This information is for our patients who are coming into hospital for a hysterectomy. Hopefully it will answer most of your questions.

At the end of this leaflet, there is a space for you to make notes. Use it to write down anything else you are unsure about so you can ask the doctor at your next visit.

What is a hysterectomy?
A hysterectomy is an operation to remove a woman’s uterus (womb). The uterus is where a baby grows when a woman is pregnant. Sometimes the fallopian tubes, ovaries and cervix are removed at the same time the uterus is removed. These organs are located in a woman’s lower abdomen. (See Fig.1).

- The cervix is the lower end of the uterus.
- The ovaries are organs that produce eggs and hormones.
- The fallopian tubes carry eggs from the ovaries to the uterus.

If you have not reached the menopause yet, a hysterectomy will stop your monthly periods. You also will not be able to get pregnant.

This is a major operation. It will mean that you have an incision through the abdominal wall, usually this is along the bikini line.

Sometimes it would be necessary for your operation to be performed through a vertical incision, either because of the size of the womb or the particular condition your operation is being performed for. This would probably be discussed with you.

Alternatively, the uterus may be removed through the vagina. In that case, there will be no abdominal wound.

Why is a hysterectomy done?
Different women have hysterectomies for different reasons. In some cases, such as cancer of the uterus, cervix, or ovaries. A hysterectomy is part of the only successful treatment.

In some cases, your doctor may also recommend that it is necessary to remove your ovaries and other parts close to the uterus.

Questions you may like to ask your doctor:
- Why do I need to have a hysterectomy?
- What organ or organs will be removed and why?
- Will my ovaries be left in place? If so, why?
- Will my cervix be removed? If so, why?
- Are there alternatives for me besides a hysterectomy?
- What are the advantages, risks, benefits of each?
- What will be the physical effects of a hysterectomy?
- Are these permanent?
- What will happen to my figure, my weight, my breasts?
- How will it affect my sex life?
- Will I experience menopause (change of life)? Can the symptoms of menopause be treated? What are the risks and benefits of such treatment?
- Will the operation be a vaginal or abdominal hysterectomy? And why?
- What can I expect in the hospital, pre-operative procedures, length of stay, anaesthesia, infection, transfusion, urinary catheter?
- What kind of care will I need after my hysterectomy?
- How should I prepare for coming home from the hospital?
- How soon can I go back to work, try heavy housework?
- When can I resume sexual activity?

**Potential complications of hysterectomy**
A hysterectomy is a major operation and as such has a number of potentially serious complications. These complications may include:
- Haemorrhage (both during and after surgery), which may require blood transfusion and its associated risks.
- Blood clots forming in leg veins and moving to your lungs.
- Infection (wound, bladder, vaginal wound, chest) and septicaemia (blood infection).
- Trauma to bowel and urinary system.
- Anaesthetic.

If you have any questions concerning these potential complications, please feel free to ask about them.

**What happens in hospital?**
You will be notified of your date of admission by letter and you will be asked to attend a pre-admission clinic a few days prior to your admission.

At pre-admission clinic the nurse, house surgeon, anaesthetist and pain management nurse will see you. The clinic nurse will weigh you, test your urine and do your observations. You will have blood taken for tests and a urine sample.

You will be given information regarding coming into hospital on the day of your surgery.

You will be given an enema to clear your bowel the night before surgery.

**After the operation**
Initially you will be in the theatre recovery room before being transferred back to the ward. The nurses in the recovery room and on the ward will be monitoring your blood pressure and pulse for a few hours immediately after your operation. This will be discontinued when they are happy that your condition is stable.

There are a variety of ways of closing the skin of your abdominal scar and you will be advised if there are clips or stitches that need removing. You will also have a few internal stitches at the top of your vagina, which dissolve on their own. (See notes on “vaginal discharge” on page 4)

To ensure that your body gets the fluid it requires while you are not drinking, you will have a drip in your arm. This will continue until you are able to drink without feeling sick, usually after 24 hours.

Depending on your surgeon, you may be able to eat within 12 to 24 hours of your operation. Wind pains can be uncomfortable and the best way to deal with them is to move around, so you will be encouraged to be up for short walks as soon as possible.

You will find initially that there is a little lack of bladder sensation and you may want to pass water more frequently or have a little difficulty at first. This is because during the operation the bladder is moved to some degree and has to settle back again afterwards. You may have a catheter draining your bladder for the first 24 to 48 hours.

Following your operation, you will be less mobile for a while. It is important therefore to practise deep breathing and exercising your legs in bed by tensing your calf muscles and wriggling your toes. A physiotherapist will come and show you how to do this. Do NOT cross your legs in bed as this restricts the circulation.

Gradually over the next few days you will improve, but do not be upset if you get the “blues” about the third day post operatively.

**Getting better**
From the first day after the operation, the hospital staff will help you to get moving again. You will be got out of bed the first day after your operation.
You’ll be up and around the ward the next day, taking yourself to the shower and looking forward to your meals again. If there are any stitches to come out this will be done seven days after your surgery. The stitches inside the vagina are dissolving ones and the ends are often passed out through the vagina after about a week or 10 days. This may be followed by a slight bleed or spotting.

You may find that you have to wear sanitary pads for several days. This is different for each individual and will depend on how your hysterectomy was done. If you are worried because you need to use sanitary pads for longer than you expected or for any other reason, ring your GP or the clinic at the hospital.

You will need to arrange for a relative or friend to be at home with you for the first week following your discharge, especially if you have a young child or children.

**ADVICE ON GOING HOME**

**Week 1**
Do not do anything in the house. Let the family run the home and cook the meals. Just look after yourself, as you were doing in the last days in hospital.

Vague backache or discomfort low down in your stomach may be noticeable at times. Paracetamol or a similar pain relief should be adequate to deal with this.

Alternatively, you can go home alone, as long as you have friends and/or family to help you or domestic assistance and personal care will be arranged for you through District Nursing.

**Week 2 (and ongoing)**
Gradually increase activities. Take longer walks, but no heavy lifting or lengthy shopping trips. Your body will let you know if you are overdoing it. If you feel tired – have a good rest.

You will probably feel back to your usual self between eight and 12 weeks, but this does vary.

**Bowel and bladder**
If often takes a week or so for your bowels to get back to normal as you are eating less, taking less exercise and have had a pelvic operation. To make sure you don’t get constipated and strain, drink plenty of fluids and eat plenty of high fibre foods such as brown bread, fresh fruit, vegetables, cereals etc. Straining in the toilet in the early stages of recovery can cause damage and it is better to take a laxative than strain.

At first, you may want to pass urine more frequently than usual, but this will settle during the first week at home. There is often a bladder pain towards the end of passing urine and this may last a few weeks.

**Vaginal discharge**
There is a wound in your vagina with a number of stitches that need to dissolve away. You will have a pink/brown discharge for up to 10 weeks and it may be slightly smelly. You may see a little of the stitch material coming away. This is perfectly normal. Do NOT use tampons while you have the discharge.

**Lifting and exercise**
When bending and lifting it is very important that you always bend your knees and keep your back straight. Always try to raise things up rather than stooping and bending.

Swimming is good exercise as long as you take care. It is advisable to leave it until your vaginal discharge has stopped in approximately four to six weeks.

Any sporting activity should be restarted gently and certainly avoid it until you have had your follow up appointment with your consultant.

Pelvic floor exercises may be started at six to eight weeks. Please ask the nursing staff about these. Exercises as per attached.

**Driving**
It is advisable not to drive for six weeks, any discomfort you feel will distract your attention from the road. Also, your reactions may be a little slow. When you do begin driving try short distances at first.

**Sexuality**
Every person reacts differently and reactions are a combination of emotional and physical responses. We still have much to learn about the effects of hysterectomy on sexual function.

Some women say they enjoy sex more after a hysterectomy, particularly if they had a lot of bleeding and pain beforehand. Some women feel more relaxed not worrying about getting pregnant.
Some women who have hysterectomies experience lower sexual enjoyment. There may be a number of reasons for this, which are only partially understood. For some women uterine contractions and pressure against the cervix add to sexual pleasure. Others may feel less pleasure or reduced desire due to loss of certain hormones if ovaries were removed. Loss of hormones can cause vaginal dryness and make sex uncomfortable. Hormone replacement therapy may relieve some of these symptoms. A vaginal gel or lubricant can reduce vaginal dryness. For some women reduction in sexual pleasure is temporary while they and their partners adjust. Because sexual feelings are so individual, it may be difficult to predict exactly how a hysterectomy will affect your feelings.

**Emotional effects**
Some women report having a strong emotional reaction, of feeling down, after a hysterectomy. Most feel changed or feel they have suffered a loss. Talking things over with your GP, your partner, a friend or a counsellor often helps. It may help to talk with a friend or another woman who has had a hysterectomy before and after your operation.

**General comments**
You may wonder what happens to the eggs if the ovaries are retained. Eggs continue to be released but the body absorbs them.

You won’t have any more periods after your hysterectomy but unless both ovaries were completely removed, you will still go through the menopause at the normal age. Some women may go through menopause earlier even if both ovaries are left. At this time, your ovaries will begin to age and your oestrogen levels will drop, so you may experience some menopausal symptoms such as hot flushes.

If both your ovaries had to be removed and you were still of childbearing age, you will now suddenly be into the menopause. You may then be prescribed hormone treatment to replace natural hormones. Discuss the purpose and effects of hormone treatment with your doctor. Alternatively, other non-hormonal medications to strengthen the bones and relieve your hot flushes may be prescribed.

You need to come to terms with your feelings after a hysterectomy. Many women will feel relieved – no more periods, no more pregnancies. Others will feel a strong sense of loss after the operation and grieve for the part of their body that is no longer there. Don’t hesitate to go back to your doctor if you find your thoughts are getting you down, particularly if it’s more than two months after the operation. If you are worried about anything affecting you after your hysterectomy, always ask your doctor.

Three months after their operation, most women will feel completely fit again.

**What you can do beforehand to encourage a good recovery**
If possible, you should improve your general fitness. Start going for a daily walk if you don’t already do so. Stop or cut down on smoking.

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<th>Exercises</th>
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<td><strong>Start doing these exercises in preparation for your surgery. If you have any problems with the exercises, please ask the physiotherapist on your stay in hospital.</strong></td>
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<th><strong>Tighten abdominal muscles</strong></th>
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<td>You do this by “pulling your stomach in” – do it frequently during the day.</td>
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<th><strong>Pelvic Tilting</strong></th>
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<td>Lie on your back on the floor or on a firm bed, both knees bent and feet comfortably on the floor (or bed). Pull your stomach in as if trying to shorten it. Squeeze your buttocks together and press the small of your back down onto the floor (or bed) underneath you. You should then relax. This exercise should be repeated three to six times each session.</td>
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<th><strong>Pelvic floor</strong></th>
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<td>Try to close off your vagina and bladder opening and get a feeling of “drawing up inside” as if stopping the flow midstream when emptying your bladder. You should try stopping the flow midstream when on the toilet to get the right feeling. All women should learn how to do this exercise correctly and do it regularly.</td>
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Questions – Write down any further questions that you may have, and ask your doctor these questions at your next visit.

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Personal Exercise Programme
Provided by the Physiotherapy Department

Lying on your back with knees bent
Pull pelvic floor muscles up and in.
Hold approximately ___________ seconds.
Repeat ___________ times.

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Lying on your back with knees bent and arms by your side
Tighten your stomach muscles and press the small of your back against the floor letting your bottom rise.
Hold five (5) seconds - relax.
Repeat ___________ times.

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Lying on your back with knees bent
Tighten your stomach muscles by pushing your back down and curving your bottom up - relax. Continue the exercise by pushing your bottom down and tightening your back muscles to arch your lumbar (lower) spine up - relax.
Repeat ___________ times.

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Written by the South Canterbury DHB.