



HYSTERECTOMY

ABDOMINAL HYSTERECTOMY

What is an abdominal hysterectomy?

A hysterectomy is an operation to remove the uterus. Abdominal means the operation is performed through a surgical incision or cut to the abdomen.

Other methods of performing a hysterectomy include:

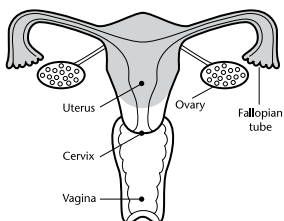
- » Vaginal hysterectomy where the uterus is removed through the vagina.
- » Laparoscopic hysterectomy which is performed using 'keyhole' surgery. This involves a few small cuts to the abdomen. See our fact sheet *Hysterectomy – Total laparoscopic hysterectomy* for more information.

You and your gynaecologist will discuss the most appropriate type of hysterectomy for you.

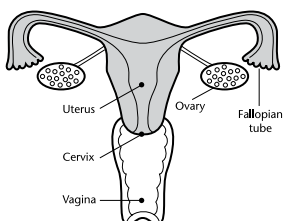
What happens during an abdominal hysterectomy?

During the hysterectomy the doctor will remove part or all of your uterus. Whether you have a part or total hysterectomy will depend on your particular situation.

A sub-total or partial hysterectomy will remove the only the upper two-thirds of the uterus. The woman keeps her fallopian tubes ovaries and cervix.

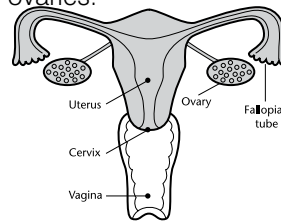


A total hysterectomy involves the removal of the whole uterus and the cervix. The woman keeps her fallopian tubes and ovaries.



A hysterectomy with salpingo-oophorectomy

involves the removal of the fallopian tubes, the whole uterus and cervix, together with one or both ovaries.



Why is a hysterectomy recommended?

The decision to have a hysterectomy is usually made with your gynaecologist. This major operation is recommended when other surgical treatments or medication treatments may not be possible, or have not helped your symptoms.

There are a number of uterine conditions for which a hysterectomy is recommended. Some are benign, others malignant.

Benign, or non-cancerous conditions, include:

- » uterine fibroids
- » endometriosis
- » adenomyosis
- » uterine prolapse
- » heavy menstrual bleeding that cannot be managed by other treatments.

Malignant, or cancerous conditions, include cancer of the cervix, uterus or ovaries.

Will the ovaries be removed?

The ovaries are not usually removed if you are having a hysterectomy to treat a benign condition. This means that if you are younger than the age of menopause, you will still produce female hormones from your ovaries and therefore will not need hormone replacement therapy.

However, your ovaries may need to be removed if you are being treated for a benign condition and also have:

- » ovarian cysts
- » a strong family history of ovarian cancer, or
- » are menopausal.

If you are younger than the age of menopause your gynaecologist will discuss hormone replacement therapy with you.

When the hysterectomy is performed for the treatment of cancer and your ovaries are to be removed, the management of menopausal symptoms will be discussed before the surgery.

Regardless of whether the hysterectomy is for the treatment of a benign or cancerous condition, treatment with hormone replacement therapy may not be suitable for some women.

Your gynaecologist may advise you to consider the removal of your fallopian tubes at the time of your hysterectomy, even if your ovaries are not removed. The removal of fallopian tubes has been shown to reduce your overall chance of developing ovarian cancer without any serious harm to your overall health.

What happens during the surgery?

A general anaesthetic will be given, which means that you will be asleep during the operation. To begin with, an incision (or cut) is made. Usually the incision is transverse (across) and is made low down on the abdomen. Sometimes the incision will be vertical or 'up and down'. The type of incision will be discussed with you by your surgeon before the hysterectomy. The uterus and any other organs such as the fallopian tubes and ovaries are all removed through the incision. Once this is completed the wound is closed with dissolvable sutures, or sutures or staples that need to be removed in 5–7 days. The operation usually takes about one hour.

What are the complications of abdominal hysterectomy?

There are general complications with any operation, such as, problems with the anaesthetic, wound infections, blood clots in the legs or lungs and respiratory tract infections. There are also some specific complications for abdominal hysterectomy, these include:

- » excessive bleeding
- » injury to the bladder or ureters, which are the tubes from the bladder to the kidneys
- » injury to the bowel and blood vessels.

All these complications are uncommon and your gynaecologist will discuss them with you before your surgery.

What to expect after the operation

There will be some pain and discomfort after the operation. To help you manage your pain you will be provided with a PCA, or 'patient controlled analgesic' device. The PCA allows you to control the level of pain medication you receive by pressing a button. It also monitors the amount of medication you are getting to make sure you do not receive too much medicine. After the first day or two, the pain will be much less and you will instead be given analgesic tablets for your pain relief.

You will also have an intravenous drip in your arm and a urinary catheter but these are usually removed the day after your operation. In most cases, you will be able to drink and eat small amounts the following day.

There is usually a tape and gauze dressing completely covering the abdominal wound. This is removed by the nursing staff before you are discharged from hospital

two or three days after the operation. When you are home, you will need to keep the wound clean and dry. If you have sutures or staples that need to be removed, your local doctor will be able to remove them five to seven days after the operation.

Most women will notice some bleeding or light spotting after the operation but this should settle in one to two weeks.

Pain relief and management of constipation

- » If you require pain relief medicines on discharge, a pharmacist will supply you with these medicines. If you are discharged on the weekend or outside business hours, you will be provided with a prescription for pain relief medicines and this prescription can be taken to your local pharmacy. Some pain relief medicines are available from pharmacies without a prescription. Check with your doctor or pharmacist before using, to see if these medicines are appropriate for you.
- » Constipation after surgery is common. Strong pain relief medicines can also contribute to constipation. Have plenty of fresh fruit and vegetables and water to help minimise constipation as tolerated. You can also purchase a laxative from your local pharmacy without a prescription, if needed. Ask your pharmacist or doctor for advice.

Going Home after the operation

If all is going well with you and your care, you will usually stay 3 nights in hospital.

Staff will talk to you early in your stay about your plans and arrangements for discharge, this will give them time to have everything in place which you may need.

Discharge time is at 9.30am, so please arrange to be collected at this time. Often it is helpful to take a car load of items such as flowers and clothing home the night before discharge so that you can concentrate on yourself in the morning. If you are unable to be taken home at this time, you may be asked to wait in the patient lounge as we arrange accommodation for new admissions.

Your routine appointment after the operation

Before you leave hospital, you will be given an appointment to see a doctor in our Gynaecology Clinic. At this appointment, usually six weeks after your operation, we will check your wound, discuss any results from your operation and make sure you are recovering normally from your surgery. This appointment is also a good time for you to ask questions and to discuss with the doctor any concerns you may have.

When do you need an urgent appointment?

There are some circumstances when you should be seen by a doctor earlier than six weeks. If you experience heavy vaginal bleeding and pain, have a 'smelly' vaginal discharge or a fever, please visit your local doctor, come to Emergency Care at the Women's or go to your nearest emergency department if more convenient.

Special considerations after abdominal hysterectomy

It is important that you give yourself time to heal after the operation. It will take at least six weeks before you can return to your normal activities. In particular you should:

- » avoid heavy lifting after your operation, e.g. anything more than 5 kilograms or about the same weight as a full bag of shopping
- » avoid any strenuous activities, e.g. sport or heavy housework
- » take sufficient time away from work to ensure your wound has completely healed
- » avoid penetrative sex.

Will you still need to have screening tests?

If your Pap or cervical screening tests have all been normal prior to the hysterectomy and your cervix has been removed, then you will no longer need to have any further cervical screening tests. However, if you have previously had abnormal Pap smears your gynaecologist will advise you about the need for further cervical screening tests.

Your sexual enjoyment after abdominal hysterectomy

Whilst it is fine to enjoy close contact with your partner, penetration of the vagina should be avoided for six weeks after your operation. This will allow the wound at the top of the vagina to heal completely without the risk of damage or infection.

Once women resume sexual intercourse, many find that the hysterectomy improves their sexual experience as they are no longer troubled by the heavy bleeding or pain they had previously. There is usually no change in a woman's sensation of sexual pleasure as the vulva, vaginal walls and clitoris will remain sensitive to sexual stimulation. However some women report a change in the nature of their orgasm after removal of their uterus.

Should you have any concerns it is important to discuss these with your gynaecologist. The Women's also has a Sexual Counselling Clinic which provides specialist medical care and counselling.

In the event of an emergency

If you require urgent attention after discharge you should contact your local doctor or present to your closest Emergency Department.

In the event of an emergency call 000 immediately for ambulance care.

For more information

Women's Gynaecology Clinics –
For appointments, re-bookings & cancellations Tel:
(03) 8345 3033

Nurse on Call

Tel: 1300 60 60 24 for general health advice and information 24 hours a day.

Better Health Channel

www.betterhealth.vic.gov.au

Counterpart

Tel: 1300 781 500 | »www.counterpart.org.au

Cancer Council Victoria

Tel: 131 120 | »www.cancervic.org.au

This fact sheet is a general overview of the operation and may not apply to everyone. If you have any further questions please speak to your gynaecologist.

We wish to thank Women's Health Queensland Wide for permission to use the diagrams in this fact sheet.