

Gynaecology

Abdominal hysterectomy

A hysterectomy is an operation to remove the uterus (womb). There are two types of abdominal hysterectomy – subtotal hysterectomy and total abdominal hysterectomy.

Subtotal hysterectomy

A subtotal hysterectomy involves your uterus being removed but your cervix remaining in place. The potential benefits from leaving the cervix behind include:

- the operation is easier and quicker
- the risk of damage to your bladder or ureters (tubes from your kidney to your bladder) during the operation is lower
- the risk of you suffering a prolapse of the vagina in future is reduced
- you will lose less blood during the operation
- you are likely to spend less time in hospital
- you are less likely to develop a fever after your operation

However, there are some possible disadvantages:

- You may still experience spotting every month - this affects about 6 in 100 women
- The cervix is a potential area for cancer in the future and you will need regular smear tests



Total abdominal hysterectomy

This is where your uterus and cervix are removed.

The advantages include:

- Usually, no more smear tests unless the surgery is for cervical cancer, and then vault smears may be necessary
- No further episodes of bleeding

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 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 7 women in every 1000
- Haemorrhage requiring blood transfusion – this applies to 23 in every 1,000 women
- Damage to the bowel – this affects 4 in every 1000 women
- Return to theatre due to bleeding or due to wound problems – this affects 7 in every 1000 women
- Pelvic abscess or infection – this affects 2 out of every 1000 women
- A blood clot in leg or lung can occur – this affects 4 in every 1000 women

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

Patient Information

The operation

When you arrive in the anaesthetic room, the nurse will go through a check list with you.

The anaesthetist will insert a cannula (tiny plastic tube) usually into your hand, and then administer drugs through it to anaesthetise you (send you to sleep). An oxygen mask is put on your face.

The operation usually lasts 1 to 2 hours depending on each individual case.

- When you wake up, you will be in the recovery area in theatre with a nurse at your bedside. You are likely to be very sleepy for the rest of that day
- The oxygen mask will help you with your breathing and recovery
- On return to the ward, the nurses will monitor you and your wound regularly including through the night
- You will have fluids via an intravenous drip to keep you hydrated. This is usually removed later that day
- You will be given appropriate pain relief
- A catheter (fine tube) will have been placed in your bladder to drain your urine away
- A drain will collect any excess blood/fluid
- After your operation, you may have light vaginal bleeding
- There are different ways of treating your pain after surgery - see the separate leaflet for details of this
- You will be monitored regularly including checking for any excess bleeding

After a hysterectomy we expect that you will go home 2 to 3 days after your procedure.

Patient Information

After surgery

Day one

- You will be offered an assisted or unassisted bed bath
- You will be helped to become mobile as soon as possible as this helps your recovery and reduces the risk of blood clots
- You will be advised whether you can eat and drink
- If you have a drain in, this is may be removed
- Your urine catheter is usually removed. The nurse will ask you to produce a urine sample after the removal to ensure you are passing a normal amount of urine
- Routine medical observations will be taken

Day two/three (home)

- You will be offered an assisted or unassisted shower - this is usually when your dressing will be removed
- If you have not eaten, a doctor may listen to your abdomen through a stethoscope for bowel sounds
- You will be advised to get up and move at least around your bed space
- A sample of blood will be taken to ensure you are not anaemic
- Routine medical observations will be taken
- If the doctors are happy and you feel well, you could go home today
- If you need any specific medication (tablets) to take home, you may have to wait for this
- Sometimes, doctors like you to have opened your bowels before being discharged
- You may be discharged to the hospitality lounge to wait for your medications and transport home

Recovery

Recovering from surgery can leave you tired, emotionally low or tearful. The body needs time and this can take up to six weeks but will vary from person to person.

Bleeding

You may bleed for up to 3 weeks. We advise you not to use tampons, but you should wear a sanitary pad. If you have any fresh bleeding or offensive smelling discharge after leaving the hospital, you should contact your GP.

Scar and wound care

An abdominal hysterectomy is usually carried out through a cut which is approximately 10cm, this is usually made across the top of your pubic hairline but may sometimes run up and down from your tummy button to your public hair line instead.

The internal wound heals rapidly. Your cut will be closed by stitches, staples, clips and glue. Glue and some types of stitches dissolve by themselves. Other stitches, clips or staples need to be removed. This is usually done by your GP practice nurse. Your consultant will instruct you when to get this done.

Any stitches in your vagina will not need to be removed, as they are dissolvable. You may notice a stitch coming away after a few weeks.

It is important to maintain good feminine hygiene, and you will be advised to air your wound as much as possible as this reduces the risk of infection. We suggest daily showers.

If you do have a bath, you should not have a long soak as it may cause possible infection.

If the area around your wound becomes red, hot to touch or more painful than before, this may be an indication of infection and you should contact your GP.

Bowels

It is not unusual for your bowels to be affected due to the pain relief you are taking - please let your doctor know if you need any advice or medication.

Windy pain can be a problem. Make sure you drink a good amount of fluid and you eat foods containing fibre. Hot peppermint water may also help. The best way to relieve wind is to move around as early as possible.

Diet, rest, and sleep

A healthy balanced diet is helpful to speed recovery, as is sufficient rest and sleep.

Sex and emotional effects

We advise you not to have intercourse for the first 6 weeks, ideally until you have had a follow up appointment with your consultant or GP.

However, you may still not feel emotionally ready.

It is quite normal to feel tearful for the first few days following your operation. These feelings should pass as you get stronger and recover from surgery.

Smear tests

If you still have a cervix you will need to continue with your screening programme.

If you have had your cervix removed, you will no longer need smear tests unless advised by your consultant.

Weight

The operation itself should not cause you to gain weight initially, but because you are feeling better, experiencing reduced levels of activity and an increase in appetite, you may tend to gain weight if you are not careful.

Follow-up appointments

If your surgeon wishes to see you again at the hospital, an appointment letter will either be given to you in hospital or sent to your home address.

Patient Information

Further information

As well as this leaflet, you will be given leaflets in Pre-Admission called:

- Preparing for your surgery
- A physiotherapy booklet
- A pain control leaflet
- Preventing blood clots
- Anti-embolic stocking leaflet
- Sepsis

You may also find the following website useful: www.hysterectomy-association.org.uk

If you require any further information, please contact 024 7696 7340

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the department on 024 7696 7340 and we will do our best to meet your needs.

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