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RAMSAY HEALTH CARE

OG02 Vaginal Hysterectomy

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What is a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb). It is possible also to remove the ovaries if you have a vaginal hysterectomy but they will more than likely be left alone (see figure 1). Your doctor will discuss this with you before the operation.

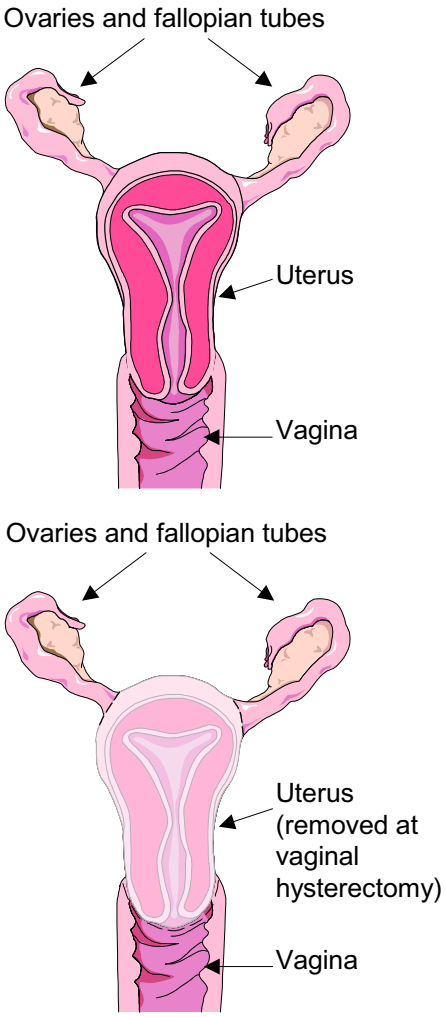

Figure 1

In a vaginal hysterectomy only the uterus is usually removed

Your gynaecologist has recommended a vaginal hysterectomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your gynaecologist or any member of the healthcare team.

Why do I need a vaginal hysterectomy?

The following are the three most common reasons for having a vaginal hysterectomy.

- Uterine prolapse, where the uterine supports become weak, causing the womb to drop down into the vagina. This often causes a feeling of 'something coming down'.
- Heavy periods not controlled by other treatments and often when a cause cannot be found (dysfunctional uterine bleeding).
- Fibroids, where the muscle of the womb becomes overgrown.

There are other reasons for having a vaginal hysterectomy which are less common. Your gynaecologist will discuss with you why they have recommended a hysterectomy.

What are the benefits of surgery?

A hysterectomy may cure or improve your symptoms. You will no longer have periods. It is important to realise that in a few cases pain may continue after the hysterectomy, depending on what causes it. If your ovaries are not removed you may continue to have period-like symptoms such as bloatedness, headaches and premenstrual tension.

Are there any alternatives to surgery?

A hysterectomy is a major operation usually recommended to women after simpler treatments have failed to control their symptoms.

In some cases there may be no suitable alternatives and a hysterectomy may be recommended immediately, but this is unusual.

The alternatives to a hysterectomy depend on the cause of the problem.

- Uterine prolapse – Symptoms may be improved by doing pelvic floor exercises. Depending on your age, a pessary (a ring that fits into the vagina) may stop the womb from dropping down.
- Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include a hormonal coil that fits in the womb, or 'conservative surgery' where only the lining of the womb is removed (endometrial ablation).

• Fibroids – Depending on the size and position of fibroids, you can take medication to try to control the symptoms. Other treatments include surgery to remove the fibroids only or uterine artery embolisation to reduce the blood flow to the fibroids.

For the less common reasons for recommending a hysterectomy, your gynaecologist can discuss the alternative treatments with you. If you have any questions, ask your gynaecologist or any member of the healthcare team.

What will happen if I decide not to have the operation?

Your doctor will try to control your symptoms with one of the other treatments described above.

You may feel that you would prefer to put up with your symptoms rather than have an operation. Your gynaecologist will let you know if there is any danger in not having an operation.

What happens before the operation?

Your gynaecologist may ask you to go to a pre-admission clinic. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask a member of the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test to make sure you are not pregnant. The test is usually performed using a sample of your urine.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

A vaginal hysterectomy is usually performed under a general anaesthetic. Sometimes a spinal anaesthetic or an epidural anaesthetic may be used. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about three-quarters of an hour.

Your gynaecologist may examine your vagina. They will make a cut around the cervix at the top of the vagina so they can remove your womb and cervix. Your gynaecologist will separate your womb and remove it through your vagina using special instruments. They may remove your ovaries through the same cut at the top of your vagina, although this is not always possible. Your gynaecologist will close the cut at the top of your vagina with stitches. Usually they will stitch the support ligaments of your womb to the top of your vagina to reduce the risk of a future prolapse.

Your gynaecologist may place a catheter (tube) in your bladder to help you pass urine.

What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin, clopidogrel, oral contraception or hormone replacement therapy (HRT) before your operation.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.
You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of your operation.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: 4 in 10,000). You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

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

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Feeling or being sick**, which is common after the operation. Most women have only mild symptoms and feel better within 24 hours without needing any medication.
- **Bleeding** during or after surgery. Major bleeding needing a blood transfusion is uncommon (risk: less than 2 in 100). The healthcare team will try to avoid the need for you to have a blood transfusion. However, you will be given a blood transfusion if your gynaecologist feels it is absolutely necessary.
- **Infection of the surgical site** (wound). Let your gynaecologist know if you get a temperature. An infection usually settles with antibiotics.
- **Blood clots** in the legs (deep-vein thrombosis – DVT) (risk: 1 in 100), which can move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear.

3 Specific complications of this operation

- **Pelvic infection or abscess** (risk: 3 in 1,000). If this happens, you will need further treatment. You should let your gynaecologist know if you get an unpleasant-smelling vaginal discharge.
- **Damage to internal organs** such as the bladder or ureters (tubes that pass from the kidneys to the bladder) (risk: less than 1 in 100), bowel (risk: 5 in 1,000) and blood vessels (risk: 2 in 100), as these lie close to the womb. Usually your gynaecologist will notice any damage and repair it during the operation. However, damage may not be obvious until after the operation and you may need a further operation to treat the problem (risk: less than 4 in 100).
- **Developing a fistula**, which is an abnormal connection that forms between the bladder or ureters and the vagina (risk: less than 1 in 1,000). You will need another operation.
- **Conversion to an abdominal hysterectomy**. This involves a cut in the abdomen and may be needed if surrounding structures are damaged or if the operation is difficult to perform (risk: less than 4 in 100).
- **Developing a haematoma**, which is a collection of blood inside the abdomen where the womb used to be (risk: 6 in 100). Most haematomas are small and may cause only a mild temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms, it may need to be drained under an anaesthetic. Sometimes a haematoma will drain on its own through the vagina, usually causing a period-like blood loss for up to six weeks.

Long-term problems

Most women who have a hysterectomy do not have any long-term problems. However, a small number of women may have the following problems.

- A hysterectomy can weaken the supports of the vagina, which can cause a prolapse (a bulge of the vagina caused by internal organs dropping down). The risk of a prolapse increases if you had a degree of prolapse before the operation.
- Pain may continue after the operation.
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside the abdomen. The risk is higher if you get a pelvic infection or haematoma. Adhesions do not usually cause any major problems but in the future you may have complications and need further surgery.
- You may need to pass urine more frequently, have uncontrolled urges to pass urine or urine may leak from your bladder when you exercise, laugh, cough or sneeze (stress incontinence).
- You may experience feelings of loss as a hysterectomy will make you infertile (you cannot become pregnant). This may be more important for you if you have not had children.
- You may go through menopause even if your ovaries are not removed. If this happens, you should discuss HRT with your doctor.

How soon will I recover?

• In hospital

You will be given fluids through a drip (small tube) in your arm for the first twelve to 24 hours. You will probably feel some pain or discomfort when you wake and you may be given strong painkillers. These may be given through the drip (patient-controlled analgesia) or as an injection. After twelve to 24 hours your pain will be controlled with tablets or suppositories (tablets inserted in the back passage).

The drip in your arm will usually be removed after twelve to 24 hours. The catheter and drain are usually removed after four to six hours. The healthcare team will allow you to start drinking and to eat light meals. You should drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

You will be seen by your doctors and physiotherapist, who will recommend exercises that you should perform to help your recovery.

You should expect a slight discharge or bleeding from your vagina but you should let a member of the healthcare team know if this becomes heavy. You should use sanitary pads and avoid using tampons. You will be able to go home when your gynaecologist thinks you are medically fit enough, which is usually after at least one to two days.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

For the first two weeks at home you should rest, relax and continue to do the exercises that you were shown in hospital. You should continue to improve. It is important to let your doctor know if you experience heavy bleeding, increasing pain or shortness of breath.

Try to take a short walk every day, eat healthily, drink plenty of fluids and rest when you have to.

It is best not to have sex for about four to six weeks or at least until any bleeding or discharge has stopped. It is not unusual to experience some discomfort at first or need to use a lubricant.
Avoid standing for too long and do not lift anything heavy. You can go back to work once your doctor has said you are well enough to do so (usually after four to six weeks, depending on your type of work). After two to three months you should be feeling more or less back to normal.
Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

If your cervix was removed and you have had no problems with smear tests in the past, it is unlikely that you will need to have a smear test again. Your doctor will discuss this with you.
Most women make a good recovery and return to normal activities. However, if you are having a hysterectomy because of a uterine prolapse, the prolapse may come back (risk: less than 1 in 10).

Menopause and HRT

• Will I need HRT?

If your hysterectomy is performed while you are still having periods and your ovaries are removed at the operation, you will experience menopausal symptoms after your operation. These include hot flushes, night sweats, passing urine more frequently, a dry vagina, dry skin and hair, mood swings and lack of sex drive. These symptoms can usually be treated with HRT. It is common for your doctor to advise you to take your HRT until the time when you would have gone through menopause naturally (about age 50 to 52), but you can carry it on for longer if you want. You should discuss this with your doctor.

HRT is most often taken in tablet form, but it is also available as patches, gels, nasal sprays, vaginal rings and implants. A member of the healthcare team can discuss the options with you.

• What are the benefits of HRT?

HRT has been shown to effectively control the immediate symptoms of menopause and improve quality of life. It has also been shown to reduce the risk of osteoporosis (brittle bones) and therefore fractures.

• What are the side effects and risks?

Some women may experience nausea, headaches, breast tenderness or leg cramps at first, but they normally settle down in the first three months. The patches can cause skin irritation.
Weight gain is no more likely in women on HRT compared to those who are not.
Breast cancer is a common disease in women over 50, with 1 in 10 women developing it at some time in their life. Studies have shown that taking HRT for more than five years after the age of 50 increases the risk of breast cancer. The risk increases the longer HRT is taken. However, if HRT is started under the age of 50, the risk of breast cancer does not increase until after the age of the natural menopause.
There is also a risk of blood clots (thrombosis) (risk: 3 in 1,000).

• What if my ovaries are not removed?

Your ovaries should continue to produce the hormones that you need until you have reached the normal age of menopause. However, there is some evidence to suggest that, in some women, menopause may start two to three years earlier after a hysterectomy. It can be more difficult to know when you are in menopause, as your periods will have already stopped. If you develop flushes or sweats or other menopausal symptoms, you should discuss HRT with your doctor.

Summary

A hysterectomy is a major operation usually recommended after simpler treatments have failed. If the operation is successful, your symptoms should improve.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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