



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

## Enhanced Recovery Programme

# How to Recover Quickly from an Abdominal Hysterectomy



<b>Contents</b>	<b>Page</b>
Contents .....	2
Introduction .....	3
Abdominal Hysterectomy .....	5
Risks and complications .....	7
Before Your Operation .....	9
Pre-Assessment Clinic.....	11
Preparing for Admission.....	11
Your Operation .....	12
Recovery at Home .....	13
Follow Up.....	15
Useful Telephone Numbers.....	16

---

### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

**Author:** Mr Khazali

**Department:** Women's Health

**Version:** 4

**Published:** January 2016

**Review:** January 2017

## Introduction

We look forward to welcoming you to Ashford and St. Peter's Hospitals for your operation.

Our mission is for you to come into hospital as strong as possible, ready for your surgery, and to make a quick recovery. To achieve this, we use an Enhanced Recovery Programme to optimise your nutrition, mobility and pain relief around the time of your operation. There is strong evidence that by following an Enhanced Recovery Programme you will recover faster from your operation, with fewer complications.

Enhanced Recovery involves staff caring for you (anaesthetists, nurses, dieticians, physiotherapists and surgeons), helping you to follow a clearly defined programme and most importantly requires your participation to make it work.

Together we will use as many parts of the programme suitable for you to achieve the best recovery.

The key parts are:

- Having nutritional high energy drinks before and soon after your operation leading to an early return to a normal diet.
- Having good pain relief.
- Getting out of bed and having assistance to walk soon after your operation.
- Getting home as soon as possible. Your Consultant should have already discussed this with you, or you should ask how long you will be in hospital at pre-assessment.

You may find a video on the website of the Royal College of Obstetricians and Gynaecologists useful. It explains how to recover well from an abdominal hysterectomy. To access the video, go to [www.rcog.org.uk](http://www.rcog.org.uk) and click on “patients” at the top right. Under “patient information” click on “recovering after an operation” and find the video on Abdominal Hysterectomy. You can also find many other useful resources within the “patient information” section of the RCOG website.

## Useful Telephone Numbers

GP: \_\_\_\_\_

District Nurse: \_\_\_\_\_

Social Services: \_\_\_\_\_

Kingfisher Ward                    **01932 722380**

St. Peter's Hospital            **01932 872000**

Ashford Hospital                **01784 884488**

Any other contacts:

## Abdominal Hysterectomy

### Why do I need an abdominal hysterectomy?

You have been offered an abdominal hysterectomy because conservative or medical treatment of your problem has failed or is unsuitable.

Abdominal hysterectomy is most commonly used in the treatment of:

- menorrhagia (heavy bleeding) and/or dysmenorrhoea (painful periods).
- fibroids (non-cancerous growths) that grow in the wall of the uterus.
- Endometriosis.
- cancer (womb, cervix, ovary, fallopian tubes, vagina).
- chronic pelvic inflammatory disease.
- ovarian cysts.

### What are the benefits of surgery?

A hysterectomy may cure or improve your symptoms. You will no longer have periods but in a few cases pain may continue as this will depend on the cause. If your ovaries are not removed and you are not menopausal, you may continue to experience period-like symptoms such as bloatedness, headaches and pre-menstrual tension.

### What is an abdominal hysterectomy?

An abdominal hysterectomy is a major operation to remove the uterus (womb) through the abdomen.

- Total abdominal hysterectomy is the removal of the uterus and cervix.
- A sub-total hysterectomy leaves the cervix behind. This means you will still need your cervical smears and there is a 10% chance that you will have monthly spotting.

- A radical (or Wertheim's) hysterectomy is the removal of uterus, cervix, tissue around the cervix, fallopian tubes, pelvic lymph nodes, the upper part of the vagina and sometimes the ovaries (usually done in cases where cancer is present).

### **Will my ovaries and fallopian tubes routinely be removed?**

This must be discussed with your surgeon before the operation. It depends on your age, the reason you are having a hysterectomy, whether or not your ovaries are healthy and most importantly, your personal preference.

If you are still having your periods, removing your ovaries mean that you will go through menopause immediately after the operation. You may need to consider starting hormone replacement therapy (HRT) at least until the age of 50 to prevent your bones from becoming weak and fragile (osteoporosis).

Occasionally, the decision about removal of the ovaries will need to be made at the time of the operation. Make sure you let your Consultant's team know what your preference is at the time of signing the consent.

### **What are my options?**

In some cases there may be no practical alternative to surgery but alternatives will depend on why an abdominal hysterectomy has been advised and will be discussed with you.

The reasons for an abdominal open procedure as opposed to a laparoscopic (key-hole) or vaginal approach will also be explained by your surgeon.

For women with heavy bleeding or fibroids, some medications have been shown to reduce the amount of bleeding women experience.

A hormone regulating intra-uterine device (mirena coil) may be recommended to reduce symptoms of bleeding and pain.

### ***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 practice 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.

### ***Return to work***

You should be able to return to work within 4-6 weeks of surgery. This will depend on what your work entails and whether it involves heavy manual work.

### ***If you become ill***

If you have any illness after your return home, please contact your GP.

### **Follow Up**

Routine follow up is not always done within the hospital setting and can be carried out by your GP. If you have follow-up arranged at the hospital this will be approximately 3 months after the operation by either one of our specialist nurses or doctors.

You should initially avoid using tampons and use sanitary towels instead.

### ***Personal hygiene***

It is better to shower than to bath for the first couple of weeks.

### ***Bowels***

Avoid constipation and straining when opening your bowels. A good fluid intake (1.5-2 litres in 24 hours) and increase in fibre in your diet will minimise the risk of constipation.

### ***Stitches***

In the main, all stitches are dissolvable and do not need to be removed. If they become bothersome please do not try to remove them yourself but contact your GP/practice nurse or the hospital.

If they need to be removed, you will be informed when they can come out. This can be done at your general practice.

### ***Medication***

Please finish any course of any antibiotics you may have been prescribed. You should continue to take your current medication as normal unless otherwise instructed.

### ***Sexual intercourse***

Avoid penetrative intercourse for 4-6 weeks or until the bleeding subsides. It may feel superficially tender to start, but this should settle down with time.

### ***Lifting***

You should avoid heavy lifting long term as a lifestyle change.

### ***Exercise***

For the first couple of weeks you should rest, relax and take gentle exercise. Start by taking a short walk every day and then gradually introduce further exercise into your daily routine after 4 weeks. Avoid vigorous sports and swimming for around 6 weeks. Pelvic floor exercise should resume once you feel comfortable.

Fibroids may also be treated with uterine artery embolisation to reduce the blood flow to the fibroid.

## **Risks and complications**

Whilst every effort will be taken to ensure your wellbeing, no surgery is without its risks there are some risks associated with this particular kind of surgery.

### ***Pain***

It's quite normal to experience pain or discomfort, but this can be controlled effectively with painkillers. These will be offered on a regular basis, but please let the nurse or doctor know if they are not controlling any discomfort.

Some women may have painkillers administered through a small pump attached to the arm or hand. A Patient controlled analgesia (PCA) allows you to release painkillers directly into the bloodstream. The machine is set so you can only get a safe dose.

Painkillers can also be administered through an epidural immediately after surgery. This is a small tube inserted into the space just outside the membranes surrounding your spinal cord in your back.

### ***Bleeding***

This can occur during or after surgery. Major bleeding requiring blood transfusion is uncommon (less than 3 in 100).

### ***Infection***

This can occur in the wound (15 in 100), urine or chest. If an infection occurs you will be given antibiotics

### ***Clots in your legs (DVT) or lungs***

The risk of blood clots in the leg (deep vein thrombosis - 1 in 100) or lung (pulmonary embolus - 4 in 1000) is increased by immobility and if you are overweight.

This risk will decrease by quick mobilisation after the operation and weight loss and smoking cessation prior to your operation.

You will be given support stockings to wear to help prevent clots and given a blood thinning injection. Please inform your doctor or nurse if you experience any swelling or pain in your legs or sudden shortness of breath.

### ***Developing a haematoma***

This is a collection of blood where the uterus used to be (5 in 100). Most haematomas are small and resolve by themselves. Antibiotics may be given to minimise any further problems and in rare circumstances they are drained under anaesthetic.

### ***Damage to internal organs***

The bladder; ureters (tubes that pass from the kidneys to the bladder); bowel; and blood vessels lie close to the uterus and may possibly be damaged during the operation.

These potential but rare complications (ureters/bladder - less than 1 in 100; bowel – 2 in 1,000; blood vessels – 1 in 10,000) would be dealt with and repaired when they are identified, usually at the time of operation. However, damage may not be obvious until after the operation and may result in a further operation (1 in 100).

Please inform your doctor/nurse if you experience severe abdominal pain and/or a temperature.

### ***Developing a fistula***

This is an abnormal connection that forms between the bladder, ureters or bowel and the vagina and although rare (1 in 1000) may require a further procedure to correct.

### ***Long-term problems***

Most women do not have long term problems; however a small number of women may experience the following:

You may have a surgical drain inserted at the wound site (this will remove any excess blood from the operation site). It will be removed, usually the following morning, once it has stopped draining.

If you have a urinary catheter (tube to drain urine) this is also usually removed the following morning after your operation.

If you don't pass urine after the catheter is removed, which is not uncommon and is normally temporary, you will have a new urinary catheter inserted to rest your bladder. This can stay in for several days, and you will be taught how to use it and empty the bags when at home. You will be seen back on the ward a week later to remove the catheter and try to pass urine again.

Getting out of bed as soon as you are able and walking is an important part of enhanced recovery. Performing simple breathing and leg exercises will reduce your risk of complications such as blood clots and chest infections.

You will be able to go home once you are comfortable and passing urine normally and will be given some medication to take home including painkillers.

You can expect to be in hospital for 2-3 days. Occasionally, some women may need to stay a bit longer.

## **Recovery at Home**

### ***Vaginal bleeding***

You should expect some bleeding for a couple of weeks. The initial bleeding should gradually tail off and become like a light period after a few days. If it becomes painful and/or heavy, you may have an infection and should go to see your GP straight away.

You may also have some vaginal discharge for a few weeks. Providing this is not excessive, it is a normal part of the healing process.

## Your Operation

### *The anaesthetic*

The operation is usually done under general anaesthetic (asleep).

### *The operation*

The operation takes about 90 minutes but longer if there is an additional procedure done during the same anaesthetic. The surgeon makes an approximate 10 cm (4") incision (cut) across the abdomen (tummy); just above the pubic hair. Occasionally, an alternative incision from the belly button down to the pubic hair will be made.

The surgeon carefully resects (surgical cut) down to and around the uterus before carefully lifting it out through the incision. The muscle and tissue layers are repaired and the wound is closed with stitches. This is then covered with a dressing.

## After the operation

Once your operation is over, you will be taken first to theatre's recovery unit and then on to the ward. You may wake up with an oxygen mask over your face to help disperse the anaesthetic gases.

Painkillers will be provided but please tell the nurse or doctor if any pain is not relieved by the painkillers you are given.

You may be given fluids through a drip in your arm for the first 12-24 hours. Once you are able to take fluids you will be encouraged to start drinking and eat light meals. Good nutrition is important to your recovery. A good fluid intake (1.5-2 litres in 24 hours) and increase in fibre in your diet will minimise the risk of constipation.

It is not uncommon to experience griping "wind-pain" on the second or third day after your operation. This is your bowel just settling down and can be eased with medication.

- Onset of menopause even when your ovaries are not removed. You may need to consider taking hormone replacement therapy (HRT) at least until the age of 50 to prevent your bones from becoming weak and fragile (osteoporosis) and to help control mood swings and hot flushes. The need for HRT, its benefits and risks should be discussed with your medical team prior to leaving hospital. It may be advisable to delay the start of HRT until a few weeks after your operation (as you may have an increased risk of developing a blood clot immediately following surgery). However, you should be made aware which type of HRT you need and when to start taking it prior to leaving hospital.
- A hysterectomy can weaken the supports of the vagina, which can result in a prolapse of the vaginal walls.
- Pain may continue.
- Tissues can join together (adhesions) when scar tissue develops inside the abdomen.
- Development or worsening of bladder symptoms including an increase in frequency and urgency, urge incontinence and stress incontinence.
- Feelings of loss as you will no longer be able to become pregnant.

## Before Your Operation

Having seen your surgeon and agreed to surgery, you will need to think ahead and plan your life whilst waiting for the operation and for your recovery afterwards.

### *Investigations*

An internal ultrasound scan is performed to check the overall size of the uterus, presence and size of any fibroids and for any ovarian abnormality.

### **Medications**

You will be asked to stop any blood thinning medications such as aspirin, ibuprofen, diclofenac or clopidogrel 2 weeks before the operation. If you are on Warfarin or heparin we will liaise with both you and the haematology department about a regime to come off these medications.

You may need to stop oral contraception or hormone replacement therapy (HRT) before your operation.

Please bring all your medications and a note of any allergies with you when you attend the hospital and only stop those medications you have been advised to.

### **Consent**

You will be asked to sign a consent form which confirms you have agreed to the procedure. Make sure you understand what is written in the consent form before you sign it.

### **Eating and drinking**

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic.

### **Bowel preparation**

It is not routine for bowel preparation medication to be given to women undergoing this procedure, but in some circumstances it is most appropriate. If you do require bowel preparation medication, you will be given information about it when it is prescribed for you.

## **Pre-Assessment Clinic**

The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will be sent a date for your pre-assessment clinic. At this clinic we will have a chance to discuss with you your home circumstances for safe discharge, assess your fitness for anaesthesia and give you a chance to ask any questions you may have.

## **Preparing for Admission**

It is important for you to be thinking about planning your discharge now, before you go into hospital. You can help yourself by arranging help and support before you come into hospital such as:

- Make sure you know who can come and collect you from hospital, please bring their contact details with you.
- Ask friends and relatives if they can come to stay or visit to help around the house when you get home.
- Arrange for a friend or relative to do some shopping for your or make extra portions of food to freeze, or purchase ready meals and convenience foods that you can freeze for use in the first couple of weeks.
- Get up to date on your housework before you come into hospital, this will help reduce the load when you get home.
- Arrange additional childcare or help with the school runs where necessary.
- Arrange care for your pets, if necessary

If you have any requirement that needs to be put in place before you go home, or any concerns or queries, please talk to your clinical nurse specialist, key worker, pre-assessment nurse or doctor before you come into hospital.