HYSTERECTOMY

Questions & Answers for Patients

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What is hysterectomy?

Hysterectomy is a surgical procedure to remove the womb (uterus).

Why is hysterectomy used?

Generally speaking, it is used for the following conditions:

- Fibroids and recurrent polyps.
- Heavy & painful periods when other treatments have failed.
- Endometriosis.
- Cancer the womb, cervix (neck of the womb) or ovaries.

When is hysterectomy suitable?

In fibroid condition, it is only suitable when:

- You want a permanent solution to your fibroid problem.
- You no longer want to have children or either near or pass menopause.
- The fibroids are large, numerous and cause heavy bleeding.
- All other alternatives for fibroids have failed.

What are the alternatives?

Hysterectomy is the last resource. Your gynaecologist should have already discussed alternative options (e.g. myomectomy, UAE/UFE, hysteroscopic resection) with you and offered them to you before recommending hysterectomy.

How many types of cuts are there?

In terms of the different types of cut (incision) to access the womb, there are 3 types:

- Open abdominal: either bikini or vertical line. Scar appears as a line of 10-15 cm.
- Vaginal: no visible scars.
- Vaginal with laparoscopy (keyhole): three to four scars of about half-inch each.

When is a vaginal hysterectomy not suitable?

Vaginal hysterectomy may not be recommended if you have large fibroids or have had a previous operation such as a caesarean delivery.

What are the risks or complications of hysterectomy?

Like all operations, hysterectomy carries risks and complications, both short-term and long-term.

A. Short-term risks

- **Serious Infection**. Infection of the remaining part of your reproductive system may necessitate you to return to the hospital for antibiotic treatment. Wound infection may also occur.
- **Urinary problems**. Kidney/bladder infection or urinary incontinence. The risk is higher for radical hysterectomy,
- **Blood clot**. This can happen in the veins in the leg (DVT) or pelvis. The risk is increased by smoking, inactivity, excess weight and oral contraceptives
- **Haemorrhage**. Excessive blood loss during or after the operation which requires blood transfusion.
- **Adverse reactions**. This can be due to anaesthetics, e.g. nausea and vomiting.
- **Perforation of adjacent organs**. This can happen to the bowels, bladder or urethra. If perforation occurs, you may have to undergo another operation to remove adhesions.

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B. Long-term risks

- **Urinary Incontinence**. This is a small risk following damage to the pelvic nerves.
- **Early menopause**. This occurs when the ovaries are removed. This even happens when no removal of ovaries in women who were not yet menopausal prior to surgery due to decrease blood flow to the ovaries after hysterectomy.
- **Lack of orgasm**. This occurs when the cervix is removed.
- **Prolapse**. Intestines and bladder can descend towards the bottom which can lead to constipation and/or urinary incontinence/inability to control bladder and pain in sexual intercourse.
- **Mood**. Depression/sadness due to a feeling of loosing your femininity.

What are the risks of anaesthesia?

The risk of anaesthetic depends very much on your general health. A fit, healthy 20 year old person would be at far less risk than an 80 year old person would with some serious disease. Possible risks of general anaesthesia include:

- **Nausea and Vomiting**. This does not always occur. May be caused by the surgical procedure or pain relief medication. Medications and fluids may be required to resolve it. This may also be from a tube in the mouth or throat during anaesthetic and in this case, cough lozenges, gargle and simple pain killer may help.
- **Muscle weakness**. Muscle pain may be from spasm around the wound or the use of certain anaesthetics. Pain killers and rest usually settle it.
- **Blurred or double vision**. This usually settles down with rest.
- **Allergic reactions**. Your anaesthetist will avoid any known drugs that you know you are allergic to. In case of unexpected reaction, the team is well trained and qualified to deal with it.
- Damage to teeth. Once you are deeply asleep, tubes may be placed inside your mouth and throat. The shape of your mouth varies and different types of dental diseases, loose teeth, bridge and crowns may be present. The anaesthetist talks about the possible damage to you before the operation. If damage occurs, you will be told about it afterwards and repair is arranged.

What is the alternative to general anaesthetic?

The alternative involves an epidural injection that blocks feeling from the waist down, plus sedation to relieve anxiety and help you to relax. You will stay awake during the operation.

What sort of questions should I be asking or considering before my operation?

Points you may want to discuss when meeting your surgeon before your operation include:

- Should you consider banking your own blood before surgery in case you need it for religion or some other reasons that prevent you from receiving donor blood from the blood bank.
- Does the hospital offer cell-saver to enable you to receive a minimum amount of donor-blood, should blood transfusion is necessary?. Or is there any other procedure in place to minimise your blood loss?.
- As for assuring yourself that you are in good hands, you may want to ask, for examples, how many keyhole operations he/she has performed, had any of them being converted into open abdominal hysterectomy.
- If you are on warfarin or blood thinning agents (e.g. Aspirin 75 mg), ask whether you should stop it and if so when.
- If you are diabetic, ask whether you can continue your medications, what you should do with insulin just before you are admitted for surgery.

Date of preparation: 12 September 2010

How do I prepare for surgery?

- If you smoke, you will be asked to stop. Smoking increases your risk of getting a chest and wound infection, which can slow your recovery
- If you are using oral contraceptives, you are required to stop OC 4-6 weeks before the operation and use condom instead.
- You must drink only fluids in the evening before the operation day and not eat or drink anything on the day of the operation. You will be given clear instructions about fasting times with your appointment letter. Generally speaking, you are required not to eat or drink for at least 6 hours before a **general anaesthetic**. Some anaesthetists may allow occasional sips of water until two hours beforehand. Check with hospital first to make sure if this is ok.

What happens BEFORE surgery?

At pre-assessment, usually a few weeks before your operation, certain tests are carried out to make sure that you are fit for the procedure, which include:

- Physical examination.
- Pregnancy test.
- Medical history including what medications you are taking regularly.
- Blood test to check for haemoglobin level and "cross matching" in case you require blood transfusion either during or after the operation.
- Check blood pressure, heart rate and ECG to see if the heart is fit.

You will normally come into the hospital either on the day of your operation or the day before.

What happens ON THE DAY and BEFORE the operation?

- You will be taken to a waiting room where a nurse will check you in.
- An anaesthetist will meet you to go though the type of anaesthesia applicable for your case and ask questions on your previous operation(s) if you had any and also your family.

Events before your operation (Continued)

- Your anaesthetist will also explain pain control programs during and after the surgery.
- You will be seen by the gynaecologist who explains the procedure to you and allows you a chance to ask any questions related to the operation.
- For open abdominal hysterectomy, your surgeon will discuss with you whether a cut across your lower abdomen just below your bikini line is feasible. If you have large fibroids in your womb, a cut from your belly button down to your bikini line may be necessary.
- You will be asked to sign a consent form. You sign this form once you clearly understand the risks, benefits and possible alternatives to the procedure. By signing the consent form, you give permission for it to go ahead.
- You may be asked to wear compression stockings to help prevent blood clots forming in the veins in your legs.
- An hour before the actual operation, you will be taken to the pre-op room where you are fitted with an intravenous line for "pre-med" to be given to relax and sedate you.
- You will then be moved to the operating theatre.

What happens DURING surgery?

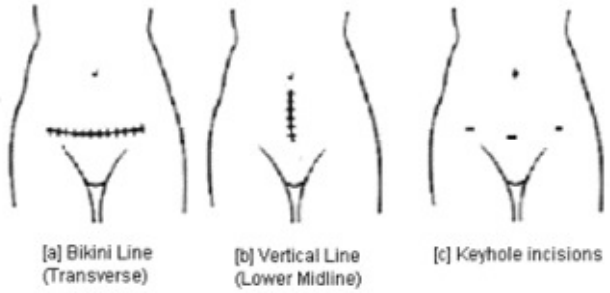
In the operating theatre, the following occur:

- Various monitors will be connected to help to care for you while you are anaesthetised.
- The anaesthetist will put you to sleep by starting the relevant anaesthetic program. General anaesthetic is used for most hysterectomies. Occasionally, a spinal or epidural anaesthetic is used and in this case you are also given sedative.

Events during your operation (Continued)

- Tube may be put into your mouth to help you to breathe and taken out at the end of the operation. She/he will stay with you throughout the surgery to make sure that you remain safe.
- What happens next depends on your health and the type of cut (incision) used. Generally speaking, to access the womb, either one of three types of cut is carried out, as shown in Figure 1. Your scar(s) will also look like that.
- Your surgeon will remove your womb as described in Table 1.
- Depending on the type of hysterectomy (Figure 2), some other parts of your reproductive system may be removed at the same time (Table 2).

Figure 1. Incisions for different types of abdominal hysterectomy



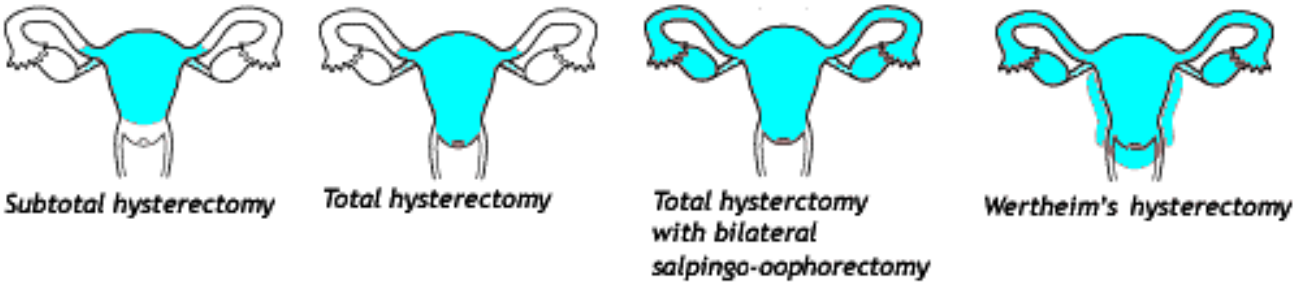
- The time taken for the procedure varies depending on reasons and type of hysterectomy. Typically, it takes between 1-2 hours for a keyhole hysterectomy and around 1 hour for an open abdominal hysterectomy and similar time for vaginal hysterectomy.

Table 1. Summary of ways of surgical removal of the uterus.

Type of incisions	How it is done
Abdominal	The womb is removed through a 10 - 15 cm incision in the abdomen (tummy). The incision is either a horizontal line under the pubic hair line (also known as "bikini") or vertical between the pubis and the navel. Your womb is taken out via this cut (incision). Stitches (may be dissolvable) or metal clips will be used to close the cut on your abdomen and the area will be covered with a dressing.
Vaginal	Specially designed instruments will be passed through your vagina. A small incision in the rear of the vaginal is made to remove the cervix and the womb. The top of your vagina will be closed using dissolvable stitches. A tampon-shaped dressing (sometimes known as a pack) may be left in your vagina to put on some pressure that stops any bleeding. You will have no visible cuts or scars.
Vaginal with laparoscopy	A tiny cut is made in the navel (belly button) and a thin laparoscope (telescope) is passed through it into the abdomen (tummy). The laparoscope is connected to a monitor so that the inside of the abdomen can be seen by the surgeon. One to three small cuts are made (about half-inch) to allow narrow instruments to be passed into your abdomen. Total number of cuts is 2 to 4. Watching on the monitor, the surgeon removes the womb (and sometimes the ovaries) through a cut in the vagina. When complete, the surgeon closes all the cuts with dissolvable stitches.

Table 2. Types of hysterectomy			
Type	**What removed**	**What remained**	**Comments**
Sub-total (partial) hysterectomy	Uterus.	Cervix, vagina, fallopian tubes, ovaries.	You must continue cervical smears afterwards.
Total hysterectomy	Uterus and cervix.	Fallopian tubes, vagina and ovaries.	
Total hysterectomy with salipingo-oophorecting	Uterus, cervix, fallopian tubes and ovary	Vagina and one ovary if not Bilateral procedure in use (see note in the comments)	If both ovaries are removed, it is called bilateral.
Radical hysterectomy (Wertheim's)	Uterus, cervix, top part of the vagina & supporting tissue, pelvic, lymphatic nodes.	Ovaries.	This procedure is only carried out in the case of invasive gynaecological cancer.

Figure 2. Types of abdominal hysterectomy



What happens AFTER surgery?

- When the operation is over, the anaesthetist will bring you back to consciousness.
- You will then be moved to the recovery room where you are being given oxygen and monitored by specially trained nurse. You will continue to feel drowsy and weak for a little while. When you are stable, you are then moved to the ward.
- When you wake up from the operation, you will notice that you have the following:
    - An oxygen mask to help you breathe.
    - A drip in the arm to give fluids, blood, plasma.
    - A pain relieve pump: either a PCA (patient controlled analgesia)- a handheld device where you can press every time you want to give yourself a dose of the pain killer; or an epidural pump which delivers the pain killer via your back.
    - A temporally bladder catheter. The urinary catheter will be removed within 48 hours once you are able to make yourself to the toilet.
    - One or two drains from the wound if you have open surgery to prevent blood from collecting in the wound and causing an infection. They are usually removed within 2-3 days.
- You will feel extremely tired and sleepy, particularly after general anaesthetic.
- The PCA for pain relief will be discontinued within 48 hours and you will be given oral pain killers (paracetamol, diclofenac, dihydrocodeine or morphine).
- For the next few days, you may be given anticoagulant (blood thinning) injection to prevent DVT such as Clexane.

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Events AFTER Surgery (Continued)

- You may find that you don't have any bowel movements for a few days after the operation. Tell your nurses as soon as you pass wind or a bowel motion because this shows that your digestive system is getting back to normal. If you do not open your bowel after 3 days, you will be given suppositories to help.
- You will be given advice about getting out of bed, bathing and diet.
- A physiotherapist will show you how some exercise you can do to speed up your recovery.
- The clips or un-dissolvable stitches will normally be taken out before you go home. Dissolvable stitches usually take 2-3 weeks to disappear depending on the type, but it can be longer.

What are the self-care tips while I am in the hospital?

Your self-care guide involves:

- First day post-op
  - Start drinking small sips of water to kick starts your gut into working.
  - Sit up right, especially out of bed, and take a deep breath every hour. This helps to prevent chest infection.
  - Start moving round. Wear your TED socks to help to prevent DVT.
- From second day to discharge time (5 to 6 days)
  - Try to move around more and become independent. Drink plenty of fluid & walk around to help your bowel working again.
  - Do pelvic floor exercise per instructions from the physiotherapist.
  - If you need to cough you can hold your stomach, as this will give extra support.

Table 2. DO and DON'T List for Self-care At Home

Time post-op	DO	DON'T
Week 1 to 2	(a) Use sanitary towels instead of tampons. (b) When you have a bath or shower, use only unscented bath/shower gel or soap around the wound area. Pat dry your wound afterwards (c) Avoid vaginal lubricant, gel or cream. (d) Start gentle walking around the house in week 1.	(a) DON'T lift anything heavier than a full kettle. (b) DON'T drive. (c) DON'T have sexual intercourse.
Week 3 to 5	(a) Gently increase your physical activities. (b) Allow rest time throughout the day. (c) Start short walk in week 2.	(a) DON'T put anything inside your vagina. (b) DON'T drive. (c) DON'T have sexual intercourse.
Week 6 onwards	(a) Resume light work. (b) If you have no pain and you are confident to handle the car, you can start driving. If in doubt, see your GP. (c) You can start sexual intercourse if you have no pain or vaginal bleeding. If you experience pain or bleeding after sex, contact your GP for advice. (d) Return to heavier work and all activities without restrictions in week 10.	

Going home…

Depending on your speed of recovery, you are going hone within:

- 2 to 4 days after vaginal hysterectomy.
- 3 to 5 days, in some cases up to 7 days, after abdominal hysterectomy.
- 1 to 2 nights after keyhole hysterectomy.

Your nurse will advise you about caring for your wounds, if applicable. You will normally be given a follow-up appointment to be seen in the outpatients' clinic in 3 months' time.

Care at Home Guide

- The pinkish/brown vaginal discharge continues for 10-14 days post-op. This is normal as part of the healing process.
- Carry on with pelvic floor exercise per instructions from the physiotherapist.
- Most importantly, if applicable, keep the wound (incision site) clean and dry. There is no need to put any dressing over it. Apply daily dry antiseptic spray such as Savlon™ Dry Antiseptic or Betadine™ Dry Spray (you can buy from pharmacy). The key objective here is to avoid infection for healing to take place.
- A **DO** and **DON'T** list (Table 2) is compiled for you as a guide, as always, use your common sense as well.
- A full recovery may take between 6-12 weeks.

GMC & MHRA Risk Grading

Low risk <5%
Very low risk <1%
Extremely low risk <0.1%

When should I seek emergency medical attention?

While it is unusual to have problem once you are at home, seek immediate medical attention if any of the following occurs:

- Fever with temperature above 38 ° C.
- Nausea and vomiting.
- Severe and increasing pain.
- Increased red blood/clots bleeding from the vagina.
- Foul-smelling vaginal discharge (yellow/green colour).
- Discharge from wound or wound opening.
- Burning pain when passing urine.
- Difficulty or unable to pass urine.
- Sudden chest pain or shortness of breath.
- Pain, swelling or redness in the calf.

FURTHER INFORMATION

Royal College of Obstetricians & Gynaecologists. www.rcog.org.uk

National Institute for Health and Clinical Excellence. www.nice.org.uk

Medical Terms

DVT. Deep Vein Thrombosis.

Myomectomy. A surgical removal of the fibroids without removing the womb.

UAE (Uterine Artery Embolisation). A procedure to block the blood supply to the fibroids.

UFE (Uterine Fibroid Embolisation). See UAE.

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