



**University
Hospitals Sussex**
NHS Foundation Trust

Abdominal hysterectomy

Department of gynaecology

Patient information

What is an abdominal hysterectomy?

An abdominal hysterectomy is an operation performed under general anaesthetic to remove the womb (uterus). It is a common surgical procedure which may also involve the removal of the fallopian tubes, ovaries and cervix to cure or alleviate a number of gynaecological complaints.

Why do I need an abdominal hysterectomy?

An abdominal hysterectomy is usually considered a last resort after other treatments have failed unless it is performed as a life saving measure for conditions such as cancer. The decision to have a hysterectomy should be shared between you and your doctor. In most cases an abdominal hysterectomy is needed to relieve either acute or chronic painful and distressing symptoms.

Some of the reasons for an abdominal hysterectomy include:

- **Heavy or very painful periods:** When all other treatment options have been explored some women whose quality of life is unduly affected by heavy or very painful periods will benefit from having an abdominal hysterectomy. Sometimes the heavy bleeding can also cause anaemia.
- **Fibroids:** A fibroid is a solid, benign (non-cancerous) tumour or growth that can be found in any part of the body that consists of smooth muscle. One of the most common places they can grow is in the muscular wall of the uterus. Fibroids can vary in number, size and position in the uterus. They are common and don't always cause problems. However, in some women they cause heavy periods which may be painful. If fibroids are large they may press onto the bladder and cause urinary symptoms.

- **Endometriosis:** The endometrium is the lining of the uterus and it sheds every month to produce a period. Endometriosis occurs when the cells are found outside the uterus often on the fallopian tubes, ovaries and other surrounding organs in the body, such as the bladder or bowel. They can cause scarring around the womb and may cause the bladder or rectum to 'stick' to the womb or fallopian tubes. Endometriosis may cause painful periods, abdominal pain or pain during sex.
- **Cancer:** Abdominal Hysterectomy may be advised if you develop cancer of the cervix, uterus, fallopian tubes or ovaries. Your doctor or Macmillan nurse will be able to give you further information on the treatment of cancer.

What are the types of abdominal hysterectomy?

There are several different types of abdominal hysterectomy including:

1. Total abdominal hysterectomy (TAH). This is when your uterus and cervix are removed.
2. Subtotal abdominal hysterectomy. This is when your uterus is removed but the cervix is left.
3. TAH and BSO. This is when the above procedure is combined with a bilateral salpingo-oophorectomy (BSO). This is the removal of one or both of your ovaries and fallopian tubes.
4. Radical abdominal hysterectomy. This is when the whole womb, cervix, fallopian tubes and ovaries, part of the vagina and some lymph glands are removed. This operation is done for cancer.

What can I expect before the operation?

At your pre-op assessment and on your admission day, the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

Prior to coming into hospital you will need to make arrangements for your family and children or any other commitments that you have to cover the length of your recovery. On arrival you will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

On the day of your admission please do not eat anything six hours before your admission time this includes sweets and chewing gum. You can drink plain water up to two hours before your admission time.

Please note the following:

- If you are a smoker we strongly recommend that you do not smoke at all on the day before and the morning of your operation or for 48 hours after your operation.
- Please bring in with you any medication that you usually take.
- Do not bring in valuables or money except for some change for the Patientline TV and phone.
- Do not wear make-up, nail varnish or jewellery.
- Please remove your contact lenses.

What does the operation involve?

An abdominal hysterectomy involves removing the uterus through a cut in the abdomen. The incision (cut) is usually across the tummy (transverse) leaving a scar in the bikini area which is approximately 10cm long. Occasionally it is necessary to make a slightly larger incision vertically (up and down) your tummy (midline). This will be discussed with the doctor before your operation.

What are the risks?

There are risks with any operation but these are small.

The main risks associated with an abdominal hysterectomy are:

Common risks:

- Postoperative pain
- Urinary infection, retention and / or frequency
- Wound infection, bruising and delayed wound healing
- Numbness, tingling or burning sensation around the scar
- Haemorrhage requiring blood transfusion.

Uncommon risks:

- Damage to the bladder
- Damage to the bowel
- Pelvic abscess or infection
- Venous thrombosis and pulmonary embolism
- Return to theatre i.e. because of bleeding.

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and/or nausea. Please let the nursing staff know and they will assess you and take appropriate action. You will be given oral or intravenous pain relief such as paracetamol and / or a non-steroidal anti-inflammatory. You may also have pain buster (10 cal anaesthetic continuous wound intusion) PCA pump (Patient Controlled Analgesia) or an epidural to control your pain.

This will be discussed with you before the operation by the anaesthetist. The nurses will assess you regularly to ensure that the pain relief is effective. The nurses will ask you to score your pain with '0' being 'No pain' and '10' being 'Very Strong Pain'.

Your nurse will be checking your blood pressure, pulse, breathing and temperature and monitor the wound and any vaginal bleeding. S/he will also ask you to move from side to side and to do leg and breathing exercises once you are able, this will help prevent any pressure damage, a DVT (deep vein thrombosis) or chest infection.

You will have a drip attached in your arm (intravenous infusion); once you are fully awake you will be able to start drinking and eating. Your drip will then be discontinued.

You may also have a catheter which will drain your urine. This is normally removed after 24 – 48 hours. We will monitor your urine output to make sure you are emptying your bladder properly and ask to measure two samples after the catheter has been removed. We may scan your bladder after you have passed urine to make sure it is emptying well.

You may also have a drain which is inserted through your lower abdominal wall to drain off any fluid which may accumulate immediately after your operation. This is normally removed after 24 – 48 hours.

You can expect pain or discomfort in your lower abdomen for the first few days after the operation. You will be given pain killers to alleviate this.

The nursing staff will assist with washing as necessary and encourage early movement. We would normally expect you to sit out of bed the day after your operation.

You will have a dressing on the wound that will be removed after 48 hours. You will be able to shower and mobilise around the ward.

You may experience trapped wind which can cause discomfort, peppermint water and getting up and walking around will help this. You may also find it difficult to open your bowels at first, we will give you mild laxatives to soften your stools and prevent constipation and straining.

After your operation the nursing staff will administer a blood thinning injection to help prevent a DVT. You may be required to do this yourself at home - the Gynaecologist will inform you if this is relevant to you.

What about going home?

You will be seen and assessed by the gynaecology team each day to check on your recovery and decisions will be made about your care, this information will be shared with you. Please feel free to ask questions about your operation and recovery at any time.

The average length of stay following an abdominal hysterectomy is two to three days but can be up to five days. As you physically recover from your operation, the nursing team will discuss your convalescence. To ensure you have a good recovery you should take note of the following:

Rest:

During the first two weeks at home it is common to feel tired and exhausted. You should relax during the day gradually increasing the number of things you do each day.

Vaginal bleeding:

You can expect to have some vaginal discharge/bleeding for one to two weeks after surgery. This is like a light period and is red or brown in colour. Some women have no bleeding initially and have a sudden gush after about ten days; this is quite normal and should settle quickly. Sanitary towels should be used, not tampons, to reduce the risk of infection.

Stitches:

Your cut will be closed by stitches or clips. Most stitches are dissolvable and will not need to be removed. Other stitches and clips will need to be removed. This is normally done by your practice nurse about five to seven days after your operation and will be discussed with you. We advise that you shower daily and

keep the wound clean and dry. There is no need to cover the wound with a dressing.

Preventing DVT:

- There is a small risk of blood clots forming in your legs (DVT) after any operation. These clots can travel to your lungs (pulmonary embolism) which can be serious. Reduce these risks by:
- Being mobile
- Leg exercises
- Blood thinning injections
- Compression stockings

This will be discussed with you prior to leaving the hospital.

Housework:

Weeks 1 – 2 We recommend that you do no housework, cooking, or heavy lifting (not more than 1.5kgs in each hand).

Weeks 3 – 4 We recommend that you gradually introduce lighter household chores, such as dusting, washing up, making beds and ironing. You may begin to prepare food and cook remembering not to lift any heavy saucepans.

Weeks 4 – 6 Gradually increase lifting of weights over 3kgs. Do not vacuum or do any heavy lifting before six weeks of convalescence. By eight weeks you can carry a bag of shopping or lift a basket of washing.

Exercise:

Exercise is important and it is advisable to go for short walks each day, increasing the distance gradually. You may return to normal exercise such as cycling and swimming after six to eight weeks. You will be able to manage the stairs on your arrival home.

Diet:

A well balanced nutritious diet with a high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least five portions of fruit and vegetables per day. You should aim to drink at least two litres of water per day.

Sex:

You should usually allow four to six weeks after the operation before having penetrative sex to allow your scar to heal. You may experience dryness which is common if you have had your ovaries removed at the time of the abdominal hysterectomy. You may wish to try a vaginal lubricant from your local pharmacy. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

Returning to work:

Depending on the surgery you will need three to eight weeks off work. Most women are able to return to work after six to eight weeks, please discuss this with the doctor or nurse. The hospital doctor will provide a sick certificate for this period.

Driving:

It is usually safe to drive after three to six weeks but this will depend on your level of concentration and ability to perform an emergency stop. Each insurance company will have their own conditions for when you are insured to start.

Are there any alternatives to having an abdominal hysterectomy?

You may decide not to have surgery and want to try alternative methods of improving your symptoms such as;

- Hormone preparations such as an intrauterine system.
- Endometrial ablation, a surgical procedure to remove the lining of your womb
- Pharmacological therapies.

These can be discussed with your doctor.

Who can I contact with any concerns or questions?

If you have any problems or are worried, please do not hesitate to contact us on the gynaecology ward:

Royal Sussex County Hospital

Level 11 Telephone **01273 523191**

Princess Royal Hospital

Horsted Keynes Telephone **01444 441881 Ext. 65686**

References/useful links

- 1 Patient UK. (21/02/2012). Information Leaflets: Women's Health Category. (www.patient.co.uk).
- 2 Royal College of Obstetricians and Gynaecologists. (May 2009). Abdominal Hysterectomy for Benign Conditions. Consent Advice NO.4. London: RCOG.
- 3 Royal College of Obstetricians and Gynaecologists (2015). Recovering Well: information for you after an abdominal hysterectomy. London: RCOG 6.

This information sheet has been produced by the Gynaecology Ward Sister Hannah Tompsett and Samantha Backley.

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

Ref. number: 302.4

Publication date: 10/2021

Review date: 10/2024

© University Hospitals Sussex NHS Foundation Trust Disclaimer:
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

