Gloucestershire Hospitals NHS Foundation Trust

Patient Information

Hysterectomy

Introduction

This leaflet explains what a hysterectomy involves and answer some of the more commonly asked questions.

What is a hysterectomy?

This is major surgery which removes the uterus (womb) and cervix (neck of the womb) from your body.

Why am I having a hysterectomy?

Hysterectomies are sometimes performed due to hormonal abnormalities causing heavy or painful periods for which the other treatments have proven ineffective.
Some women have period problems due to benign (non-cancerous) disease in the pelvis, such as fibroids or endometriosis. Hysterectomy can also be part of the treatment for a prolapse. A much smaller number of women need a hysterectomy for cancerous conditions of the uterus, cervix or ovary.

Will my ovaries be removed?

In some cases, it is appropriate to remove the ovaries at the time of hysterectomy. This could be either as part of the treatment of an underlying condition such as when there is a cyst present on one of the ovaries or to prevent the small risk of ovarian cysts happening in later life (which can very rarely develop into a cancer).

The decision about the removal of your ovaries (oophorectomy) will be discussed with you by your gynaecologist.

A hysterectomy operation does not mean that your ovaries will be removed unless it is stated clearly by your gynaecologist.

Reference No.
GHPI0159_01_25
Department
Gynaecology
Review due
January 2028

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Will I need a pre-operative assessment?

You will be invited to the hospital any time up to 2 weeks before your surgery for a pre-operative assessment. During this assessment we will check your fitness for general anaesthetic and surgery. This will include recording a full medical history, current medication and any investigations needed. It is important that you let the doctor know if you have had problems with any previous surgery, anaesthetic or if you have any allergies.

At this visit you will have the opportunity to discuss what to expect before and after your surgery and ask any questions that you may have. We will advise you on what you will be able to do during your recovery time and confirm your admission.

Will I have to sign a consent form?

You will be asked to sign a form giving your consent to the surgery. The consent form gives your gynaecologist the right to do only what is written on this form. The only exception to this is if during the surgery there is an unforeseen problem identified or complication occurred, in which case your surgeon may have to perform additional procedures. At all times your requests and wishes will be considered and only the most essential additional procedures will be performed.

Please feel free to ask any questions about the surgery that you do not understand before signing the consent form.

The medical terms commonly used on the consent form are:

- **Total hysterectomy** - removal of the womb which includes the cervix (neck of the womb).
- **Sub-total hysterectomy** - this is removal of the womb but leaving the cervix behind.
- **Oophorectomy** - removal of one ovary, either the right or left and this will be clearly specified.
- **Bilateral oophorectomy** - removal of both ovaries.
- **Salpingectomy** - removal of one fallopian tube, either the right or left and this will be clearly specified.
- **Bilateral salpingectomy** - removal of both fallopian tubes.

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- **Salpingo-oophorectomy** - removal of one ovary and fallopian tube, either the right or left and this will be clearly specified.
- **Bilateral salpingo-oophorectomy** - removal of both ovaries and fallopian tubes.

Will I need a catheter?

You are likely to require a catheter to be inserted after a hysterectomy. Immediately following a hysterectomy some women find it difficult to pass urine and a catheter allows the bladder to remain empty until you are completely awake from the anaesthetic and more mobile.

When will I be admitted to hospital?

Normally, you will be admitted on the day of your surgery.

When should I refrain from eating and drinking?

Specific instructions will be included in your admission letter. It is very important that you pay attention to these details as your surgery may need to be postponed until a later date. This will be discussed at your pre-operative assessment appointment.

It is normally safe to drink water until your admission time. Please refrain from having any other drinks from midnight if your surgery is in the morning and from 7:00am if your surgery is in the afternoon.

Types of hysterectomy

There are different methods of performing a hysterectomy. Your gynaecologist will advise you about the best technique suited to your problems.

Abdominal hysterectomy

This procedure is performed through a cut (incision) on the abdomen. This is usually along the bikini-line but occasionally will need to be a vertical cut on the abdomen.

The method of closing the incision varies. The most common closure method is to use dissolvable stitches that run under the skin. These do not need removal.

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If you have any clips or stitches, these will be removed between 5 and 7 days after the surgery.

Vaginal hysterectomy
In many cases the gynaecologist may advice removal of the uterus through the vagina. If you have a prolapse, a repair surgery can be performed at the same time. Dissolvable internal (vaginal) stitches will be used. These stitches usually take longer to dissolve so please do not worry if you notice small fragments of stitch material coming out of your vagina.

Occasionally it is not possible to complete the surgery vaginally and it may be necessary to change over to an abdominal hysterectomy.

If you are having a hysterectomy for prolapse reasons, please ask for a copy of leaflet GHPI0714 'Prolapse, vaginal hysterectomy and pelvic floor repair'.

Laparoscopically assisted vaginal hysterectomy
If the ovaries are also being removed it may be appropriate to use keyhole surgery. This technique will assist the removal of the ovaries following which the hysterectomy, is completed through the vaginal route.

Total laparoscopic hysterectomy
Total laparoscopic hysterectomy involves removing the uterus and cervix using keyhole (laparoscopic) surgery. You will have 2 to 3 small cuts in your tummy, no more than a centimetre in size and one in your belly button. The womb will be removed through the vagina.

After the surgery

You will normally wake up in the recovery area of the operating theatre. You may not, however, recall anything until you arrive back on the ward. You will be given medication during your surgery to relieve the pain when you wake up. You may have some discomfort following your surgery but we will try to control this as effectively as possible using a variety of pain relief. Please ask the nurse for more pain relief if needed.

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Risks

All medical and surgical treatments for heavy periods carry a small risk. In general, all the risks from hysterectomy are low but you need to be aware of them.

If you smoke you should reduce or stop before your surgery.

If you are overweight, in some circumstances, you will be advised to lose weight before surgery is considered. Being overweight increases all of the risks associated with hysterectomy. Feel free to discuss the risks fully with your doctor or nurse.

Minor risks

- Inflammation, infections and bruising to any wound on the abdomen or in the vagina.
- Haematoma (blood collecting in the wound).
- Pelvic haematoma (blood collection in the pelvis) which may sometimes get infected or cause pain
- Chest infection.
- Urinary tract infections such as cystitis happen in about 1 in 6 women.
- Hernia.
- Adhesion (tissue sticking together).

More serious risks

- Blood loss can sometimes be heavy during the surgery and this may require you to have a blood transfusion.
- Return to theatre; blood loss can sometimes happen after the surgery and this may require you to have another surgery to stop the bleeding.
- Injuries to the bladder, ureters (connection between bladder and the kidney), bowel or blood vessels needing further surgery necessitating a longer stay in hospital.
- Thrombosis (blood clots in the leg or chest). Although these can occur, they are uncommon after hysterectomy as preventative measures will be taken. Smoking and being overweight increases your risk of thrombosis.
- Anaesthetic carries a small risk; you will be asked by your doctors about any medical problems that might increase this risk.

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When can I resume my normal diet?

You may be able to drink a few hours after your surgery, until then you will have a tube inserted in to a vein in your arm so that fluids can be given. You will usually be eating and drinking normally within 1 to 2 days after the surgery.

How long will I be in hospital?

You will normally be discharged between 1 and 3 days after your surgery. However, if you have had additional surgery or complications, you may be in hospital longer. If you have any concerns about going home after the surgery, please discuss these with the staff at the pre-operative assessment clinic so that the necessary arrangements can be made.

You will be informed about whether a follow up visit with your gynaecologist or GP is required before you are discharged from hospital. You will also receive information about when to expect the results from the laboratory samples taken from the womb and cervix removed at the time of the operation (this will also include the ovaries if removed).

Going home

You may still have some discomfort when you leave hospital. You will be given a supply of pain relief medication. Minor changes in bowel habits are common after hysterectomy. After the surgery you may also have ‘wind pains’, these should resolve within a few days. Peppermint water can help with wind pains. You may require some laxatives to take home.

You may notice some weight gain during the first few weeks following the surgery as you are less active. Hysterectomy itself does not cause weight gain.

You may also have some vaginal discharge and mild bleeding for up to 6 weeks following the surgery, this is normal. If the discharge or bleeding becomes heavy or offensive or you are concerned, please contact your GP or your gynaecologist for advice.

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Returning to normal

You may feel more tired in the weeks following your surgery as you gradually increase your activities. You may also have a slight aching discomfort in your tummy and the wound sites.

In some cases, this can persist for some months after the surgery but most women are able to resume normal activity in terms of exercise and daily tasks within 6 to 12 weeks. It is advisable to avoid swimming until all the wounds have healed and any vaginal discharge has cleared up. Most women can usually start swimming around 6 weeks after surgery.

When can I go back to work?

We suggest that you should be off work for 6 to 12 weeks; this is dependent on the extent of your surgery and the nature of your job. Your gynaecologist will be able to advice you further about this.

What about my sex life?

There will be some stitches at the top of your vagina where the cervix was, this area needs to heal before intercourse is resumed. This usually takes up to 6 weeks. You will know when you feel ready to resume intercourse and there should be no alteration in the sensation, although there may initially be slight discomfort. Sometimes you may have a mild blood-stained discharge following sexual intercourse in the beginning; this is normal. If you experience any pain or fresh bleeding, then stop having intercourse and seek advice from your GP or gynaecologist.

When can I drive?

You should not drive until you feel able to perform an emergency stop comfortably without any severe pain and you are not taking regular pain relief medication. This usually means about 4 to 6 weeks before starting to drive again.

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Will I need hormone replacement therapy (HRT)?

This will have been discussed with you in the out-patient clinic before your surgery and depends upon whether your ovaries were removed at the time of the surgery and your age.

If you have not reached the menopause at the time of your surgery and your ovaries are left in place there will be no need for HRT. There is however, a possibility that the ovaries may stop working slightly earlier than your natural age of menopause following hysterectomy.

After surgery, if you develop persistent hot flushes or other menopausal symptoms and you are under the age of 45 years, you should ask your GP for advice about the possible need for HRT to prevent osteoporosis (premature thinning of the bones).

If your ovaries are removed at the time of hysterectomy, before you reach the menopause, you will be advised to take oestrogen replacement therapy until the age of 50.

If you have already reached the menopause before your surgery your need for HRT may not change. If you were not taking HRT before the surgery, you are unlikely to need it after. You may wish to discuss the advantages and possible disadvantages of HRT with the gynaecology team or with your own GP before or after your surgery. If it has been decided that you will need HRT after your surgery you will be given 1 month's supply to take home - your GP will be informed. Further supplies can be requested from your GP.

Contact information

If you have any problems or concerns after going home, please contact your GP for advice.

Content reviewed: January 2025

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance · Right Care Shared Decision Making Programme · NHS

https://aqua.nhs.uk/resources/shared-decision-making-case-studies/