

Reproductive Health and Women's Services  
Gynaecology Unit

What you need to know about

# Hysterectomy and Repair Surgery

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## **Hysterectomy explained**

**A Total Abdominal Hysterectomy** means removing the womb and the cervix. It may be necessary to remove one or both ovaries and the tubes at the same time. Your Doctor will tell you if this is likely in your case.

**An abdominal hysterectomy** is done through an abdominal incision (cut). The incision is horizontal, “bikini line”, along the top of the pubic hairline so any scarring is largely hidden. Sometimes a vertical incision has to be used and this is done on the lower abdomen. The reasons for choosing either route will be discussed by the Doctor.

**A vaginal hysterectomy** means removing the womb through the vagina, possibly because of a prolapse. This is often incorporated with a vaginal repair. A repair is the lifting and strengthening of the tissue supporting the vaginal walls and the uterus. Surgery performed through the vagina is repaired with internal stitches that dissolve.

Except in certain special cases no further smear tests need to be taken after your hysterectomy.

## **Feelings you may experience**

If the operation is performed before reaching the menopause and the ovaries are not removed, hormones will continue to be produced. Pre-menstrual symptoms may therefore continue if previously experienced, e.g. breast tenderness, feeling bloated, irritability or depression at certain times of the month

If the ovaries are both removed, symptoms of the menopause may ensue e.g. hot flushes, emotional changes or dryness of the vagina.

This is variable and some women may have little or no trouble. These symptoms can be helped with Hormone Replacement Therapy (HRT) by means of an implant, tablets, patches, skin creams or nasal spray. We would advise that you should continue on HRT until at least the age of the natural menopause, which is around 52 years. Increasingly there is evidence to suggest that it is beneficial to stay on the treatment for a further 5-10 years. We suggest that you discuss the way in which you can continue with your GP.

Many women feel relieved after hysterectomy. You may well feel that you are able to start life afresh now that your unpleasant and annoying symptoms have gone. However, other women feel depressed and lethargic and may need a little time to get over this. It is not uncommon for most women to feel like this on the second or third day post operation (Third day blues). This usually passes within about 24 hours.

It is sometimes difficult for family and friends to understand how you are feeling. Indeed your husband or partner may have his/her own worries about the effect of the operation. It is therefore important for you both to talk about your feelings concerning the operation and seek and accept help and support from elsewhere if necessary. The nurses and doctors on the ward, your own family doctor or the hysterectomy support group may all be able to help you.

## **What can I expect after the operation?**

### **What pain relief is available?**

The degree of pain and discomfort experienced following surgery varies a great deal. Pain can be controlled by an epidural infusion (a continuous infusion given by a small needle into the spine) or by patient controlled analgesia (an infusion into the arm, which is triggered by the patient. Pain relief is administered only when you need it. This way you are in control of your own pain). After about 48 hours tablets should be sufficient to reduce any discomfort. We can also use suppositories to relieve pain, which are very effective.

### **Hygiene**

You will probably be able to have a bath or shower on the second or third day following your operation and then daily. However, some Consultants do prefer their patients to wait until day 5 before having a bath.

### **Food and drink**

Following surgery it is necessary to give you fluid via a drip into a vein, usually in the arm. This can be stopped once you are able to drink enough, usually by the end of the first day following your operation. Then you will soon be eating and drinking normally.

## **Bowels and wind**

You may not have a bowel movement for the first three days. This is quite normal. Sometimes wind may be a problem but the nurses can give you something to relieve the discomfort. It is not advisable to eat fruit until you are eating normally.

## **Complications following surgery**

- Women who have had hysterectomy are more likely to experience problems in the future with incontinence, although it has not been proven that there is any relationship.
- Constipation: Your normal bowel habit may not regulate itself for a couple of weeks. A high fibre diet will help together with the short-term use of laxatives.
- Haematoma: A small clot of blood (similar to a bruise) may form under the scar or at the top of the vaginal. This usually requires no treatment and will disperse on its own.
- Wound infection: In a small number of patients the wound may become infected and will require antibiotics. The wound will become red and hot and you may see a small discharge.

## **Abdominal wound**

If you have had an abdominal hysterectomy you will have a cut as described on page 2. The wound will have either stitches or staples in it and be covered by a dressing. The length of time the dressing is in place varies according to which Consultant is looking after you. The nurses will explain wound care to you after your operation. Stitches and staples are removed 5 to 7 days after your operation.

## **Wound healing**

All wounds progress through several stages of healing and you will be able to see changes in your wound. The following points are frequently experienced.

1. Unusual sensations such as tingling, numbness or itching.
2. A slightly hard lumpy feeling as new tissue forms.
3. Slight pulling around the stitches as the wound heals.

**Remember** not to pull off any scabs as they protect the new tissues underneath and act as “natural dressing”. They will fall off without any help when ready.

Gentle massage around the wound will help to stop the new tissue ‘sticking’ to the underlying structures, particularly if your wound lies over a hard surface such as bone.

Seek help if your pain increases, or if you have redness, swelling or discharge from your wound.

## **Vaginal discharge**

A slight discharge/bleeding is usual for up to 6 weeks following hysterectomy or repair. If it should become offensive smelling or bright red/heavy, then please inform your own G.P. It is possible for the discharge to contain threads from dissolving vaginal stitches. It is very important to give yourself a good wash down below at least twice a day and change your pads frequently. Clean pads can be found in all the toilets and bathrooms on the ward. If you are worried about any discharge while you are in hospital, please save your pad and ask one of the nurses to look at it.

## **Urine**

Passing urine usually presents no problem. Immediately post operation a tube or catheter may be left in the bladder to drain the urine and will be removed as soon as possible. You will be able to walk to the toilet. Some catheters may drain the bladder through the skin on the lower abdomen. This is used for some specialised operations and the doctor will tell you if this is so.

## **Physiotherapy**

### **What to do after your operation**

An anaesthetic slows the normal clearing of your lungs down, and you may find you need to cough after your operation even if you do not usually do so. **Deep breathing exercises** (explained below) can help this.

However, the **best** way to keep your chest clear and maintain good circulation is **sitting out of bed** and **walking**, ideally from the **first** day after your operation. Regular use of **pain relief** can help you to move and cough while keeping you comfortable.

**Pelvic floor exercises** improve the strength of the muscles that form a sling from the pelvic bone at the front to the bone at the bottom of your spine. These muscles support your bladder and bowel and strengthening them may avoid continence problems in the future.

## **Deep Breathing Exercises:**

- Make sure you are sitting as upright as possible
- Take a slow deep breath in through your nose and hold for the count of 2.
- If possible, sniff an extra bit of air in before you let your breath out.
- Repeat 3 times, resting in between.
- Support your wound and try to 'huff'. This is a short, sharp breath out with your mouth open, as if to steam up a window.
- Now try to cough to clear your chest.

**Repeat this every hour until your chest is clear and you are fully mobile**

## **Pelvic Floor exercises:**

- Draw in the back passage as if to control wind. Let go.
- Tighten the muscles at the front as if you were stopping the flow of urine. Let go.
- Squeeze both the front and the back and draw up the muscles between the two.
- Hold for as long as possible.

Aim to build up slowly to hold for 10 seconds or longer and repeat until your muscles are tired.

These muscles also need to work quickly when you cough, sneeze or lift anything:

**Draw up these muscles quickly. Let go.**

Do as many of these fast exercises as you can.

## **Lifting:**

Heavy lifting should be avoided for up to 3 months after your operation to allow for adequate healing. When you are allowed to lift, brace your pelvic floor muscles and your stomach muscles to help support your back and the organs in your pelvis.

## **KEEP UP THE PLEVIC FLOOR EXERCISES FOR LIFE**

### **What to do when you get home**

You will probably be very keen to get home from hospital as soon as possible but don't be surprised if you feel a little depressed and tearful once you go home. This is a normal reaction to the stress of leaving hospital after any operation. You may like to warn your family about this and tell them not to worry.

### **Rest and exercise**

You will need to take it easy for at least two weeks. This means resting, getting up when you want to, relaxing and continuing the exercises you were shown in hospital by the physiotherapist.

### **Rest time**

It is often useful to plan a 'rest time' during the day when you can be left undisturbed. On the whole, rest on your bed rather than in a chair is more relaxing. If possible, let your friends and relatives know when you will be resting so that they will not call or telephone during that time.

## **Eating**

Some people find that their appetite is small and they get a 'bloated' feeling or indigestion after meals. These symptoms usually clear up by themselves as you become more active. Small meals taken regularly can reduce the likelihood of this happening. If you are in doubt about the right sort of food to eat ask for advice.

## **Bowels**

Changes in diet, activity and the use of some drugs can lead to irregular bowel habits or constipation but this usually corrects itself with time. You may also suffer from 'wind' pains; the best thing to take for this is peppermint either as a cordial with hot water or strong mints to suck. You should have your bowels open before being discharged from hospital. Straining can be uncomfortable, particularly after abdominal surgery and it may be helpful to take a mild laxative. If you are in doubt about this please ask for advice either from the nurses on the ward or your own G.P.

## **Walking**

Walking is the best exercise for you. After 2-3 weeks at home, aim to walk for 10 minutes each day, increasing to a 30-45 minute walk by 6 weeks, or 3 short walks if you prefer. Remember only walk the distance and speed your body dictates and that however far you walk you have to walk back again. Therefore, to start with walk for 5 minutes then turn around and walk back.

## **Stairs**

It is quite safe to go up and down stairs from the day you go home. Climbing stairs however, can be surprisingly tiring, but is a useful way of getting exercise and judging progress.

## **Household jobs**

Movements that can cause discomfort are bending and stretching (e.g. reaching for high or low shelves), lifting heavy weights (including small children) and pushing or pulling (such as hovering or mowing the lawn). Similarly standing for long periods (e.g. washing up or preparing vegetables) can be tiring. Sit on a chair or stool to do these chores. It is advisable for you to have help for the first week or 2 following discharge from hospital.

## **Lifting**

Avoid lifting for the first 6 weeks where possible. As a guide, only lift the equivalent of a full kettle. Do not do any lifting (e.g. moving furniture, lifting a wheel-barrow etc) for at least 3 months after your operation. Remember when you do lift, do it correctly. Place the feet firmly apart in a walking position, bend your knees, back straight, pull in your tummy muscles and tighten your pelvic floor muscles. Hold the object close to you and lift by straightening your knees.

## **Driving**

It is usually safe to drive a car 4 weeks after your operation but it depends if you are confident to do an emergency stop and whether you can concentrate enough to drive.

## **Back to work**

It is better to feel completely well before you return to work. Many people feel tired and find concentration difficult to start with. Your own doctor will advise you on this and sign you back to work. The nurses can give you a medical certificate to cover your stay in hospital, if you need one to cover you longer than that please tell your nurse and she will ask the doctor to write one prior to your discharge. You can expect to be off work for 8 – 12 weeks depending on your job and the rate of your recovery.

## **Sport and activity hobbies**

The rate of recovery varies for everyone. It is important not to push yourself beyond the ability to cope comfortably. Gentle swimming is good exercise and can be started after 4-6 weeks. More strenuous sports such as squash, trampolining, aerobics and jogging can be started after 12 weeks but should be built up gradually over a few weeks.

## **Making love**

You are advised to wait approximately 6-8 weeks after the operation to be sure that everything is completely healed. Obviously your husband or partner should be gentle at first, it may also help to use a lubricant such as K.Y. jelly. The vagina may not initially produce effective natural lubrication when a woman is still tense or at all apprehensive about having sex again. Most women find it reassuring to know that their own sexual responses should not change by the operation, as the external reproductive organs are unaltered. If a climax is normally experienced during love making this should continue to be so. For most women the cause of some miserable, painful, uncomfortable and tiring symptoms will have been removed with the operation and therefore they feel much happier about themselves.

## **Bathing and showering**

There is no evidence to show that adding salt to the bath aids recovery and in some cases it can make your skin feel dry and uncomfortable. It can also cause skin irritation. Some people feel a little insecure when they first get into and out of the bath. A bath mat helps to cut down the risks of slipping. It is suggested that you have an adult in the house when you are bathing for the first few times.

## **Clothing**

Try and avoid tight belts and close fitting underwear. Loose clothing is generally more comfortable and jogging suits are very suitable. You may find that your tummy is slightly swollen for the first few weeks but this will settle.

Changes in routine, restricted movement and change in diet can cause difficulty in sleeping. Some people are awoken by wound discomfort caused by sudden movement. It may be helpful to take some painkillers before going to bed. Have frequent rests during the day.

## **General advice**

Many people are surprised at the length of time it takes to get over an operation, even if it is fairly minor, but time, nature and a bit of determination are usually effective. Do not be afraid to ask for help or advice, however small your worry may seem. A few words can often save a great deal of anxiety. Most ladies now have their postoperative check done in the community, by their GP or by a telephone call from one of our nurses. If you do need to see your Consultant again at an outpatient clinic an appointment will be sent to you through the post. This is usually after about 8 weeks but this can vary according to each Consultant.

## **Remember**

- Tell your family you may not be your usual self for a while after getting home.
- Rest when you feel tired. Listen to your body.
- Avoid lifting anything heavy for at least 3 months, longer if possible.
- Take some gentle exercise every day.
- Have a bath or shower every day, or a good strip wash.
- Make sure you empty your bladder when you go to the toilet.
- Do your pelvic floor exercises for the rest of your life.
- Do not go back to work until you are ready.
- Talk to your husband or partner about how you both feel about the operation.

Thank you for taking time to read this leaflet, if you have any queries or worries please do not hesitate to speak to the pre-operative assessment nurse or the nurses on the ward.

**If you think of any questions you wish to ask the nurses or your Consultant jot them down on this page so that you do not forget.**

**Your notes:**

**Useful address:**

Hysterectomy Support Group 11 Henryson Road  
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The group's newsletter costs approximately £1 for a year subscription.



**This leaflet is available in large print  
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**Contact: Administrator**

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