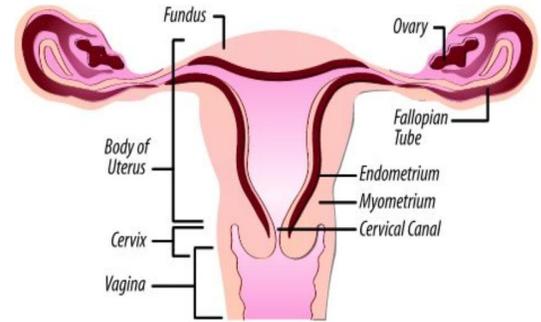


# Hysterectomy

## What is the procedure?

Hysterectomy means having the womb (uterus) removed. The womb is made up of the body of the womb and the cervix. The exact details of your procedure (operation) will be discussed with you at your Outpatient Appointment.



## There are 2 main types of hysterectomy operations:

1. **Subtotal Hysterectomy** is where the womb and the fallopian tubes are removed (but *not* the cervix).
2. **Total Hysterectomy** is where the womb, including the cervix and fallopian tubes are removed.

## There are 3 different ways to remove the womb.

1. **Laparoscopically Assisted Vaginal Hysterectomy (LAVH) or Total Laparoscopic Hysterectomy (TLH)**

The hysterectomy is performed by way of keyhole surgery; using a telescope passed through the belly button (umbilicus). The womb is then removed through the vagina.

2. **Abdominal Hysterectomy**

The hysterectomy is performed through a cut (incision) in the tummy (abdomen). This leaves a scar in the bikini area. Occasionally if the uterus is enlarged it may need to be removed using a vertical (up/down) incision.



3. **Vaginal Hysterectomy**

The womb is removed through the vaginal canal which means you will not have a visible scar on your tummy.

## The most common reasons for having a hysterectomy are:

- Heavy or very painful periods
- Fibroids (non-cancerous growths in the muscle of the womb)
- Prolapse of the womb and/or vagina
- Endometriosis
- Cancer



## What alternatives treatment options are available instead of this procedure?

Treatment options will depend on the presenting symptoms. Your doctor will have discussed options to avoid surgery, if appropriate. You may have already tried alternatives to surgery and these may or may not have improved things for you. If you are in any doubt about having this procedure, please talk to your gynaecologist or GP.

### What are the risks involved with this procedure?

There is risk involved in every surgical procedure. Your doctor will explain these risks. You should ask your doctor as many questions as you like before making your decision to have this surgery.

- **Risks related to anaesthesia** will be discussed with you at your anaesthetic clinic appointment.
- **Bleeding** may occur during the course of any major operation. If this happens, you might need a blood transfusion.
- **Infection** may occur, as a urinary tract infection, a wound infection or an infection within the pelvis. If this occurs, it is usually treated with antibiotics.
- **Blood clots in the legs or the lungs** may occur, as with any surgical procedure but particularly following surgery in the pelvis.
- **Damage to the bowel, bladder or a major blood vessel** may occur. If an injury occurs it may be repaired during the operation or a second operation may be necessary.
- **High Body Mass Index** (greater than 35). Patients who are very overweight are at a higher risk of complications, including infection and clots (thrombosis).
- **Death** is rare.

Particular risk	Risk (EU assigned frequency)
Bleeding requiring blood transfusion	23 in every 1000 women
Damage to bladder or uterine	7 in every 1000 women
Return to theatre due to bleeding or wound problems	7 in every 1000 women
Damage to bowel	4 in every 1000 women
Blood clot in leg or lung	4 in every 1000 women
Pelvic abscess or infection	2 in every 1000 women

### What type of anaesthetic is used?

Abdominal and laparoscopic hysterectomies are performed under general anaesthetic, this means you will be asleep. Vaginal hysterectomy may be performed under a general or spinal anaesthetic. These different anaesthetic options will be discussed with you at your pre-operative anaesthetic appointment.

### What does it feel like?

If you are asleep for the operation, you won't have any memory of the surgery. If you are having a spinal anaesthetic, you will be awake but you will not feel any pain. You may be offered sedation if you would like to have a light sleep during the operation. Headphones will be provided so you can listen to music or you can bring your own with you.

### How long does the operation take?

The operation takes between 1-2 hours. However, your journey through the Theatre Department and Recovery Room will take longer.

*This information sheet is not intended to replace verbal communication with medical, midwifery or nursing staff*

### **Will I be asked to sign a consent form or is verbal consent needed?**

You will be asked by the doctor to sign a consent form following a thorough discussion about the procedure. Before the surgery begins, you will be asked to state your name, date of birth and intended procedure. This is an important safety check which is undertaken with every patient prior to the commencement of surgery.

### **What happens to the tissue samples?**

Any tissue that is removed from your body is routinely sent to the laboratory for examination. The results will be discussed with you at your post-operative visit. If you are not due back for a post-operative visit, you will be informed of any abnormal findings. All tissue removed will be disposed of in accordance with ethical, legal and professional standard.

### **What happens immediately after the operation?**

When the operation is over you will be transferred to the recovery area. The following equipment will be attached to you. They are routine, so you should not be concerned.

- **Oxygen mask**  
Oxygen is given through a clear soft plastic mask over your mouth and nose. A probe on your finger will measure your oxygen requirements and you will be given oxygen as needed.
- **Drip or intravenous line**  
This is a fine tube going to a vein in your hand or arm to give you fluids so that you do not become dehydrated.
- **Pain relief**  
It is normal to feel discomfort in the lower tummy (abdominal) or shoulder tip area following your operation. It will be necessary to take regular pain relief after surgery. Many patients are given a controlled analgesia (pain relief) machine, which administers pain relief, according to your individual requirements. If you feel nauseated you will be given anti-sickness injections. It is important that if you feel any discomfort, you inform the nurse/midwife looking after you so that your symptoms can be reviewed as quickly as possible.
- **Wound drain**  
Wound drains are sometimes necessary to reduce any internal bruising. The drain will be attached to a small tube coming from your operation site. This is usually removed after 24-48 hours.
- **Vaginal Pack/Tampon**  
If your hysterectomy includes a vaginal repair procedure, you may require a pack/tampon to reduce the bleeding in this area immediately after surgery. This will be removed after 24hours.
- **Catheter**  
You will have a tube placed into your bladder to drain urine. This will be attached to a drainage bag. The catheter is usually removed after 24 hours.

- **Stitches/Clips**

Your stitches are most likely absorbable and will not need to be removed. These will be covered with dressings at this time and should be left untouched for 5-7 days unless they get wet, cause discomfort or are beginning to fall off.

- **Compression stockings and Anticoagulant injections**

You will be given special stockings to wear during your hospital stay. You will also be given a small blood thinning injection into your tummy every day. These stockings and injections are to prevent you from forming a blood clot after your surgical procedure. In some cases, you will be advised to continue these injections for a period following discharge and if so, you will be taught how to give yourself the injection before you go home.

### **How long will I be in hospital?**

Most women will go home within 4 days of their operation.

### **What can slow my recovery?**

- Pre-existing conditions such as diabetes can slow the recovering process. If you are diabetic it is important that your blood sugar levels are well controlled.
- Smoking can slow down the healing process in the body and can put you at an increased risk of chest infection.
- Being overweight often adds to the recovery time.
- It is important to eat and drink healthily to allow bowel and bladder function to return to normal.

### **What do I need to know about the morning of surgery and what to bring with me?**

An information sheet about what to bring for admission for surgery is available on our website [www.coombe.ie](http://www.coombe.ie); Gynaecology page, if you haven't already been given the written sheet at your outpatient visit.

### **Who can I contact if I have any more questions?**

Your GP can answer any further questions you have before your day of surgery.

### **For further information**

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/abdominal-hysterectomy.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/laparoscopic-hysterectomy.pdf>

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/vaginal-hysterectomy.pdf>