

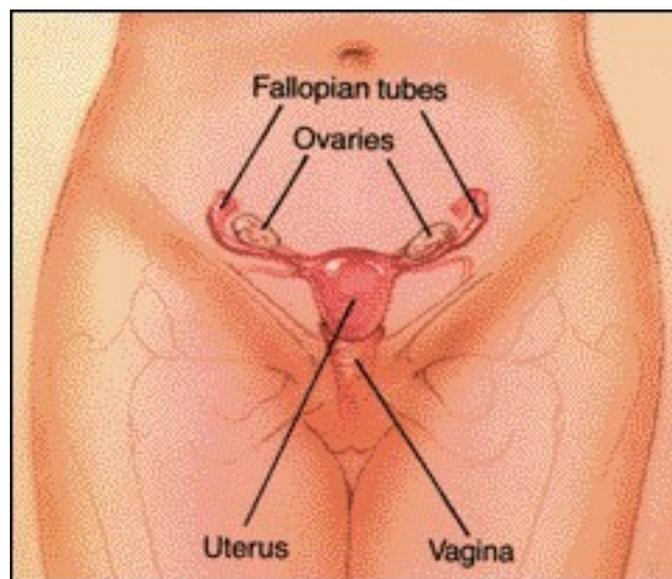
Total Abdominal Hysterectomy and/or Removal of Fallopian Tubes and Ovaries

What is a total abdominal hysterectomy?

Total abdominal hysterectomy means that the whole womb (uterus) including the cervix is removed through a cut in the tummy. It normally involves making a cut along the lower part of the tummy, but if the womb is enlarged – for example by fibroids it may be necessary to do an up and down cut.

Subtotal Hysterectomy means that the womb (uterus) is removed but the cervix is left behind.

Diagram showing the female pelvic organs



Will my ovaries be removed?

In younger women the ovaries are usually left in place as they are still important in producing the normal hormones, unless there is something wrong with them.

Generally in women over the age of 50 the ovaries are removed as this reduces the risk of ovarian cancer in later life.

What are the Risks and Complications?

Serious or frequently recurring risks of surgical procedures:

1. Excessive bleeding requiring blood transfusion.
2. Excessive bleeding which may require a further operation to treat.
3. Incisional complications including hernia and infection which may require antibiotics.
4. Infection which may require antibiotics.
5. Injury to adjacent organs which may require further surgery.
6. Venous thrombosis (DVT) which may result in pulmonary embolus (clot in the lung).
7. Failure to achieve desired result.
8. Pain.

Following Admission

On arrival you will be greeted by a member of the nursing staff who answer any questions you may have. You will see Dr Jha and your anaesthetist before your operation and have the chance to discuss any worries you may have with them.

On the day of your operation you will be given a pair of anti-embolism stockings to wear and you will be asked to wear these until you go home. You will also be given an injection of heparin in your arm every day. This is to slightly thin the blood. After all major surgery there is an increased risk of a blood clot developing in your leg (deep vein thrombosis).

You may need to have suppositories to empty the bowel before your operation. One of the nurses on the ward will discuss this with you when you are admitted. A nurse from the ward will come to theatre with you and collect you following the operation

After the operation

- When you wake up you will be in the recovery area in theatre in your bed. A nurse will be with you.
- You will have an oxygen mask in place; this will help you with your breathing and recovery.
- A drip (intravenous infusion) will be in place. This is to enable us to give you any drugs that you may need such as antibiotics and to stop you from becoming dehydrated by giving you fluids.
- A catheter will be in your bladder to drain your urine. This is removed when you have recovered well enough to have it taken out, usually the following day.
- Occasionally a tube called a drain is left coming out of the tummy to drain off any trickle of blood from inside. This reduces bruising internally after the operation.

Will I have any pain?

This is unlikely as adequate and strong analgesia is provided after the operation. There are different ways of treating pain after your surgery. This will be discussed with you by your anaesthetist.

Will there be any bleeding?

After your operation you may have light vaginal bleeding for up to 3 weeks. This is normal and should get less with time. If, however, the bleeding becomes heavy, please contact either the hospital or your GP for reassurance.

When can I go home?

The stitches in your wound are usually removed 5 days following your operation. You will be discharged when you are well enough to go home. This is usually 5 days following your operation.

When can I return to work?

You will require time off work following your operation. This will be at least 6 weeks but may be upto 12 weeks.

A sick note can be given before you go home. Please ask if you need one.

When will I be able to drive?

Before driving a car you should feel capable of doing an emergency stop. After about three weeks try sitting in the car and depressing the pedals quickly – if it pulls your

tummy muscles, leave it and try again in a few days. Also turning round and reversing can be a strain, so if there is any discomfort leave it a few more days. Please remember to check with your insurance company that driving after a major operation doesn't affect your cover.

Returning to normal

This is mostly common sense. Avoid heavy lifting, heavy housework and sport until you feel comfortable. Light housework, cooking a small meal is acceptable. Ironing a little at a time, sitting down is reasonable. Don't carry heavy bags or shopping or dig the garden! Avoid sexual intercourse until you feel ready. Everyone is different and so people will recover at different rates. It is difficult to put exact time limits on various stages of recovery, so listen to your body.

It is important to eat a rich fibre diet (fruit and vegetables) and drink plenty of water. This will help to avoid constipation. You may be discharged from hospital with a mild laxative to avoid the need for straining. If your ovaries have been removed you may need a small dose of estrogen HRT.

You are likely to feel more tired than usual; for a few weeks. This will pass with time and is nothing to be worried about.