

Gynaecology Surgery –Total Abdominal Hysterectomy.

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

Your doctor has recommended that you have a procedure called a total abdominal hysterectomy. This information sheet will explain your forthcoming procedure and answer any questions you may have.

Guidance for Patients

A common reason for having abdominal hysterectomy (removal of your womb through an open abdominal incision) is large uterine fibroids (overgrowth of the muscle of your womb) causing symptoms such as

- Abnormally heavy periods.
- Pressure symptoms on your bowel and bladder causing increased frequency of passing urine or change in bowel habits.
- Pelvic pain affecting quality of life.

What does the procedure involve?

A total abdominal hysterectomy involves removing the uterus (womb) and the cervix, through an open abdominal incision. Removing your womb means that you will not have periods.

Removing your womb does not change your hormones in any way, and cannot make you lose, or put on weight.

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Wherever possible, the surgeon will leave both ovaries, but it is worth knowing that one ovary is sufficient to allow normal function. If it is necessary to remove all ovarian tissue before the menopause, hormone replacement therapy (HRT) may be recommended to postpone the menopause.

What are the common risks and complication from the operation?

As with any major surgery, complications can occur, which can slow your recovery. The commonest complications are:

- Infection- this can be related to your wounds, chest or urinary tract. Once identified, these are usually treated with antibiotics.
- Bleeding- this can occur either at the time of surgery or during your recovery. You may require a blood transfusion.
- Ileus- Following any abdominal surgery, your bowel may go “on strike”. It may take a few days for your bowels to get moving.
- Clots in your legs or chest- this can develop following any major surgical procedure. We attempt to reduce the risks by asking you to wear special stockings whilst in hospital. You will also be given a daily injection of an anticoagulant daily to reduce the risks. We would ask you to complete at least a seven days' course of these injections.

Extra procedures which may become necessary during the procedure include

- Repair to bladder, bowel, ureters, or major blood vessel.

Return to theatres because of internal bleeding infrequently occurs.

What happens before the operation?

After you've seen the doctor and been given the diagnosis and treatment strategy, you will have an opportunity to discuss the diagnosis and treatment once again with your doctor. You will be provided with their contact details should you have any concerns or questions.

Prior to surgery, you will be booked into a Pre-Assessment clinic to confirm that you are fit enough for a general anaesthetic. This clinic is run by specialist nurses with input available from Consultant Anaesthetists. Depending on your pre-existing medical conditions, you may be referred for cardiac or lung tests prior to proceeding with surgery.

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In the current COVID climate, you may be asked to self-isolate prior to your procedure and undergo a PCR test a few days before your date of surgery. Admission is on the day of surgery and you will be seen by your surgeon and anaesthetist before your procedure.

What happens after the operation?

You will be taken to the recovery unit in theatres. Once the anaesthetic has worn off, your pain under control and your observations all satisfactory, you will be transferred to our gynaecology ward. Occasionally, in high-risk patients, we would arrange transfer to a HDU for observation. You may also notice a few tubes (urinary catheter, epidural, wound drains, intra-venous lines) coming out of your body.

Whilst on the ward, you will be reviewed daily by the gynaecology and the nursing team. Once your pain is under control with tablets, and no concerns with your bowel and bladder function, and you're eating and drinking, you will be discharged home. The gynaecology and nursing team will provide you with the necessary information for after care at home. Depending on the pathology results and outcome of surgery, we may arrange a follow up in four -six weeks. In some cases, a telephone consultation, or no follow up may be sufficient.

An inconvenient yellow or brown discharge from the vagina often occurs during the first few months. You may also lose dissolving stitches- this is normal.

If more than slight bleeding occurs, do get in touch with your doctor earlier.

Should you have any new symptoms, problems, or concerns either before or after your operation, then please contact your consultant via the secretary. You may contact your consultant's secretary through switchboard, or email westherts.gynaesecretarieswgh@nhs.net

Contact Us

Switchboard telephone number: 01923244366.

Email address: westherts.gynaesecretarieswgh@nhs.net