

## Total Abdominal Hysterectomy

### What is a Hysterectomy?

A hysterectomy is an operation to remove the womb (uterus) through an incision in the tummy known as laparotomy. The incisions are made either along the bikini line (horizontal) or vertically from the belly button (umbilicus) to the bikini line. Sometimes the fallopian tubes and ovaries are removed, if so, you may wish to consider using hormone replacement therapy (HRT). Your Doctor will discuss this with you.

### Why is an abdominal hysterectomy performed?

A hysterectomy is normally performed for one of the following reasons:

- Heavy periods (Menorrhagia) or painful periods (dysmenorrhoea).
- Fibroids which are non-cancerous (benign) tumours made of muscle fibres that grow in the muscle of the womb. Some can grow within the cavity of the womb itself and protrude through the wall of the womb into the pelvic cavity. They can cause women to have heavy periods.
- Pelvic tumour (growth) that may be non-cancerous (benign) or cancerous (malignant).
- Pelvic adhesions these sometimes happen when two areas inside the pelvis that are usually separated become stuck together. This can cause pelvic pain.
- Endometriosis – This is when tissue that is the same as the lining of the womb occurs outside the womb. This can also cause pelvic pain.

### What are the benefits of surgery?

The benefits of having a hysterectomy will vary depending upon the reasons why your doctor has suggested it. However, if you have been experiencing heavy and/or painful periods these symptoms will be relieved as you will no longer have periods.

### Are there any alternatives to hysterectomy?

For heavy periods, tablets, a Mirena coil or balloon treatment. For painful periods a mirena coil tablets or laparoscopy and diathermy. For endometriosis this is the last resort. Fibroids, embolism or myomectomy. There are no alternatives as treatment for cancer.

### What will happen before the operation?

You will be asked to attend a pre assessment clinic, usually on the Thursday the week prior to your operation. The Nurse will take your blood pressure and assess your weight and height and a brief personal history will be taken. If necessary, a chest x-ray and ECG (Electro-cardiogram) may be arranged. Blood and urine samples will also be required. The Nurse will advise you regarding all the preparations necessary before going to theatre. You will have nothing to eat and drink for at least six hours before the operation.

### What risks or complications can happen?

We try to make sure that your operation is safe. This may include prescribing medication to reduce the risk of complications. Most operations are successful with few complications.

However, every procedure has risks and potential complications. Those most relevant to this operation are listed overleaf:

### Complications of anaesthesia

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic.

### General Complications of any operation

**Pain** – This happens with any operation. The anaesthetist will discuss pain relief with you prior to your operation. The pain team will visit you after your operation to reduce your pain and work alongside the nursing staff.

**Bleeding** – During or after the operation. Very occasionally this requires a blood transfusion or another operation.

**Infection** – In the surgical wound which is treated by antibiotics.

**Blood Clots** – In the legs (thrombosis), which can occasionally move through the bloodstream to the lungs (embolus), causing breathing difficulties. An embolus can occasionally cause death. Nurses will encourage you to get out of bed soon after the operation and will give you injections to reduce the risk of blood clots.

### Specific complications of this operation

**Damage to the bladder** – If this happens the surgeons will repair it immediately while you are still anaesthetised.

**Damage to the bowel** – If this happens the surgeons will repair it while you are anaesthetised.

**Damage to the ureter** – This will require repair.

These are occasionally not identified at the time of the operation and need another operation afterwards.

### What does the operation involve?

Assuming you understand these possibilities and have consented to the operation, the operation will remove the womb including the cervix through a cut in the abdomen. The doctors will discuss what should happen to your ovaries before the operation.

### How will I feel after the operation?

You are likely to feel some discomfort after your operation. You will probably have a drip in your arm to keep you hydrated (as you are unable to eat or drink before your operation) this is removed once you are able to tolerate fluids normally. You may also have a catheter (a small tube in your bladder) to enable you to pass urine, this is generally removed 12-48 hours after your operation. There may also be a drain in your abdomen to allow excess fluid to drain away, this again is generally removed within 48 hours. Pain relief is started after your operation and is monitored regularly by the nurses on the ward.

### In Hospital

After the operation you will be transferred to the recovery room and then the ward. You will be encouraged to get out of bed and move slowly the day after your operation, this helps to reduce the risk of blood clots forming.

It is common to have a slight brown stained discharge from the vagina for several days. Heavy bleeding is rare but needs assessing if this happens.

A short period of feeling weepy or low is quite common; being tired can make you feel depressed, so it is important to have as much rest as possible.

The amount of time you spend in hospital is generally 2 days depending on how you are feeling.

### **Returning to normal activities**

You should lift nothing heavier than a half full kettle for the first week at home and no heavy lifting or straining (such as vacuuming, bed-making or cleaning out the bath) for at least 6 weeks. Depending on how strenuous your job is you can return to work 2 to 3 months after the operation and some people can return to work before this. By 3 months you can assume that the wound and the repair has achieved maximum strength and therefore get back to normal activity. Sexual intercourse may be resumed when you feel comfortable.

You will be seen in the clinic 6 – 8 weeks after the operation to check that all is going well.