

Hysterectomy

Information for Women — Gynaecology

What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb), cervix and sometimes the fallopian tubes. Following a hysterectomy operation, a woman no longer has periods and is not able to get pregnant.

Why do I need a hysterectomy?

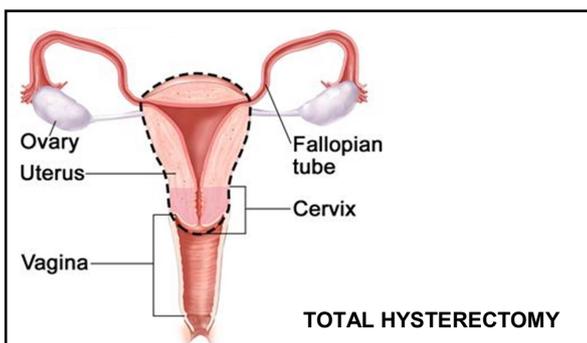
The most common reasons for having a hysterectomy are:

1. Painful or heavy periods: when other treatments have not helped.
2. Uterine fibroids: non-cancerous growths in the uterus.
3. Prolapse of the uterus: when weak muscles cause the uterus to drop down into the vagina.
4. Endometriosis: tissue that usually lines the uterus, grows outside of the uterus.
5. Chronic pelvic inflammatory disease: chronic infection causing permanent scarring and pain.
6. Cancer of the uterus, cervix or ovaries.

What types of hysterectomy operations are there?

Total hysterectomy is the removal of the uterus, including the cervix, often the fallopian tubes are removed also. The ovaries are not removed.

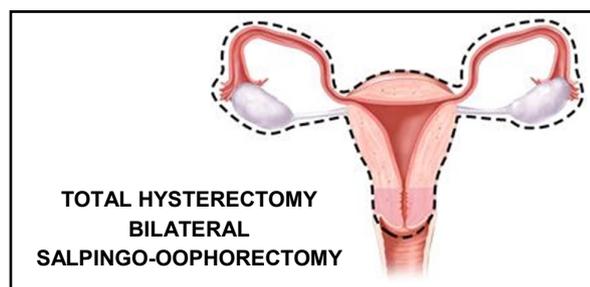
Total hysterectomy with bilateral salpingo-oophorectomy is the removal of



the uterus, ovaries and fallopian tubes.

Removal of the ovaries will bring on menopause for women who have not reached menopause.

Subtotal hysterectomy is the removal of the main body of the uterus, but leaving the



lower part of the uterus (the cervix) in place. Occasionally this is performed if it is thought to be safer to leave the cervix in place, or if a woman requests it.

How is the operation performed?

There are a number of ways a hysterectomy operation can be performed, the surgeon will discuss this with you.

Laparoscopic hysterectomy (keyhole)

A laparoscope (a thin tube with a video camera attached) is put into your abdomen through a small incision in the tummy button. Your abdomen will be filled with carbon dioxide gas so that the surgeon can see your internal organs more clearly. The uterus is then separated from its supporting structure and removed through the vagina. Usually the fallopian tubes are removed at the same time, as this is thought to reduce the risk of ovarian cancer. The top of the vagina is then closed with dissolvable stitches.

Vaginal hysterectomy

This operation is performed through your vaginal opening, rather than a cut in your abdomen.

The only incision made is internally and dissolvable stitches are used.

Laparoscopic assisted vaginal hysterectomy

This is a combination of both laparoscopic and vaginal hysterectomy.

Abdominal hysterectomy

This involves having your uterus removed through a cut in your abdomen. The incision (cut) is usually 14 to 16cm long and either a horizontal cut low on your abdomen ('bikini line') or a vertical cut from the naval downwards.

Risks and complications

- Most women having a hysterectomy will not have any significant problems, but like all surgery there are a number of complications that can occur. These will be discussed with you, before your operation, by the surgeon.
- Problems can include raised temperature, wound infection, pain, bruising, numbness or tingling around the scar, frequency in passing urine and urinary infection.
- Serious complications are rare and include bleeding, blood clots and damage to internal organs.

After the operation

- You will be given pain medications for the first few days, both while you are in hospital and to take home with you.
- You will be able to eat and drink within a few hours of having the operation.
- You will have a catheter (a thin tube going into your bladder, which drains urine) for 1-2 days.
- You are likely to have some light bleeding from the vagina, which can last up to 6 weeks.
- You can expect to be in hospital between 1 and 5 days.
- It is important to follow all the advice you have been given, when you go home.
- You will be advised what follow up is required, when you are discharged from hospital.

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

- This varies from woman to woman and depends on the type of hysterectomy you have had.
- Most women need to rest more than usual, for a few weeks after a hysterectomy.
- You will have light exercises to do and will gradually build up the amount of activity you do.
- Full recovery commonly takes around 6 weeks. This can vary depending on what type of hysterectomy you have had.

Preventing infection

- If you have been prescribed antibiotics, please finish all the tablets.
- Use sanitary pads rather than tampons until the vaginal bleeding/discharge has stopped.
- Do not swim in spa pools and swimming pools until all the vaginal bleeding/discharge has stopped.

Will having a hysterectomy affect my sex life?

- Most women do not notice a change in their sexual feelings or function following recovery from a hysterectomy. For many women there is an improvement.
- For some women coming to terms with the loss of their reproductive organs can take time and requires patience and support.
- You can usually begin to have sex again about 6 weeks after the operation.
- You will no longer need to use any form of contraception after a hysterectomy.

Will I still need to have cervical smear tests?

- Most women no longer need to have cervical smear tests after a hysterectomy, if previous smears have been normal.
- If you have had a hysterectomy that leaves your cervix in place, or if you have had a hysterectomy because of cancer, then you may be advised to continue having cervical smear tests.

What should I do if I have a problem?

If you experience any of the following:

- Heavy vaginal bleeding (which is bright red)
- Severe pain
- A high temperature — above 37.4°C
- Vaginal discharge which is heavy or smelly

contact your GP or after hours clinic.

If it is an emergency call an ambulance (111).

Follow-up with your doctor

You will be advised what follow up is required at the time of discharge.

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz