

Having a hysterectomy: An operation to remove your womb

This is a general leaflet about having a hysterectomy.

Your doctor will also give you a leaflet about the type of hysterectomy you are having.

Note to doctor:

This booklet should be accompanied by one or more **specific procedure leaflets** (abdominal/laparoscopic total/laparoscopic subtotal hysterectomy)

Please also specify on **pages 3 and 4** which type of hysterectomy is planned

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This leaflet aims to help you prepare for your hysterectomy and your recovery afterwards. It will give you general information about your operation as well as a list of useful contacts. Your doctor will also give you a leaflet to explain the specific type of hysterectomy you are having.

It is not unusual for people to feel anxious about having an operation. If you have any questions or concerns, please do not hesitate to talk to the doctors and nurses caring for you. You can find their contact details on page 16.

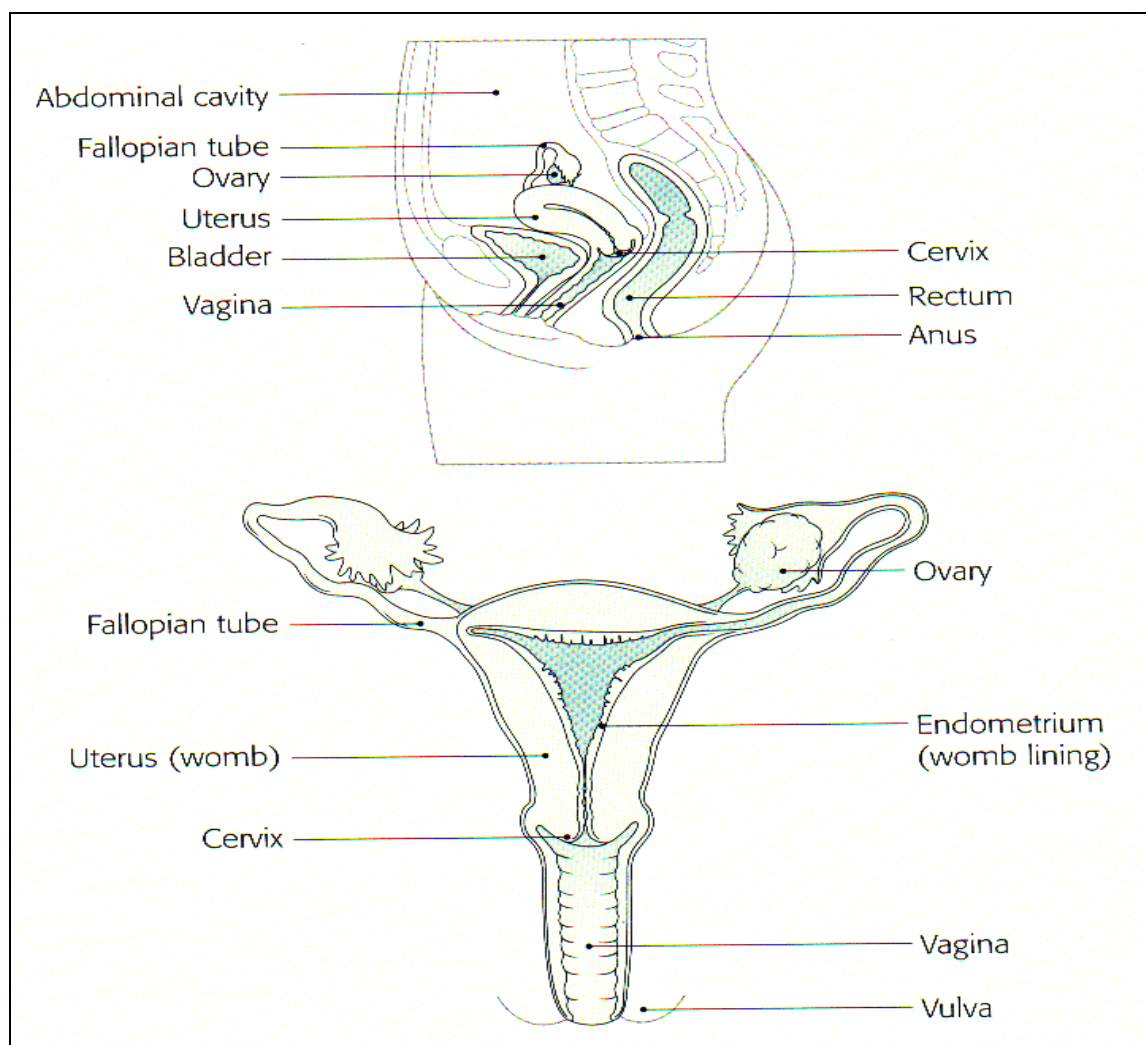
The medical words used in this booklet are explained in the glossary on page 14.

What is a hysterectomy?

A hysterectomy is an operation to remove your womb (uterus). The type of hysterectomy you will be having is.....

Where is my womb (uterus)?

Your womb is normally about the size of a pear, but varies in size between women. It sits between the bladder and the rectum (back passage) at the top of the vagina – please see the diagram below.



What is removed during my hysterectomy?

There are different types of hysterectomy. Which hysterectomy is best for you will depend on your individual symptoms and overall health.

☐ Sub-total hysterectomy



What is removed?

- your womb (shown in black)

What is left behind?

- ovaries, cervix and vagina

What does this mean for you?

- you will not have periods (though a few women may have some spotting at the time of their periods coming from the top of the cervix)
- you will still require smear tests as you still have your cervix
- your ovaries, which produce the female hormone oestrogen, are not removed.

☐ Total hysterectomy



What is removed?

- your womb and cervix (shown in black)

What is left behind?

- ovaries and vagina

What does this mean for you?

- you will not have periods
- you will no longer require smear tests unless specifically stated by your doctor
- your ovaries, which produce the female hormone oestrogen, are not removed.

☐ Total hysterectomy bilateral salpingo-oophorectomy (TAH BSO)



What is removed?

- your womb, cervix and ovaries

What is left behind?

- your vagina

What does this mean for you?

- you will not have periods
- you will no longer require smear tests unless specifically stated by your doctor
- you will have your menopause (change) if it has not already taken place.

For more information, please see the frequently asked questions on page 11.

Before and during the hysterectomy

How will the operation take place?

Your doctor will explain which method will be used to perform the surgery. You will be given a leaflet about the type of hysterectomy you are having. The length of the operation will depend on the type of procedure and your general health.

You will be given a general anaesthetic, which is medication that causes you to sleep during the entire operation.

What happens before my operation?

We will ask you to come to the hospital for a pre-admission appointment, during which we will carry out some tests and talk to you about your operation and the enhanced recovery programme (ERP). The ERP aims to help you recover quickly from the operation. You will be given a leaflet which explains the programme in full.

You will also be given some special pre-operative drinks to help your body prepare better for surgery. The drinks and an information leaflet about the drinks will be available to take home with you. You will also be given some chlorhexidine (antiseptic) wipes to take away with you. You will need to use these before your operation to clean the skin and help prevent any infection. You will be given full instructions on how and when to use these wipes by the pre-assessment team.

You will normally be admitted to the Surgical Admissions Lounge (SAL), the day surgery unit (DSU) or the gynaecology ward on the day of your operation.

Before your surgery you will see a doctor from your gynaecology team and an anaesthetist. The anaesthetist will ask about your health and explain the different ways in which pain can be prevented and controlled after your surgery. You should be given the leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

Please do not eat or drink anything (except non-fizzy water) for six hours before surgery. This means that you cannot suck on sweets or chew gum. You are allowed to drink water up to two hours before your surgery. If you continue to eat or drink after this, your surgery will be cancelled. However, you may be given ERP drinks by your pre-assessment nurse so please follow the instructions about when to have these.

It is important that you let your nurse, doctor or anaesthetist know if you have allergies to any medicines, including anaesthetics. Please bring along any medicines that you are taking.

Your ward nurse will help you get ready for your operation and can answer any questions you may have. Please read the checklist on page 10 for information about preparing for your operation.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

Are there alternatives to having a hysterectomy?

Yes, depending on the reason why the hysterectomy was recommended to you and your individual circumstances, there may be other medical or surgical treatments available to you. Your doctor will discuss this with you in more detail.

After the hysterectomy

What happens after my operation?

The following information is a guide as to what may happen after your operation. Everyone recovers at a different pace and if you have any concerns please talk to your doctors or nurses.

When you wake up you will have:

- an oxygen mask on your face to help you breathe after the general anaesthetic
- a **drip** in your arm to give you fluids
- a small clip on your finger to check your oxygen levels
- a temporary **bladder catheter** – this is because you will feel sleepy and will not be able to get out of bed to pass urine. The catheter also gives an accurate measurement of your urine.
- you may have a **drain** coming from your wound.

You may also have a pain relieving pump. There are two types:

- an epidural pump, which gives pain relieving drugs into your back, and makes your legs feel heavy and numb
- a PCA (patient controlled analgesia) which allows you to control your drugs yourself. Your nurse will explain how to use this pump.

The anaesthetist will advise you on which type is best suited to your circumstances and let you know whether you can choose between the two. You will be given a full explanation of how the pump works and you will be shown how to use it.

You will feel very tired after your surgery and it is important that you do not have too many visitors in the first few days after your operation. The nursing staff will be available to help you if you need anything.

On the first day after your operation:

To help you recover from your operation and reduce the chance of problems, the ward team will encourage you to:

- sit upright, especially out of bed. This allows your lungs open up fully, makes it easier to cough and helps to prevent you from getting a chest infection.
- start moving around as soon as possible. This is good for your blood circulation and, along with your **anti-embolic stockings**, can help prevent blood clots (deep vein thrombosis or DVT). Please do not get out of bed until your nurse has told you it is safe to do so.

It can take a little while for your gut to start working again. This means, depending on the type of hysterectomy you had, you may be asked to start drinking with just small sips of water.

It is important that you stop smoking for at least 24 hours after your operation to reduce the risk of chest problems. Smoking can also delay wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no smoking policy in our hospitals. If you would like to give up smoking, please speak to your nurse or call the Trust stop smoking service on 020 7188 0995, or call the NHS Smoking Helpline on 0300 123 1044.

During the rest of your time on the ward:

Each day you will be encouraged to move around more and become more independent. Your **physiotherapist** will show you the easiest way to start moving again and will explain about doing **pelvic floor exercises**.

Once you are able to drink normally your drip will be taken away. Drinking plenty of fluids and walking around will also help your bowels to start working again.

Your pain relieving pump will be stopped and you will be given tablets or **suppositories** to control any pain. Your catheter will also be removed.

In the days after your operation it is quite normal to feel a little 'blue' and perhaps weepy. This can be caused by the hormonal changes in your body, the anaesthetic you were given and/or your feelings about the operation in general. How long these feelings will last varies from woman to woman. Please do not hesitate to talk to the staff about how you are feeling.

Going home

When can I go home?

Your stay in hospital will be between one and five days in total, depending on which ERP you are on and the type of surgery you have had. Some people recover from surgery quicker than others, so it will also depend on how you feel after the operation.

Your doctor and also the nurse at your pre-admission appointment will inform you of the expected length of your hospital stay. They will also discuss this with you when you are in hospital. Please read the checklist on page 10 for things to be aware of before you go home.

What happens after I go home?

It is important that you follow all the advice you are given when you leave the ward. Continue doing the pelvic floor exercises you were shown, to help prevent problems with **urinary incontinence** (being unable to stop urine leaking).

About 10 to 14 days after your operation you may notice that the amount of pinkish/brown fluid (known as a 'discharge') coming from your vagina increases. This will last for a few days and is a normal part of healing.

What can and can't I do when I am at home?

These guidelines will give you an idea as to how much you can do at home:

Week one and two:

- × Do not lift anything that is heavier than a full kettle.
- × Do not do any strenuous physical activity (activity that makes you feel out of breath).
- × Do not have sexual intercourse.
- × Do not put anything inside your vagina.
- × Do not use vaginal lubricants, creams or gels.
- × Do not drive.

- ✓ Use sanitary towels (instead of tampons) for any vaginal bleeding.

You can have a bath or shower but avoid using perfumed/scented gels or soap on your wound area – they can irritate the area and delay healing. Gently pat your wound dry. You can then put on a moisturising cream which is not scented, such as E45 or aqueous cream.

Weeks three to five:

- × Do not have sexual intercourse.
- × Do not put anything inside your vagina.
- × Do not drive.

- ✓ Continue to gently increase the amount of physical activity you are doing – walking is good.
- ✓ Allow rest time in your daily routine.

At week six:

- ✓ You can start back with your normal activities.
- ✓ You can start driving again if you do not have pain when moving, and you feel comfortable performing an emergency stop quickly and safely. Consult your insurance company before driving. If you are not sure about when to resume driving, please visit your GP to check your progress.
- ✓ If you no longer have pain or vaginal bleeding you can start to have sexual intercourse and use tampons. If you have pain or bleeding after starting sex again, please contact the ward or your GP for advice.
- ✓ Continue to increase your physical activity and rest when you feel tired.

Some women tell us that it can take up to four to six months before they feel fully recovered after their hysterectomy.

Will I have a follow-up appointment?

We will tell you when and who to see for your follow-up appointment before you go home. It may be with your GP or a hospital doctor. Sometimes your surgeon may need to see you three months after your operation – we will let you know if this is the case before you go home.

Any tissue that is removed during the operation (womb, cervix, tubes, ovaries) will be sent for examination after the operation. This is a routine examination that is performed for all tissues removed during any operation.

The examination is done in a laboratory by a histopathologist. The structure of the tissue is reviewed and also studied under the microscope to make sure there were no unexpected abnormal features within the tissues and cells.

You can phone the telephone results line four weeks after the operation to speak with the nurse consultant or a clinical nurse specialist about your results. Please call 020 7188 3023 on **Wednesday afternoons, between 2pm – 4pm.**

In the very unlikely case that we detect any abnormal cells in the womb or any of the other tissues that were removed, we will call you and explain to you what that means for you.

When to contact your doctor

It is fairly unusual to have problems once you are back at home.

Please attend your nearest emergency department (A&E) if you experience any of these issues:

- a sudden feeling of shortness of breath and/or chest pain
- if you have a temperature of 38°C or above (100.4 fahrenheit)
- severe pain or increasing pain
- nausea and vomiting
- increased bleeding from your vagina (bright red blood or clots)
- if you are unable to pass urine
- pain, swelling or redness in your calf.

Please consult your GP if you experience any of the following, or attend the emergency department (A&E) if the symptoms are severe:

- constipation which lasts longer than three or four days and does not get better after taking a laxative
- wound pain, or swelling/redness of your wound area
- discharge (pus) from your wound or your wound opening
- offensive smelling, itchy, yellow/green discharge from your vagina
- burning pain or discomfort when passing urine.

Checklist

Before your operation:

- ☐ Stop taking your oral contraceptive pill six weeks before your operation. You must use another method of contraception instead, such as condoms.
- ☐ Stop smoking or at least cut down. Try using nicotine patches or gum. For more information contact your nurse or the NHS Smoking Helpline on 0300 123 1044.
- ☐ Write down any unanswered questions you have, for example: What type of hysterectomy am I having? Will my ovaries be removed?
- ☐ Make arrangements for time off work and support when you come home.
- ☐ Try to take regular exercise and eat a varied, balanced diet.
- ☐ If you are overweight, speak to your GP about the best way to lose weight. If you cannot lose weight, please try not to gain any more weight.

Coming into hospital:

You should have received the leaflet, **Preparing for your stay at St Thomas'/Guy's**. If you have not, please contact us. Please look at the checklist in this leaflet to make sure you have packed everything you need. Please also bring:

- ☐ baby-wipes
- ☐ lip balm
- ☐ comfortable sanitary pads
- ☐ larger fitting pants
- ☐ nicotine patches (if you smoke and are trying to stop). Please give them to your nurse when you arrive
- ☐ loose-fitting nightdresses - the waistline of pyjamas can be uncomfortable over your wound
- ☐ supportive shoes or slippers.

Going home:

- ☐ Do you have a clinic appointment?
Date: _____ Time: _____ Clinic: _____
- ☐ Have you had advice about doing pelvic floor exercises?
- ☐ Do you know when you can return to work?
- ☐ Are you having HRT?
- ☐ Have you had written information and/or started your HRT?
- ☐ Have you been given your medicines to take home? Do you know what your tablets are for and how and when to take them?
- ☐ Have you spoken to your pharmacist, nurse or doctor about any questions you may have about your medicines?
- ☐ Are there any other questions you need to ask before going home?

Please write your questions down here:

Frequently asked questions

These are some general questions and answers about having a hysterectomy. If you have any questions or concerns, your doctor or nurse will be happy to help (contact details on page 16).

Will my life be different after a hysterectomy?

At first you will feel more tired. If you did not start the menopause before your hysterectomy and your ovaries were removed as part of your surgery, your menopause will begin within days. It takes time to get used to the symptoms this can cause. If you decide to take hormone treatments, such as hormone replacement therapy (HRT), you will be adjusting to their side effects.

Most women tell us they feel different after a hysterectomy. Some women take time to adjust to losing their womb and they may feel a loss of womanhood. Other women say they feel a sense of relief.

If my ovaries are removed, how do I cope with the menopause?

If your ovaries are removed at surgery and you have not yet had your menopause, then you will automatically go through the menopause, no matter how old you are when you have the operation. This is called an induced menopause or surgical menopause.

Each woman's experience of the menopause is different. Some women hardly notice any problems, while others find the symptoms very challenging.

Some common symptoms are:

- night sweats
- hot flushes
- vaginal dryness
- irritability and mood swings.

Later on there may be

- loss of bone strength
- problems with urinary continence
- a slight increase in the risk of getting heart disease.

You will be offered hormone replacement therapy (HRT) if your menopause started as a result of your operation.

There are some risks linked with HRT but there are also risks associated with not having HRT. Please speak to your surgeon or GP about these risks. It is important to ask questions about what is right for you. You may want to wait until your follow-up appointment to decide and you can ask for written information to take home with you.

There are other therapies you can use which do not always work as well as HRT but can help with short-term symptoms.

Some of the organisations listed on page 13 can also give you more information.

If your ovaries are NOT removed at surgery

Without the womb, you will no longer menstruate each month, but this does not mean that you are going through the menopause. If your ovaries remain intact, oestrogen levels in the body will not be affected. Without monthly bleeding, it can be difficult to determine when you are going through the menopause. The first major sign might be menopause symptoms such as hot flushes and night sweats. Your doctor can confirm this by checking your hormone levels.

After a hysterectomy the menopause may start earlier (on average two years) than it would have done otherwise.

Do I still need to have smear tests?

This depends on which operation you have had and your diagnosis.

After a sub-total hysterectomy you will still need to have regular smear tests.

If you have had a total hysterectomy and you do not have cancer, you should not need to have any more smear tests. You will only need to have further smear tests if a recent result, before your operation, showed an abnormality.

You will still have smear tests as part of your routine follow-up if your doctors find that you have cancer of the cervix. The smear test is carried out on the remaining vaginal area.

Will I still be able to enjoy sex?

You can start to have sex six weeks after your operation providing you no longer have pain, vaginal bleeding or an unusual vaginal discharge.

Many women are concerned that they will no longer be able to have an orgasm after a hysterectomy. If you were able to have orgasms before your surgery, there is no physical reason why you should not be able to have orgasms again.

When you start to have sexual intercourse, use extra vaginal lubrication, such as Aquagel or KY Jelly (you can buy this at any chemist or supermarket). Start off gently. If you find penetrative sex uncomfortable, wait a week and then try again. It is not unusual to feel some discomfort and this should get better over time. If it does not, please contact your surgeon or GP. If you continue to have difficulties after you have recovered from your operation you might also want to contact the College of Sexual and Relationship Therapists for more information (contact details can be found on page 13).

If your ovaries were removed, you may find that a hormone cream or vaginal moisturiser helps to lubricate the vagina. You can discuss this with your doctor at your follow-up appointment or with your GP.

Useful sources of information

Royal College of Obstetricians and Gynaecologists

w: www.rcog.org.uk

You will find patient information including information leaflets and videos

Hystersisters.com (a support website for woman recovering from a hysterectomy):

w: www.hystersisters.com

Hysterectomy Association

w: www.hysterectomy-association.org.uk

Daisy Network (for women suffering premature menopause)

w: www.daisynetwork.org.uk

College of Sexual and Relationship Therapists

t: 020 8543 2707

w: www.cosrt.org.uk

Glossary

Anaesthetist	A specially trained doctor with skills in controlling pain and using an anaesthetic to put you to sleep during your operation.
Abdomen (tummy)	The area of the body below the chest, which contains the stomach, bowel and reproductive organs.
Abdominal	Relating to the area of the body below the chest called the abdomen.
Abnormality	Something that is not normal.
Anti-embolic stockings	Stockings that are worn to reduce the risk of getting blood clots.
Bladder catheter	A small rubber tube, which is placed into your bladder during your operation. The tube can feel a little uncomfortable but should not be painful. It allows urine to drain away into a bag so that an accurate measurement of your urine can be taken. It also means you do not need to get up to go to the toilet to pass urine.
Drain	This is a small tube, which is placed at your wound site to remove any extra fluid from inside your body. The extra fluid is deposited into a bag or bottle attached to the end of the drain.
Drip	A bag of fluid connected to a small tube in your vein. Used to give your body fluid when you are not able to drink.
Gauze packing	Cotton material (like soft, absorbent ribbon or pads) used to lower the risk of bleeding. It can be a little uncomfortable when in place. Your nurse or doctor will remove it, with little discomfort, the day after your operation.
Gynaecology	The study of women's illnesses/conditions which affect the parts of the body involved in reproduction (making babies).
Hormone	A substance which is released within the body and passes through the bloodstream to an organ (body part). It then helps to control how this organ works. Hormones control such things as pregnancy, periods and the menopause.
Hormone replacement therapy (HRT)	Putting back the hormones that a woman's ovaries no longer make.
Laxative	Medicine used to help your bowels work as normal. Used to relieve constipation.
Menopause	Change in hormones that are produced by the ovaries, leading to a wide variety of symptoms, the most common are hot flushes and night sweats.
Pelvic floor exercises	Exercises to strengthen the muscles at the base of your pelvis. These muscles help to hold your bladder, vagina and back passage in place. They also help these organs to work properly. For example, they stop urine from leaking when you have finished going to the toilet. Your physiotherapist will explain how you do these exercises.
Pelvis	Lower part of the abdomen.
Physiotherapist	A health professional skilled in treating physical problems using such things as manual therapy and exercise.

Smear	A test which looks closely at cells from the cervix to check that they are healthy.
Supporting tissue	Holds organs, such as the womb, in place.
Suppositories	A medical preparation, in the form of a small cone or cylinder, which is placed in your back passage (rectum) and melts to release medication.
Surgeon	A doctor who has been trained to practise surgery (carry out operations).
Urinary continence	Being able to pass urine normally. Being able to get to the toilet without leaking urine.
Urinary incontinence	Being unable to stop urine leaking when you do not want to pass urine.
Uterus	Another word for 'womb'.
Vaginal lubrication	A gel or cream used to make the vagina moister. This can help to make medical examinations or sex easier and more comfortable.

Contact us

If you have any questions or concerns about your operation, please contact the gynaecology ward on **020 7188 2697** or **020 7188 2694**. If you wish to speak to your consultant, please call **020 7188 3685**. If you have any questions about your hospital stay, such as the date of your operation or when you should come into hospital, please call the admissions department on **020 7188 3676**. If you have a question about your outpatient appointment, please call the McNair Centre on **020 7188 3585**.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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