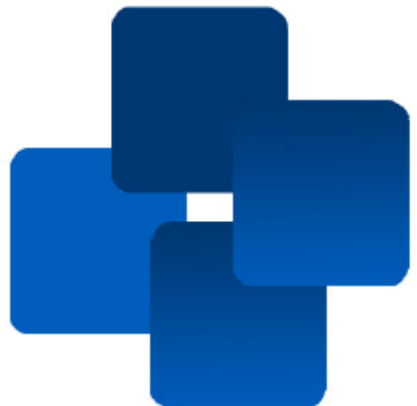


Patient Information

Abdominal Hysterectomy

Women's Services



Introduction

A hysterectomy is a surgical procedure to remove the uterus (womb). It usually involves removal of the cervix (neck of the womb) as well. You'll no longer be able to get pregnant after the operation.

Most gynaecologists try to preserve a patient's ovaries, provided they are healthy, so that she has a natural menopause (change of life). This will be discussed with you at your outpatient appointment.

Types of hysterectomy

There are various types of hysterectomy. The type you have depends on why you need the operation and how much of your womb and surrounding reproductive system can safely be left in place.

The main types of hysterectomy are:

- **total hysterectomy** – the womb and cervix (neck of the womb) are removed. The ovaries are usually left. If they are removed, this is called a bilateral salpingo-oophorectomy (BSO);
- **subtotal hysterectomy** – the main body of the womb is removed, leaving the cervix in place;
- **radical hysterectomy** – the womb and surrounding tissues are removed, including the fallopian tubes, part of the vagina, ovaries, lymph glands and fatty tissue. This operation is carried out when a diagnosis of cancer is made.

There are three ways to carry out a hysterectomy:

- **Abdominal hysterectomy** - the womb is removed through the abdomen;
- **Vaginal hysterectomy** - the womb is removed through the vagina;
- **Laparoscopic assisted hysterectomy** - the womb is removed through keyhole surgery.

What is an abdominal hysterectomy?

The womb is removed through an incision (cut) in the lower part of the abdomen. Usually this leaves a “bikini line” scar, although occasionally a midline (up and down incision) is necessary.

Why do I need this operation?

The most common reasons for having abdominal hysterectomy are:

- Painful or heavy periods, where other treatment options have been unsuccessful;
- Endometriosis - when tissue that usually lines the womb, grows outside of the womb;
- Fibroids - non-cancerous growths in the muscle of the womb;
- Cancer of the womb, ovaries, fallopian tubes or cervix;
- Prolapse of the womb.

A hysterectomy is a major operation with a long recovery time and is only considered after alternative, less invasive treatments have been tried.

What are the risks and complications of abdominal hysterectomy?

Most women having a hysterectomy will not have any significant problems but, like all surgery, there are complications that can occur. These include wound infection, pain, bruising, numbness or tingling around the scar, frequency in passing urine and urine infection.

Complications include:

- Damage to the bladder or ureter (tube from kidney into bladder). This affects 7 in every 1000 women;
- Haemorrhage requiring blood transfusion - this applies to 23 in every 1000 women;
- Damage to the bowel - this affects 4 in every 1000 women;
- Return to theatre due to bleeding or due to wound problems. This affects 7 in every 1000 women;
- Pelvic abscess or infection - this affects 2 in every 1000 women;
- A blood clot in leg or lung can occur – this affects 4 in every 1000 women.

Some complications may mean that further treatment or surgery is required. Your doctor will speak to you about this.

What do I need to do before the operation?

Try to get yourself into the best physical condition that you can to help improve your post-operative recovery. Try to cut down or stop smoking. Eat healthily and take regular exercise.

Please make plans for your home arrangements before you are admitted, e.g. shopping, childcare, laundry and housework.

Please note that in the week or so following your surgery you are advised to carry out limited/restricted physical activity at home.

What is a the pre-operation assessment visit?

You will be seen in this clinic for us to take a medical history, and to see an anaesthetist if needed. There will be blood tests, and an E.C.G. (electrocardiogram - tracing of your heart) may be done. An explanation will be given to you about your operation and about what you can expect between coming in and going out of hospital.

Will having a hysterectomy affect my sex life?

Removing your womb should not affect your sex life after the operation. In fact, many women report an improvement in their sexual pleasure after having a hysterectomy. This may be because the reason for having a hysterectomy, i.e. prolapse, pain, prolonged heavy bleeding, etc., is removed. Having a hysterectomy should not affect your sex drive (libido) unless your ovaries are also removed.

You can usually begin to have sex again about six weeks after the operation. You obviously will no longer need to use any form of contraception after a hysterectomy.

How will I feel straight after the operation?

You will be given painkillers for the first few days, both whilst in hospital and also to take home with you. You'll be able to eat and drink within a few hours of having the operation.

You are likely to have a catheter (a thin tube going into your bladder which drains urine) in for 24-48 hours. It is very common to have some light bleeding from the vagina which can last for up to six weeks. If you have any stitches, these are usually removed between five and seven days after your operation.

How long will it be before I can return to normal?

This varies from person to person. You are likely to need to rest more than usual for a few weeks after the operation. Full recovery commonly takes around 6-8 weeks but it is not unusual for women to take three months until they feel fully back to normal.

You should not drive until you are safe to do an emergency stop. This is usually around six weeks after the operation but you should check with your insurance company. The time before you can return to work will depend on your job. You can discuss this with your doctor or gynaecologist.

Will I still need to have cervical screening tests?

You will no longer need to have cervical screening tests after total abdominal hysterectomy if you have been on routine screening for the last 10 years, and no smear abnormality has been detected during these 10 years.

If you have been on routine screening for less than 10 years and have no CIN (abnormal smear test) in the cervix: A smear at six and 18 months from the vault (vagina) is performed by your GP, with no further follow up required if both of these vault smears are negative.

If you have had a hysterectomy for CIN and the abnormal cells are completely removed (as confirmed by histology), you will need a vault smear at six and 18 months after the hysterectomy. If these are reported as normal, no further smear tests are required.

If the histology of the removed womb and cervix does not confirm a complete excision, the follow-up smears will be performed as if the cervix is still in situ.

However, if you have had an operation that leaves your cervix in place (subtotal hysterectomy), then you may be advised to continue having cervical screening tests until the age of 65.

Any further questions?

If you have any questions, or concerns about having the operation, please contact the gynaecology ward:

Ward 10A North, Lister Hospital

☎ 01438 286193

Further help and information

Hysterectomy Association aims to provide clear, concise information about hysterectomy and related issues for women undergoing, or planning to undergo surgery. The intention is to ensure that women make informed choices about their surgery.

For more information visit www.hysterectomy-association.org.uk

Women's Health

Health Enquiry Telephone Line: 020 7251 6580

Monday to Friday, 9.30am -1.30pm

Email: health@womenshealthlondon.org.uk

or visit the website: www.womenshealthlondon.org.uk

Additional information

www.nhs.uk/Conditions/Hysterectomy

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