Hysterectomy

Information for patients and carers

This information gives general advice about hysterectomy procedures; your doctor will discuss the specific options that are appropriate for you. Alternatives to hysterectomy may include medical treatments, endometrial ablation, myomectomy, fibroid embolization or no treatment.

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb) and therefore removes the ability to carry a pregnancy. It can be done in different ways, including:

1. Abdominal hysterectomy: where a cut is made on the abdomen to remove the uterus. This cut may be across the abdomen (transverse) or a vertical cut (midline)
2. Laparoscopic hysterectomy: a keyhole procedure
3. Vaginal hysterectomy: where the uterus is removed via a cut in the vagina.

A hysterectomy may be a:

- Total hysterectomy, where both the uterus and cervix (neck of the uterus) are removed.
- Subtotal hysterectomy, where the uterus is removed but the cervix is not.
- Hysterectomy (removal of the uterus) with salpingectomy (removal of both Fallopian tubes and oophorectomy (one or both of the ovaries).

The type of hysterectomy will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation. You will need an anaesthetic for a hysterectomy. This is usually a general anaesthetic (you will be asleep) but may be regional (spinal or epidural; you are awake but unable to feel pain).

Risks of a hysterectomy

The serious and frequently occurring risks of a hysterectomy are detailed below. Individuals who are obese, have large fibroids or endometriosis, have had previous surgery or who have pre-existing medical conditions will have an increased risk of serious or common complications.

At the time of the operation

Some bleeding is expected during a hysterectomy. If it is heavier than expected a blood transfusion may be required (needed in approximately 23 in 1000 operations). The uterus is surrounded by other organs that may be damaged during a hysterectomy. This includes the bladder, the bowel and the ureters (the tubes that connect the kidneys to the bladder). The risk of this happening is approximately 8 in 1000. If detected during the operation it will be repaired but will result in a longer recovery period. Occasionally when a total hysterectomy is planned, the cervix may be difficult to remove. In these cases, the operation will be converted to a subtotal hysterectomy and cervical smear tests will continue to be required after the operation.

In the first week

- Bleeding is possible after a hysterectomy and some people have to return to theatre for a second operation to control the bleeding (7 in 1000).
- Infection of the bladder, wound or chest can occur after a hysterectomy and people may require antibiotic treatment for this.
- Blood clots in the legs or lungs may occur after a surgical procedure. Calf compression stockings and blood thinning medication are recommended in most people to minimise the risk of these clots occurring.
- A urinary catheter is required during a hysterectomy. When this is removed after the operation, the bladder may not function normally immediately. If this occurs, reinsertion of the catheter may be necessary. Long-term bladder problems are uncommon.

More long term

- Numbness and tingling can occur around the scar(s). This usually resolves within a few weeks but can take months to improve.
- Rarely the stitches at the top of the vagina can break down causing pressure, pain and/or leakage of fluid from the vagina.
- Prolapse of the vagina can occur in the future. To minimise this risk, it is recommended that you do not do any heavy lifting for 6 weeks after a hysterectomy. Stopping smoking will also reduce this risk.
- There is no evidence that removing or leaving the cervix impacts on sexual function. Having a hysterectomy can cause psychosocial stress that may impact sexual function.
- If the ovaries are removed during a hysterectomy, individuals will experience a surgical menopause (symptoms may include hot flushes/sweats/vaginal dryness). Hormone replacement therapy (HRT) is usually recommended if you are less than 45 at the time of your operation. Some people using other hormonal medications may not require traditional HRT. If you are over 45, HRT after your hysterectomy is optional. Your gynaecologist will discuss this with you.

Recovery after hysterectomy

Everyone has different needs and recovers in different ways. Your own recovery will depend on:

- How fit and well you are before your operation
- The reason you are having a hysterectomy
- The exact type of hysterectomy that you have
- How smoothly the operation goes and whether there are any complications.

After your operation you may have a urinary catheter in your bladder, this will be removed when you are able to walk around. Some people may also have a drain in their abdomen. This small tube is usually removed by 24 hours after your operation. Some people will also have fluids into a small drip in their hand or arm. This will be stopped when you are able to drink. Everyone will be prescribed painkillers; these may be given to you via a drip or may be given as tablets.

In general, people having an abdominal hysterectomy can expect to be in hospital for 2-3 nights and those having a laparoscopic or vaginal hysterectomy for 1 night. Heavy lifting is not recommended for 6 weeks, and you should avoid sexual intercourse for 8 weeks to minimise the risk of weakening the stitches at the top of the vagina.

Contact Telephone Numbers:

RIE Gynaecology Triage	0131 242 2551	NHS 24 (urgent advice when GP closed) 111
Chalmer's Centre	0131 536 1070	
St John's Hospital	01506 524112	