having). The tissues removed are then sent for analysis. The top of the vagina is oversewn. The tummy is closed layer by layer. Sometimes a drainage tube is left in the abdomen. We usually give you a local anaesthetic injection to help with any pain. Once the operation is finished you will wake up in the recovery area where you will stay for up to about 1 hour before being transferred to the ward.

Recovering from a hysterectomy

After having a hysterectomy, you may wake up feeling tired and in some pain. This experience is normal after having this type of surgery.

You will be given painkillers to help reduce any pain and discomfort and anti-sickness medicines. You will have a drip in your arm and a catheter in the bladder. There may also be a drain in your tummy. These tubes will usually stay in place for 1 or 2 days. Dressings will be placed over your wounds.

The day after your operation, you will be encouraged to take a short walk. This helps your blood to flow normally, reducing the risk of complications developing, such as blood clots in your leg (deep vein thrombosis).

After the catheter has been removed, you should be able to go to the toilet to pass urine normally.

A physiotherapist may show you how to do some exercises to help your mobility. They may also show you some pelvic floor muscle exercises to help with your recovery.

If you have any stitches or staples that need to be removed, arrangements will be made for you to have these taken out 5 to 10 days after your operation. This will usually be at your GP practice.

Your recovery time

The length of time it will take before you are well enough to leave hospital will depend on your age and your general level of health. It will usually be between 1 to 3 days before you are discharged.

You may see your consultant in about 6 weeks for a follow up check-up or you may be asked to see your GP instead if necessary.

It takes about 6 to 8 weeks to fully recover after having an abdominal hysterectomy. During this time, you should rest as much as possible and not lift anything heavy, such as bags of shopping. Your abdominal muscles and the surrounding tissues need time to heal.

If you live by yourself, you may be able to get help from your local NHS authority while you are recovering from your operation. Hospital staff should be able to advise you further about this.

Side effects

After having a hysterectomy, you may have some temporary side effects, as outlined below:

Difficulties using the toilet

After your operation, there may also be some changes in your bowel and bladder functions when going to the toilet.

Some women develop urinary tract infections or constipation. Both can easily be treated. It's recommended that you drink plenty of fluids and increase the fruit and fibre in your diet to help with going to the toilet.

At first after a hysterectomy, you may need laxative medication to help avoid straining when you use the toilet. Some people find it more comfortable to hold their tummy to provide support while having a poo.

Wound pain

Pain in the wound such as pulling pains, numbness, tingling are very common as the nerves in the skin have been cut. It may take 6 months or sometimes more for this to settle down.

Vaginal discharge

You should expect some vaginal bleeding and discharge. This will be less than during a period, but it may last up to 6 weeks. Visit your GP if you have heavy vaginal bleeding, start passing blood clots, if the discharge smells bad, or if you feel feverish and unwell.

Menopausal symptoms

If you have not already gone through the menopause and your ovaries are removed, it is likely you will have menopausal symptoms after your operation. These may include hot flushes, night sweats, excessive sweating, anxiety, weepiness, mood swings or low sex drive. You may have hormone replacement therapy (HRT) after your operation. Your consultant should discuss if this is suitable with you before your surgery. It usually takes a few weeks before having an effect.

Emotional effects

You may feel a sense of loss and sadness after having a hysterectomy. These feelings are particularly common in women with advanced cancer, who have no other treatment option. Some women who have not yet experienced the menopause may feel a sense of loss because they are no longer able to have children. Others may feel less “womanly” than before. In some cases, having a hysterectomy can be a trigger for depression. See your GP if you have feelings of a low mood that won't go away. They will be able to advise you about various available treatment options.

Talking to other women who have had a hysterectomy may help by providing emotional support and reassurance. The Hysterectomy Association also provides hysterectomy support services, including a one-to-one telephone support line, counselling, and “preparing for hysterectomy” workshops.

<https://www.nhs.uk/conditions/hysterectomy/>

Getting back to normal

Returning to work

How long it will take for you to return to work will depend on how you feel and what sort of work you do. If your job does not involve manual work or heavy lifting, it may be possible to return to work after 4 to 8 weeks.

Driving

Don't drive until you are comfortable wearing a seatbelt and can safely perform an emergency stop. This can be anything between 3 and 8 weeks after your operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies require a certificate from a GP stating that you are fit to drive. Check this with your car insurance company.

Exercise and lifting

After having a hysterectomy, the hospital where you were treated should give you information and advice about suitable forms of exercise while you recover. Walking is always recommended, and you can swim after your wounds have healed. Don't try to do much, because you will probably feel more tired than usual. Don't lift any heavy objects during your recovery period. If you have to lift objects, make sure that your knees are bent and back is straight.

Sex

After a hysterectomy, it's generally recommended that you don't have sex for at least 6 weeks after the surgery and not until any vaginal discharge has stopped and you feel comfortable and relaxed. You may experience some vaginal dryness, particularly if you have had your ovaries removed and you are not taking HRT. Vaginal oestrogen is recommended for most women for this and all women can have a vaginal moisturiser such as **Yes VM** applicators in the vagina twice for 3 times a week (yesyesyes.org.uk). Many women also experience an initial loss of sexual desire (libido) after the operation, but this usually returns once they have fully recovered. Studies show that pain during sex is reduced and the strength of the orgasm, libido and sexual activity all improve after a hysterectomy.

Contraception

You no longer need to use contraception to prevent pregnancy after having a hysterectomy. However, you still need to use condoms to protect yourself against sexually transmitted infections (STIs).

Cervical screening

If your cervix was removed you will not normally need to have cervical screening (smear tests) unless you had the pre-cancerous changes in the cervix and they were not completely removed at the time of the hysterectomy. Cervical screening will be done for these women at 6 and 18 months after the hysterectomy.

When will I get the results?

Your doctor will write to you and your GP to let you know the results of all the tests on the womb, tubes and cervix and ovaries, and any other tests done at the same time, usually within 2 to 4 weeks.

Contact details

Leicester General Hospital - Ward 31 (24 hour service):	0116 258 4843
Leicester General Hospital - Ward 11 (Monday to Friday only):	0116 258 4106
Leicester Royal Infirmary - Gynaecology Assessment Unit (24 hour service):	0116 258 6259

Further information

You can find further information about hysterectomy at the following websites:

<https://www.nhs.uk/conditions/hysterectomy/>

<https://www.menopausematters.co.uk/aftermeno.php>

<https://healthyhappywoman.co.uk/>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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