

## Vaginal Hysterectomy

### What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation to remove the womb (uterus) through the vagina. The ovaries are not usually removed during the operation. It is usually done for a prolapse of the womb.

### Benefits of surgery

The benefits of having a vaginal 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. If you are having the operation for a prolapse, then this should improve.

### Alternatives to vaginal hysterectomy

For prolapse – A ring pessary or shelf pessary.

For heavy periods – Tablets, a Mirena coil, balloon treatment or an abdominal hysterectomy.

### Before the operation

You will be given an appointment to attend the Pre-Clerking Clinic. This is held in the Gynaecology Outpatients at Cygnet Wing the week prior to your admission. Please remember to bring a list of your medication with you to your Pre-Clerking appointment. Your appointment should last approximately 20 – 30 minutes.

***Please remember to let us know what medication you are taking at your Pre-Clerking appointment.***

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 preparations necessary before going to theatre. You will have nothing to eat and drink for at least six hours before the operation.

If you anticipate any problems at home on discharge, or need advice about available services (e.g. home help), then speak to a nurse at Pre-Clerking.

### Risks or complications

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 below:

### 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 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** – That is treated with 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 we will repair it immediately while you are anaesthetised.

**Damage to the Bowel** – If this happens we will repair it immediately while you are anaesthetised. Complications during the operation may mean that it has to be completed by an operation through bikini line or midline incision.

## What does the operation involve?

Assuming you understand these possibilities and have agreed to the operation the surgeon will remove the womb (uterus) through the front passage (vagina). The cut is made in the top of the vagina, so there is no scar. It is usually performed when there is a prolapse of the womb.

## How will I feel after the operation?

You are likely to feel discomfort after the operation, like a period pain. You will probably have a drip in your arm to keep you hydrated (as you are unable to eat or drink before the 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 within 48 hours. Pain relief is started after your operation and is monitored regularly by Nurses and pain team on the ward. You may be given medication to ensure you open your bowels without straining.

## In Hospital

After the operation you will be transferred to the recovery room and then the ward. You may have gauze pack inserted into your vagina after the operation. This is to minimise bleeding and will be removed the day after your operation. If this is present you will also have a catheter.

You will be encouraged to get out of bed and move slowly the day after your operation, this helps reduce risk of blood clots forming.

The amount of time you spend in hospital is generally two days depending on your recovery.

## 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 six weeks. Depending on how strenuous your job is you can usually return back to work six weeks after the operation and by three months can assume that the wound and the repair has achieved maximum strength and therefore get back to full normal activity. Sexual intercourse may be resumed when you feel comfortable.

You will be seen in the clinic six to eight weeks after the operation to check that all is going well.