Fluids/diet

You will be offered small drinks of water on your return from theatre. Food and drink will be introduced gradually following surgery depending on how you feel.

Hygiene

On the day after your operation you should be able to have a wash in the bathroom. Following this a shower can be taken daily.

Mobility

When getting out of bed, bend your knees up, roll onto your side and then push up to a sitting position, using your elbow and hand, letting your legs drop down to the floor. Stand up slowly, supporting your stitches and straighten your back. Try to" walk tall" to help prevent backache.

Bowels and wind

You may not have a bowel action for the first few days after the operation this is quite normal. Sometimes following a hysterectomy, windy pain can be a problem. Try to drink a good amount of fluid and eat plenty fibre e.g. cereals, fruit and vegetables. Hot peppermint water or tea-bags may help. Remember the best way to relieve wind is to mobilise early after your operation.

Stitches/clips

These are usually removed between the fifth and the seventh day after your operation. This should not be a painful procedure. If you have dissolvable sutures they do not need to be removed. A District Nurse may be asked to visit you at home to remove clips/stitches if appropriate. Emotions It is quite normal to feel tearful in the first few days following your operation.

INFORMATION ABOUT DISCHARGE FROM HOSPITAL

You will usually be discharged approximately two to four days after your operation.

Vaginal bleeding/discharge

Vaginal bleeding/discharge is normal for up to six weeks after hysterectomy. It is possible for the discharge to contain threads from dissolving vaginal stitches. If the discharge becomes offensive (smelly), see your GP as you may have an infection.

Do not use tampons due to the possibility of introducing infection into the vagina. Change sanitary towels regularly. You may be concerned about resuming sexual intercourse. Generally we advise that you wait six weeks before having sex following your surgery. Water based lubricants e.g. KY jelly may help with vaginal dryness or discomfort.

Bowels

Avoid constipation by having a good fluid intake, eating plenty of fruit, vegetables and brown bread. Your feelings Any operation is a shock, losing your womb may stir up lots of feelings about not having babies, not being a (complete) woman, problems with sex etc. Discuss this with your partner, contact your GP, or one of the addresses at the end of this leaflet.

Menopause

Women who are pre menopausal before surgery and have their ovaries removed, will go into the menopause. Symptoms you may experience include night sweats, hot flushes and vaginal dryness. HRT (hormone replacement therapy) containing oestrogen can be given to help these symptoms and also to help prevent osteoporosis (thinning of the bones).

Cervical Smears

If your cervix has been removed as part of the hysterectomy it is unlikely that you will need further smears, unless these were abnormal in the past. If your cervix has not been removed you will need to have cervical smears.

Housework and exercise

For the first two weeks you should lift nothing heavier than a kettle half full of water. You should avoid vacuuming and ironing for four weeks.

Swimming is possible six to eight weeks after surgery. More strenuous exercises such as aerobics, gym work should be avoided for three months. At first rest on the sofa when you feel tired, but it is important to have some exercise and to walk daily to prevent complications with blood clots.

Driving should be avoided for approximately five weeks, following this please ensure you are able to perform an emergency stop safely. You may also want to check with your insurance company that you have insurance cover.

Time off work

This depends on the method of your hysterectomy and if your job involves lifting. Take a minimum of four to six weeks off work; if you have a heavy job you may need eight to 12 weeks off. We would encourage you to try to get back to normal activity as soon as you feel able to. Discuss this with your consultant and GP.

Follow up

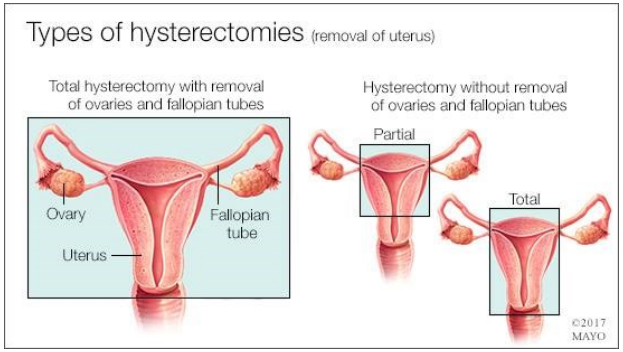
You may require a hospital follow up visit and this will be discussed with you prior to your discharge after your surgery. If you develop problems or require advice following discharge you should initially contact your GP.

USEFUL CONTACT NUMBER:
Department of Obstetrics & Gynaecology
Level 7 Kompleks Wanita & Kanak-kanak, UMMC
Contact No: 03-79492059

UNIVERSITY OF MALAYA MEDICAL CENTRE

Patient Information Leaflet

HYSTERECTOMY



WHAT IS HYSTERECTOMY?

The word hysterectomy means having the womb (uterus) removed. It almost always includes removal of the neck of the womb (cervix).

Most gynaecologists try to preserve a patient's ovaries before her natural menopause (change of life), provided they are healthy.

Removal of ovaries or oophorectomy are done for those who are reaching menopause or post-menopausal or in those with abnormal/suspicious looking ovaries. This will be discussed with you at your outpatient appointment. There are different ways to remove the uterus (womb).

- **Abdominal Hysterectomy:**

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

- **Vaginal Hysterectomy:**

The womb is removed through the vaginal canal with no visible scars. Your Gynaecologist will discuss whether this method is suitable for your hysterectomy.

- **Laparoscopically Assisted Vaginal Hysterectomy:**

Sometimes a hysterectomy is done using a telescope passed through the belly button, and the womb is then removed through the vagina.

WHY DO I NEED THIS OPERATION?

The most common reasons for having a hysterectomy are:

1. Painful or heavy periods, which have failed to respond to medical treatment.
2. Fibroids, which are non-cancerous growths in the muscle of the womb.
3. Prolapse of the womb. Weak muscles can cause the womb to drop down into the vagina.
4. Endometriosis, when tissue that usually lines the womb, grows outside of the womb.
5. Severe, recurrent or untreatable pelvic infection.
6. Cancer of the womb.

ARE THERE ANY OTHER OPTIONS?

There may be alternatives if your procedure is being performed for heavy bleeding. These include Mirena coil, endometrial ablation or drug treatments.

If you are having the surgery due to a fibroid there may be a procedure available to you which can be performed in the x-ray department.

You can discuss these alternatives with your consultant to check if there may be another option available to you.

PREPARATION BEFORE ADMISSION

- Try to get yourself into the best physical condition that you can, to help improve your postoperative 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, washing and housework.
- Please be advised that in the week or so following your surgery you will be advised to carry out limited / restricted physical activity at home.
- You will be offered information and advice about physical exertion.

PRE-ASSESSMENT VISIT

You will be seen in the clinic to take a medical history, and to see an anaesthetist. The anaesthetist will advise on the best type of anaesthetic for you. This may be a general anaesthetic or a spinal anaesthetic.

Blood tests and an E.C.G. (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.

You will also be given advice about your medication and fasting. Your questions will be answered; we aim to reduce your anxieties as much as possible.

RISK 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 your consultant. These include raised temperature, 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 seven women in every 1000;
- Haemorrhage requiring blood transfusion; this applies to 23 in every 1,000 women;
- Damage to the bowel – this affects four in every 1000 women;
- Return to theatre due to bleeding or due to wound problems – this affects seven in every 1000 women;
- Pelvic abscess or infection –this affects two out of every 1000 women, and
- A blood clot in leg or lung can occur – this affects four in every 1000 women.

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

PRE-OPERATIVE CARE

You will usually be admitted to gynaecology ward 10U in UMMC on the day of your operation. You will be measured for stockings to help the circulation in your legs whilst you are less mobile and given blood thinning injections. A nurse will carry out a safety checklist ensuring we have the correct details about you.

During the operation you will be given an antibiotic to help prevent infection. You will be fasted from midnight if surgery is to be done in the following morning.

AFTER THE OPERATION

When you wake up from the anaesthetic you will be in the recovery area. The following equipment will be attached to you. They are routine, so please do not be concerned.

- **Oxygen mask**

This is a clear soft plastic mask over your mouth and nose. You will usually be given oxygen for at least four hours. A plastic piece of tubing on your finger will measure your oxygen requirements.

- **Drip or intravenous line**

This is a fine tube coming from a vein in your hand or arm to give you fluids so that you do not become dehydrated.

- **Pain relieving device**

You may have a patient controlled analgesia (PCA) machine, which automatically administer pain-relieving drug into your drip. Alternatively, you will be given strong painkillers or injections. If you feel nauseated you will be given anti-sickness injections.

- **Wound drains**

If you have an abdominal hysterectomy, you may have a small tube coming from your operation site to reduce any internal bruising. These are usually removed after 24-48 hours.

- **Catheter**

You will have a tube into your bladder to help drain urine. This will usually be removed after 24 hours.

- **Stitches/clips**

If you have an abdominal hysterectomy, you may have stitches, clips or dissolvable sutures. The surgeon can discuss this with you before surgery if you wish.

Recovery Exercises

For the first few days after your operation, it is important to perform “deep breathing” exercises. This is to help prevent a chest infection and involves taking deep breaths slowly in and out to improve the flow of oxygen. Try to do these five times every hour.

To help prevent circulatory problems, lie with your legs uncrossed in bed and move your feet up and down at the ankles, also circle them round and round. Bend and straighten your knees.

Try to do these exercises up to ten times every hour until you are mobile.