

Information and Daily Programme For Patients Having a Laparoscopic Hysterectomy

Date of admission:	
Date of surgery:	
Expected date of discharge	You will go home within 24 hours of coming into hospital.

Please bring this leaflet with you when you come into hospital

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Practical Things To Do Before Coming into Hospital

Set up your plans for going home before you come into hospital. The time you will be in hospital is not long.

You can:

- ✓ Arrange your transport for getting to and home from hospital
- ✓ Check you have the right equipment and support for when you get home
- ✓ Get some pain killers, such as paracetamol or non-steroidal anti-inflammatories (e.g. Ibuprofen, Nurofen, Voltarol). If you are allergic to or not sure which pain killers are suitable for you, discuss with your GP or a pharmacist.
- ✓ Buy some sanitary towels
- ✓ Freeze some milk, bread and meals to cover your first few days back at home
- ✓ Tell family and friends where you will be

Introduction

Who is this information for?

This information is for patients having a laparoscopic hysterectomy – an operation to remove your uterus (womb) by keyhole surgery.

There are several different types of hysterectomy including:

- **total or subtotal**, depending on whether or not you have your cervix (entrance of the uterus) removed as well as your uterus
- **hysterectomy alone or with salpingo-oophorectomy** (removal of one or both of your ovaries and fallopian tubes) at the same time.

Some laparoscopic hysterectomies are done entirely by keyhole surgery. Others are done partially through your vagina (sometimes called a laparoscopy-assisted vaginal hysterectomy or LAVH). If you are having an LAVH, you may find the 'Coming into hospital for a Vaginal Hysterectomy' leaflet useful.

About this information

You should read this leaflet along with any other information you have been given about your choices and the operation itself.

This leaflet explains what will happen to you while you are in hospital and what to expect after your operation. It gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the reason you are having a hysterectomy
- the exact type of hysterectomy that you have
- how smoothly everything goes and whether there are any complications.

Time before your operation

After you and the surgeon have agreed that surgery is appropriate you will have a pre-op assessment appointment. Sometimes you will attend the pre-op assessment clinic on the same day (depending on the date of the operation). You should allow about 2 hours for the pre-op assessment appointment.

You will normally be given 3 to 5 weeks notice of your surgery date and will usually see your surgeon 1-3 weeks before the surgery date to discuss the operation and ask questions before you sign your consent.

Admission day

Before coming to hospital

On the morning of surgery

- Follow the advice on your admission letter about the time to finish drinking clear fluids
- Have a shower or bath before coming into hospital.
- **DO NOT** shave or wax around your operation site, as this can increase the risk of developing a post operative surgical site infection. Where necessary, the clinical team will remove hair.

Coming into Hospital

Go to the **Admissions Unit / Ward** as advised on your admission letter. You will be checked in by a nurse and seen by members of the surgical and anaesthetic team before you are taken to theatre for your operation.

What will happen in hospital?

After your operation you will wake up in recovery. Shortly afterwards you will be taken to Ocean Suite.

Tubes and Packing

You might have the following in place:

A urinary catheter is a tube (catheter) put into the bladder to allow drainage of your urine. This will be taken out either at midnight following your operation or first thing the next morning depending on the time of the day you have your operation, in order that the bladder fills normally overnight.

A vaginal pack is a length of gauze like a large tampon, occasionally placed in the vagina after your operation to reduce the risk of bleeding. This will usually be taken out at midnight following your operation.

Sickness

If you feel sick (nausea) let the doctors or nurses know, as there are medicines which can help.

Pain Control

It is important that your pain is well controlled so that you can walk about, breathe deeply, eat, drink and sleep well and recover more quickly. Your pain will be controlled by a spinal anaesthetic or patient controlled analgesia (PCA) and tablets or medicine. **If at any time you feel your pain is not well controlled, it is important that you tell the nursing team.**

Trapped wind

Following your operation your bowel may temporarily slow down causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water may also

ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Reducing the risk of developing blood clots (Deep vein thrombosis – DVT - prophylaxis)

In order to reduce the risk of blood clots forming while you are in hospital, you will wear special stockings called TEDs (thrombo embolic device) and be given a daily blood thinning injection (Clexane). Being as mobile as you can, as early as you can, after your operation will help reduce the risk of clots forming.

Exercise

The nurses will encourage you to do some gentle exercises which you need to do whilst in hospital. By doing these you will reduce the risk of developing a chest infection and clots and will recover from your operation more quickly:

- In bed keep the head of the bed raised. At home you can use additional pillows to prop yourself up.
- Do regular deep breathing and leg exercises when you are resting:
 - Pump each foot up and down briskly for 30 seconds by moving your ankle
 - Move each foot in a circular motion for 30 seconds
 - Bend and straighten your legs – one leg at a time, three times for each leg.
- The nurses will assist you to get out of bed and sit in a chair.
- The nurses will assist you to start walking. Build up slowly, starting with walks to the end of the bed and back, then to the bathroom, to the dining room, then up and down the ward.

Eating and Drinking

You will be encouraged to start eating and drinking shortly after your operation. Initially you might prefer to eat little and often. You should try to drink the equivalent of a cup of tea / glass of fluid every daytime hour whilst in hospital.

Personal Care

If necessary the nursing team will assist you to wash.

If you have keyhole surgery and have scars on your abdomen you should be able to have a shower or bath and remove any dressings the day after your operation. Don't worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

The morning after your surgery you should wear your day clothes as this can help you stay more active and be positive about your recovery.

Review

- A member of the surgical team will normally see you later on the day of surgery and on the following day.
- If your family / carers would like to talk to the surgeon, please let the nurses know.

Daily Care

- The next 2 pages outline the plan for your hospital stay. It includes the things that the team will do and what you should do to support your recovery.
- Sometimes there will be a specific reason why something isn't done but the team should explain this to you.

See Pages 5-7 for explanation	Recovery	0-4 hrs Post-op	4-8 hrs Post-op	8-12 hrs Post-op
Monitoring & Wound Care	You will be assessed until stable	Hourly checks (min) Oxygen via mask (if required) Vaginal blood loss checked	2-4 hourly checks	6 hourly checks
Pain Control		Patient Controlled Analgesia (PCA) or Spinal anaesthetic Tablets or medicine		
Nausea & Vomiting Control		If you feel sick you can have anti-sickness medication		
DVT Prophylaxis		TED stockings in place for whole of your hospital admission Clexane injection given on the evening of surgery		
Urinary Catheter		If in place, this will be removed either at midnight or at 06:00 the next morning		
Vaginal Pack		If in place, this will be removed at midnight		
Exercise		In bed keep bed head raised Do your deep breathing exercise hourly Do your gentle leg movements hourly	You will be assisted to sit out in your chair for a short time. If you had a spinal anaesthetic, you will be encouraged to sit out of bed once you are able to raise a straight leg.	
Eating & Drinking	You will be offered a drink in recovery	You will be offered tea, biscuits or a light snack Try to drink a cup of tea or a glass of water/squash every hour	Try to drink a cup of tea or glass of water/squash every hour	Try to eat your meal sitting in your chair rather than in bed. Continue regular drinks every hour.
Investigations	If necessary, you might have a blood test			

12-16 hrs post-op	16-20 hrs Post-op	20-23 hrs post-op	Go Home When:
	Checks every 6 hours		All your checks are in normal limits.
	Your pain will be assessed and you will continue to receive regular medication to control pain		Your pain is well controlled
			You do not have sickness and vomiting
			If you need Clexane injections when you get home, staff will show you how to do this
			Your catheter has been removed and you have passed urine at least 3 times
			Your pack has been removed
	In bed keep bed head raised Do your deep breathing exercise hourly Do your gentle leg movements hourly You should begin to start walking around, gradually walking further		You are able to move independently, to your normal ability
	Try to eat your breakfast and any meals after this in the ward day room. If you do not feel able to walk to the day room, try to eat your meals sitting in your chair.		Able to eat and drink normally
			All results within acceptable levels

You will go home when

- Your blood pressure, temperature, pulse and breathing are all stable.
- Any test results are appropriate.
- Your wound is healing well.
- Your pain is well managed.
- You are eating and drinking normally.
- You are able to walk.
- You have someone to support you at home.
- None of the team have concerns about your fitness.

First few days at home

After-effects of general anaesthesia

Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and should not drive or make any important decisions.

Scars

You will have between three and five small scars on different parts of your abdomen. Each scar will be between 0.5cm and 1cm long. The womb is removed through a cut at the top of the vagina, which is sutured immediately afterwards. The scar will be out of sight.

Stitches and dressings

Your cuts from the keyhole surgery may be closed by stitches, staples, clips or glue. Glue and some stitches dissolve by themselves. Other stitches, clips or staples need to be removed. This is usually done by the practice nurse at

your GP surgery about 5 to 7 days after your operation. You will be given information about this. Initially your cuts may be covered with a dressing; if so you should be able to take this off about 24 hours after your operation and have a wash or shower (see section on **Washing and showering**).

Vaginal bleeding

You can expect to have some vaginal bleeding for up to six weeks after your operation. This is like a very light period and is red or brown in colour. Some women have little or no bleeding initially and have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection. If your bleeding gets as heavy as a normal period you should seek medical advice as you may have an infection or a collection of blood within the pelvis.

Pain and discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You should make sure you have painkillers at home (paracetamol or non-steroidal anti-inflammatories). If you are prescribed extra painkillers which contain codeine or dihydrocodeine, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. A stool softener such as Laxido should be used regularly while you are taking Codeine. Shoulder tip pain is very common for two to three days after surgery, caused by the gas inside your tummy irritating a nerve that supplies your diaphragm and is then interpreted by your brain as coming from your shoulder! It is very common to have a “pulling” pain at the very end of emptying your bladder due to bruising at the base of your bladder. As long as you do not have stinging in the water pipe (properly known as the urethra), urinary frequency,

smelly urine, which are signs of a urinary tract infection, this is normal and to be expected and may last up to six weeks.

When should I seek medical advice after the operation?

While most women recover well after a vaginal hysterectomy, complications can occur – as with any operation. You should seek medical advice if you experience:

- **Burning and stinging when you pass urine or pass urine frequently:** this may be due to a urine infection. You should take a sample of water to your General Practitioner for testing. Treatment is with a course of antibiotics.
- **Heavy or smelly vaginal bleeding or bleeding which starts again:** if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina, called a vault haematoma. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this may need to be drained.
- **Red and painful skin around your scars if you have had keyhole surgery:** this may be caused by a wound infection. Treatment is with a course of antibiotics.
- **Increasing abdominal pain:** if you also have a temperature (fever), have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- **A painful, red, swollen, hot leg or difficulty bearing weight on your legs:** this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot

has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

Who to Contact:

Within the first 72 hours of discharge from hospital contact Ocean Suite on tel. 01752 439877 / 430026

After 72 hours contact you own GP

In an emergency dial 999

How to help my recovery

It takes time for your body to heal and for you to get fit and well again after a vaginal hysterectomy. There are a number of positive steps you can take at this time. The following will help you recover:

Rest

Rest as much as you can for the first few days after you get home. It is good to relax, but avoid crossing your legs for too long when you are lying down. Rest doesn't mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days.

A pelvic-floor muscle exercise programme

Your pelvic-floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction. It is important for you to get these muscles working properly after your operation, even if you have stitches.

To identify the three separate groups of pelvic-floor muscles, imagine you are trying to stop yourself from passing wind, squeezing tightly around a tampon inside your vagina, and trying to stop passing water mid stream. Squeeze each of these three muscles separately. When you do this you should feel your muscles 'lift and squeeze'. It is important to breathe normally while you are doing pelvic-floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practise their pelvic-floor muscle exercises by stopping the flow of urine midstream. This is no longer recommended, as your bladder function could be affected in the longer term, but it is useful once or twice just to identify that you are squeezing the right muscles! You can begin these exercises gently once your catheter has been removed and you are able to pass urine on your own. You need to practice short squeezes as well as long squeezes:

- Short squeezes are when you tighten your pelvic-floor muscles for one second and then relax.
- Long squeezes are when you tighten your pelvic-floor muscles, hold for several seconds and then relax.

Start with what is comfortable and then gradually increase - aiming for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes.

You should do pelvic-floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting.

As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic-floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing. Make these exercises part of your daily routine for the rest of your life.

Some women use triggers to remind themselves such as, brushing their teeth, washing up or commercial breaks on television. Straining to empty your bowels (constipation) may also weaken your pelvic-floor muscles and should be avoided.

If you suffer from constipation or find the pelvic-floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet

Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day. You will only gain weight if you eat more than you need to and you are not exercising enough.

Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Stop smoking

Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things like shopping, housework or preparing meals. Most people are only too happy to help – even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer-term positive lifestyle choices such as:

- **Starting to exercise regularly:** if you are not doing so already and gradually building up the levels of exercise that you take
- **Eating a healthy diet:** if you are overweight it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation. After that you may want to lose

weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery.

Physiotherapy

You will be given advice and information about exercises to help you recover and ways to move easily and rest comfortably. You should be given written information on this. The ward physiotherapist may also visit you after your operation to show you some exercises and have a discussion with you about how to progress with getting out of bed and mobilising. The physiotherapist will also advise you on how to do pelvic-floor muscle exercises.

Starting HRT (hormone replacement therapy)

If your ovaries have been removed during your operation you may be offered HRT. This will be discussed with you by your gynaecologist and together you can decide the best way forward.

Cervical screening (smears)

Some women who have had a vaginal hysterectomy will need to continue to have screening (smears) from the top of the vagina. Check with your GP or gynaecologist if this applies to you.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first - when you are tired these feelings can seem worse. For many women this is often the last symptom to improve.

What can slow down my recovery?

It can take longer to recover from a hysterectomy if:

- You had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- You smoke; some women who smoke are at increased risk of getting a chest or wound infection during their recovery: smoking can delay the healing process
- You were overweight at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis
- There were any complications during your operation. Recovering after an operation is a very personal experience. If you are following all the advice you have been given but do not think you are at the stage you ought to be, talk with your GP.

Getting back to normal

Around the house

While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time and taking rests regularly. You can also try sitting down while preparing food or sorting laundry.

For the first 1 to 2 weeks you should restrict lifting to light loads such as a 1 litre bottle of water, kettles or small saucepans. You should not lift heavy objects, such as full shopping bags or children, or do any strenuous housework like vacuuming, until 3 to 4 weeks after your operation, as

this may affect how you heal internally. Try getting down to children rather than lifting them up to you. If you feel pain you should try doing a little less for another few days.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise

You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days.

When this is comfortable you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30 to 60 minutes after 2 or 3 weeks. Swimming is an ideal exercise that can usually be resumed within 2 to 3 weeks as long as vaginal bleeding and discharge has stopped. If you build up gradually the majority of women should be back to previous activity levels within 4 to 6 weeks.

Contact sports and power sports should be avoided for at least 6 weeks, although this will depend on your level of fitness before your surgery.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy. Before you drive you should be:

- Free from the sedative effects of any painkillers
- Able to sit in the car comfortably and work the controls
- Able to wear the seatbelt comfortably
- Able to make an emergency stop
- Able to comfortably look over your shoulder to manoeuvre.

In general, it can take 2 to 4 weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- The length of your journey: journeys over 4 hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT). This is especially so if you are travelling soon after your operation.
- How comfortable you will be during your journey, particularly if you are wearing a seatbelt.

Overseas travel:

- Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
- Does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?

- Are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital team before travelling.

Having sex

You should allow **12 weeks** after your operation to allow your scars to heal. It is then safe to have sex, as long as you feel comfortable. If you experience any discomfort or dryness, you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

Returning to work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department they will advise on this.

Some women are fit to work after 2 to 3 weeks and will not be harmed by this if there are no complications from surgery. Many women are able to go back to normal work after 4 to 6 weeks if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life.

It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon. You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours

Useful Telephone Numbers

Derriford Hospital	0845 155 8155
Ocean Suite	01752 439877 / 430026
NHS 111	

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This web address will give access to the original Royal College of Obstetricians and Gynaecologist 'Recovering Well' series with access to information sheets on Abdominal, Vaginal and Laparoscopic Hysterectomy and other gynaecological surgery e.g. repair operations <http://www.rcog.org.uk/recovering-well>

The specific information sheets can be accessed directly using the following web addresses;

- <http://www.rcog.org.uk/files/rcogcorp/AbdominalHysterectomyRecoveringWell0710.pdf>

<http://www.rcog.org.uk/files/rcogcorp/LaparoscopicHysterectomyRecoveringWell0710.pdf>

<http://www.rcog.org.uk/files/rcogcorp/VaginalHysterectomyRecoveringWell0710.pdf>

6 Week Recovery Tracker

Days after my operation	How might I feel?	What is safe to do?	Fit to work?
1 day	<ul style="list-style-type: none"> ▪ You should go home today ▪ You will have some generalised aches in your abdomen ▪ You may feel sore moving in and out of bed ▪ You may have some bleeding like a light period ▪ You may feel tired and perhaps feel like a sleep in the afternoon 	<ul style="list-style-type: none"> ▪ Get up and move about ▪ Go to the toilet ▪ Get yourself dressed ▪ Eating and drinking as usual 	No
2–7 days	<ul style="list-style-type: none"> ▪ You should be at home by now ▪ Your pains should slowly be reducing in intensity and you will be able to move about more comfortably. ▪ You will still tire easily 	<ul style="list-style-type: none"> ▪ Continue as day 1 ▪ Go for short walks ▪ Continue with exercises that have been recommended to you ▪ Wash and shower as normal ▪ Have a rest or sleep in the afternoon if you need to 	No
1–2 weeks	<ul style="list-style-type: none"> ▪ There will be less pain as you continue to move and you will find your energy levels slowly returning ▪ Bleeding should have settled or be very little 	<ul style="list-style-type: none"> ▪ Build up your activity slowly and steadily ▪ You are encouraged to go for longer and more frequent walks ▪ Restrict lifting to light loads 	Not just yet
2–4 weeks	<ul style="list-style-type: none"> ▪ There will be even less pain now as you move about more. ▪ You will find your energy levels are returning to normal ▪ You should feel stronger every day 	<ul style="list-style-type: none"> ▪ Continue to build up the amount of activity you are doing towards your normal levels ▪ You can start to do low impact sport ▪ Make a plan for going back to work 	Yes, possibly on reduced hours or lighter duties at first. Some women will be fit for full-time work after 4 weeks
4–6 weeks	<ul style="list-style-type: none"> ▪ Almost back to normal ▪ You may still feel tired and need to rest more than usual 	<ul style="list-style-type: none"> ▪ All daily activities including lifting ▪ Usual exercise ▪ Driving 	Yes, if you don't feel ready to go to work talk to your GP or employer about the reasons for this
12 weeks		<ul style="list-style-type: none"> • Have sex if you feel ready 	



**This leaflet is available in large print
and other formats and languages.
Contact: Administrator
Tel: 01752 437035**

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University Hospitals Plymouth NHS Trust operates a smoke-free, policy, including e-cigarettes. You cannot smoke anywhere on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0169

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