

Abdominal hysterectomy: Open surgery to remove your womb

Note to doctor:

This is a **specific procedure leaflet** which should be handed out together with the general information booklet **Having a hysterectomy**

This leaflet should be read after the leaflet, **Having a hysterectomy – an operation to remove your womb**, which explains the different types of hysterectomy operations and gives advice on recovering from your operation.

What is an abdominal hysterectomy?

An abdominal hysterectomy is open surgery, also called a laparotomy, where a cut in the abdomen (tummy) is made to remove your womb.

How is an abdominal hysterectomy performed?

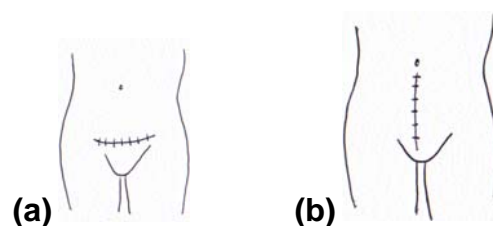
You will have the surgery under general anaesthetic – you are asleep and do not feel any pain for the entire operation. We will give you more information about having an anaesthetic. For more details, please ask for a copy of our leaflet **Having an anaesthetic**.

A catheter (a flexible tube) is put into your bladder when you are asleep. This is to drain urine from your bladder and reduce the risk of injury to it during the operation.

The womb is removed through an opening made in the abdomen and your scar will usually look like picture (a) or may look like picture (b). Your doctor will tell you which type of opening they plan to use. This will depend on the size of your womb and previous surgery you may have had.

Your surgeon or the nurses on the ward will let you know if you have stitches that need to be removed and when this needs to happen.

Usually, dissolvable stitches are used that do not need to be removed.



What are the risks?

There are risks associated with any surgical procedure. Your surgeon will explain these risks to you once during your clinic appointment and again before the operation. Please talk to your surgeon about any concerns you have. Risks may include:

- bleeding during or after your operation – this may need to be treated with a blood transfusion in 2 in every 100 women.
- infections – you will be given antibiotics during the operation to help prevent this, however 2 in 1000 women will have a more serious infection that requires treatment.
- blood clots – 1 in every 250 women will get a blood clot in their legs or lungs. Please read our leaflet **Preventing hospital-acquired blood clots**.
- damage to the bladder or ureter (tubes draining urine from the kidneys to the bladder) occurs in 1 in every 140 women.
- damage to the bowel occurs in 1 in every 2,500 women.
- need to return to theatre for a complication occurs in 1 in every 140 women
- there is also a risk of wound infection, pain, bruising and delayed wound healing.
- numbness, tingling or burning sensation around the scar can take weeks or months to resolve
- urinary tract infection can occur after surgery
- Problems caused by having a general anaesthetic – please read our leaflet **Having an anaesthetic** for information about the risks. It is possible to have an allergic reaction to anaesthetic – this is rare, but tell your doctor about any allergies you have well before your operation.
- as with any operation, there is a very low risk of death.

These complication rates are taken from national statistics; they are rare but you should be aware of them. Occasionally complications are not noticeable at the time of surgery. Therefore if you start feeling increasingly unwell after the surgery please see your GP or go to your local Emergency Department (A&E). Please talk to your doctor about any concerns you have before your operation.

Are there alternatives to having an abdominal hysterectomy?

There may be alternative treatments for your condition. These may include:

- medication
- a MIRENA® coil
- endometrial ablation (which removes the lining of your womb)
- treatment of fibroids - depending on your specific circumstances.

A hysterectomy can also be performed vaginally or laparoscopically. A vaginal hysterectomy is where the surgery is performed through your vagina (avoiding the need to cut your abdomen). A laparoscopic hysterectomy is where several small cuts are made to your abdomen, rather than one large cut. The options available to you will depend on why the surgery is being recommended and your individual circumstances. Your doctor will discuss this with you in more detail.

Please refer to the general information booklet ‘Having a hysterectomy’ for frequently asked questions, contact details and information about recovering after your surgery.

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