

OG02 Lite Vaginal Hysterectomy

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What is a vaginal hysterectomy?

A vaginal hysterectomy is an operation to remove your uterus (womb) and cervix (neck of your womb) through your vagina. It is possible also to remove your ovaries but they will usually be left alone.

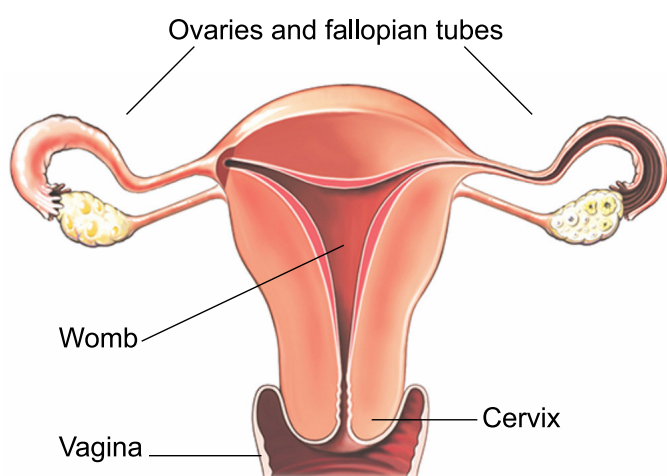


Figure 1

The womb and surrounding structures

What are the benefits of surgery?

There are common reasons for having a hysterectomy.

- Heavy or painful periods.
- Fibroids, where part of the muscle of your womb becomes overgrown.

A hysterectomy may cure or improve your symptoms. You will no longer have periods.

Are there any alternatives to a vaginal hysterectomy?

- Symptoms may be improved by doing pelvic floor exercises.
- Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include an IUS (intra-uterine system - an implant containing a synthetic form of the hormone progesterone that fits in your womb) or 'conservative surgery' where only the lining of your womb is removed.
- 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 (myomectomy) or uterine artery embolisation to reduce the blood flow to the fibroids.

What does the operation involve?

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. The operation usually takes about 45 minutes.

Your gynaecologist will examine your vagina. They will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix.

They will usually stitch the support ligaments of your womb to the top of your vagina to reduce the risk of a future prolapse and may place a pack (like a large tampon) in your vagina.

What complications can happen?

Some of these can be serious and can even cause death.

General complications of any operation

- Pain
- Feeling or being sick
- Bleeding
- Blood clot in your leg
- Blood clot in your lung
- Infection of the surgical site (wound)

Specific complications of this operation

- Pelvic infection or abscess
- Developing an abnormal connection (fistula) between your bowel, bladder or ureters and your vagina
- Damage to structures close to your womb
- Conversion to an abdominal hysterectomy
- Developing a collection of blood (haematoma) inside your abdomen
- Vaginal cuff dehiscence

Long-term problems

- Developing a prolapse
- Continued bleeding from your cervix
- Your pain may continue
- Difficulty or pain having sex
- Tissues can join together in an abnormal way

- Passing urine more often, having uncontrolled urges to pass urine or urine leaking from your bladder when you exercise, laugh, cough or sneeze
- Feelings of loss as a hysterectomy will make you infertile
- Going through menopause

How soon will I recover?

You will be able to go home when your gynaecologist decides you are medically fit enough, which is usually after 1 to 3 days.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital.

You can return to work once your doctor has said you are well enough to do so (usually after 4 to 6 weeks, depending on your type of work). You should be feeling more or less back to normal after 2 to 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most women make a good recovery and return to normal activities.

Summary

A hysterectomy is a major operation usually recommended after simpler treatments have failed. Your symptoms should improve.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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