

Hysterectomy

What is it?

A hysterectomy is a surgery to remove all or part of the **uterus** (womb). A **total hysterectomy** means that the whole uterus and the cervix are removed. Removing the ovaries and fallopian tubes is a separate procedure — you and your doctor can discuss whether to combine this with your hysterectomy.

Hysterectomy is one of the most common major surgeries among women. After a hysterectomy, a woman cannot become pregnant.

Why do I need it?

Your doctor may recommend hysterectomy to treat a medical problem with your uterus. Possible problems include:

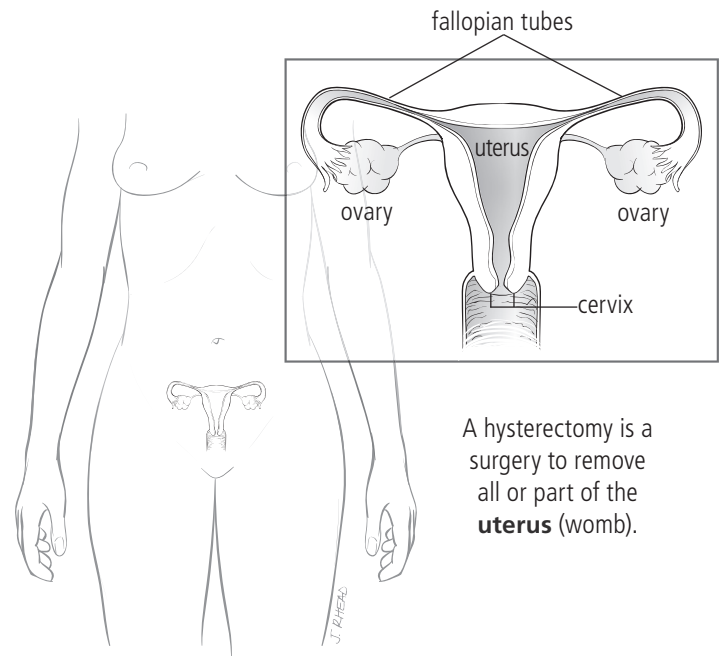
- Uterine fibroids (noncancerous growths in the uterus)
- Endometriosis (uterine tissue growing outside the uterus)
- Pelvic support problems (such as uterine prolapse)
- Abnormal uterine bleeding
- Cancer
- Chronic pelvic pain

Because hysterectomy is a major surgery, a doctor will often suggest hysterectomy after other treatments have failed to correct the problem.

How is it done?

Hysterectomy and other gynecologic surgeries are done in several different ways:

- **Laparoscopic hysterectomy (laparoscopy):** This is surgery done through small incisions in the abdomen. The surgeon is guided by a tiny lighted camera (a **laparoscope**) passed through an incision. If you are having a **robotic-assisted hysterectomy**, a machine translates the surgeon's hand movements into small, precise maneuvers.



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- **Vaginal hysterectomy:** This is surgery done through an incision in the vagina. The surgeon passes instruments through this incision and removes the uterus through the vagina. Sometimes the surgeon will combine transvaginal surgery with laparoscopy, so that an image of the site and procedure shows on a screen to guide the surgeon. This is called **laparoscopic-assisted vaginal hysterectomy**, or **LAVH**.
- **Abdominal hysterectomy (laparotomy):** This is “open” surgery, in which the surgeon reaches the uterus through an incision (cut) in the skin and tissue of the lower abdomen. The incision is usually about 5 inches long, similar to a C-section incision.

Talking with your doctor about hysterectomy

To decide whether to have a hysterectomy, talk to your doctor. Discuss the surgery's potential benefits, its risks, and your treatment alternatives. The table on the next page lists the most common of these, but other benefits and risks may apply in your unique medical situation.

What happens BEFORE the surgery?

Here's what you can expect before a hysterectomy:

- You'll have blood and urine tests.
- You'll be asked to fast (not eat anything) from midnight until your surgery the next day.
- Hair on your pubic area and abdomen may be clipped to help keep the incision sites sterile.
- To prevent infection, you'll be given antibiotics.
- A nurse will place an IV — a small tube put through a needle into a vein — in your arm or wrist to deliver fluids, medication, or blood as needed.
- You'll be attached to monitors and given anesthesia. Depending on your preference and on how your surgery will be done, you may have general anesthesia (which puts you completely asleep during the surgery) or a regional anesthesia (which blocks the feeling in the lower part of your body).
- A catheter — a thin tube — will be placed in your bladder. The catheter drains urine from your bladder during the surgery.

What happens AFTER the surgery?

After a hysterectomy, you may need to stay in the hospital for a few days. (If you've had an abdominal surgery, you'll probably need to stay in the hospital longer than a woman who's had a laparoscopic or vaginal hysterectomy.) Here's what to expect:

- To help prevent blood clots, your nurses will encourage you to walk as soon as possible after surgery. Also, a pneumatic compression device will massage your legs by inflating and deflating.
- You'll have some pain. Your doctor will prescribe medication to help control the pain.

- You'll have vaginal discharge. Gauze and sanitary pads may be used to absorb this.
- You'll learn how to care for yourself at home during your recovery period. Your nurse will discuss the instructions in the next section of this fact sheet.

How do I care for myself at home?

Recovery is different for every woman, and has a lot to do with the type of surgery you've had. **It can last anywhere from 3 to 8 weeks.** This section gives information to help you know what to expect — and what to do — as you recover at home. (Be sure to follow the specific instructions of your own care team if they're different from what you see here.)

Vaginal discharge

After a hysterectomy, it's normal to have light vaginal discharge for up to 6 weeks. At first, the discharge tends to be bright red or pink. Gradually, it changes to a brownish or yellowish color. Here's what to do to take care of yourself:

- Use pads to absorb discharge. Change them every time you go to the bathroom.
- Do NOT douche, use tampons, or have sex. "Ask your doctor when it's okay to do so."
- Wipe front to back after going to the bathroom. This helps prevent infection.
- **CALL YOUR DOCTOR** if the discharge becomes foul-smelling, or if the discharge becomes heavier than a light menstrual period.
- **GET EMERGENCY CARE** if your bleeding is heavier than a normal menstrual period, or if you pass bright red clots.

Potential benefits	Risks and potential complications of hysterectomy	Alternatives
<p>The benefits of hysterectomy depend on the condition you are being treated for. Generally hysterectomy can:</p> <ul style="list-style-type: none"> • Remove abnormal or unwanted tissue • Stop heavy uterine bleeding and discomfort • Improve pelvic support problems 	<ul style="list-style-type: none"> • Blood clots in the veins or lungs • Infection • Bleeding during or after surgery, which may require a transfusion • Bowel injury or blockage • Injury to the bladder, ureter, urinary tract, or nearby organs • Problems related to anesthesia • Death (extremely rare) <p>Note that generally speaking, abdominal hysterectomy requires a longer recovery period than does laparoscopic or transvaginal hysterectomy.</p>	<p>Alternatives to hysterectomy depend on the reason you are having the procedure, what other treatments you've tried, and so on. Ask your doctor for alternatives in your specific situation.</p>

Pain

Your pain and soreness should gradually go away as the days pass. Cramps, a bloated abdomen, and low back pain are all common complaints. Also, your incisions may be sore at first and itchy as they heal. To help ease and monitor your pain, do these things:

- Take any medication as prescribed. Often your doctor will prescribe medication to treat pain. Follow your doctor's instructions carefully.
- **CALL YOUR DOCTOR** if you have:
 - Any increase in your pain, or if pain medication isn't working
 - A lot of bloating or swelling in your abdomen
 - Pain, redness, or swelling in one leg, or in your groin
- **GET EMERGENCY CARE** if you have chest pain, a cough (not from a cold), or trouble breathing.

Fatigue

Any surgery will leave you feeling tired. Your body is healing. Try these tips to help speed the process:

- Try to get at least 8 hours of sleep each night. Rest throughout the day.
- Eat well balanced, healthy meals.
- Tell your family what they can do to help you get the rest you need.
- **CALL YOUR DOCTOR** if you become more tired (rather than less) each day, or if you're dizzy for more than a few seconds at a time.

Incisions (for abdominal and laparoscopic hysterectomy)

If you've had an abdominal surgery, your incision will take longer to heal than the smaller incisions from a laparoscopic surgery. But basic care for the incisions is the same. Here's what to do:

- You may take a shower after the first 48 hours, but do NOT soak in a bath, hot tub, or swimming pool. Wait until your incision is well healed (and any tape covering the incision has fallen off). It's okay to sit in a few inches of warm water — just don't let the water reach your incision, and don't put soap or shampoo in the water.

Note: If you've had a vaginal hysterectomy, you won't need to take care of the incision. The internal stitches will dissolve on their own. When this happens — usually about 2 weeks after surgery — your vaginal discharge may increase or reoccur.

- **CALL YOUR DOCTOR** if you have any of these signs of infection:
 - Ongoing red bleeding from your incision. (It's normal to have a small amount of bloody discharge — but not red bleeding — at home.)
 - Redness, swelling, separation, odor, or yellowish drainage from your incision.
 - Fever of 100.4°F (38.0°C) or greater.
 - Flu-like symptoms (for example, chills, body ache, fatigue, or headache).
 - Increase in pain, or pain medication that isn't working.

Sexual intercourse

Don't have sexual intercourse until your doctor specifically says you may safely do so. Explain to your partner: to protect your healing, it's important to check with the doctor before resuming sexual activity.

Physical activity and exercise

During your recovery, light activity is good for you. It helps prevent problems such as gas, stiffness, weakness, and blood clots. The trick is being active at the right level. Here are a few guidelines:

- Take it easy for the first 2 weeks. This means:
 - Don't sit or stand for more than half an hour at a time.
 - Don't push, pull, or strain.
 - Don't lift anything heavier than 5 pounds. And when you're picking things up, bend carefully at the knees and lift slowly.
 - Don't do housework or yard work. Get your family to pitch in, or hire help.
 - You can drive as soon as your pain is gone and you are NOT taking narcotics.
 - Take short walks several times a day. Ask someone for support if you feel shaky or dizzy. Start with short distances, and work up to longer walks.
- Avoid climbing stairs if it hurts — but climb them as soon as you can do so without pain.
- **ASK YOUR DOCTOR** when it's okay to return to work or do more strenuous exercise. (Most patients can return to work within 2 weeks.)

Gas

Many women have gas after surgery. Here are some things to do to prevent or treat gas:

- Walk more often or a little farther every day.
- Stay away from carbonated drinks — and don't use a straw. Drink warm drinks.
- Lay on your left side, with your knees drawn up to your chest. Or get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
- When you have gas, gently press on your abdomen every hour, following these steps:
 - 1 Take a few deep breaths. Blow out slowly.
 - 2 Place your hands below your navel with the fingertips touching.
 - 3 Take a deep breath and hold it for 5 counts.
 - 4 Breathe out slowly and completely through your mouth while pressing in and down on your abdomen.
 - 5 Move your hands a half-inch closer to your incision, and repeat steps 2 to 4.
- **CALL YOUR DOCTOR** if you have continuing or severe abdominal swelling or bloating.

Constipation

Constipation after surgery can add to your discomfort. Here's what to do to prevent and relieve constipation:

- Drink at least 6 to 8 glasses of water each day.
- Eat high-fiber foods. Fresh fruit, vegetables, and whole grain bread are good options.
- Don't strain with bowel movements, and don't use an enema.
- Take a stool softener or laxative if your doctor recommends it.
- **CALL YOUR DOCTOR** if you can't relieve constipation with the measures listed above.

Urination

After surgery, you might have trouble urinating. This might be due to your surgery. But it may also come from pain medication, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while going to the bathroom. This can damage the area of your recent surgery.
- Urinate while sitting in a few inches of warm water. Remember to avoid getting your incision wet if it hasn't healed yet.
- Don't let your bladder get too full. Believe it or not, it's easier if you urinate more often.
- Do Kegel exercises to strengthen the muscles around your vagina, bowel, and bladder. To start, tighten the muscles you use to stop the flow of urine. Hold for a count of ten, then relax the muscles slowly. Repeat several times a day, working up to 100 Kegels a day.
- If you can't urinate on your own before you leave the hospital, you may need to go home with a **urinary catheter** (a small tube to drain urine from the bladder). Until you can urinate on your own, follow these instructions:
 - **If you go home with a catheter in place**, follow the nurse's instructions for caring for the catheter and drainage bag. Do any exercises you've been taught. And make sure you know when and how the catheter will be removed.
 - **If you need to self-catheterize**, a nurse will teach you how before you leave the hospital. Be sure to self-catheterize as often as your nurse has told you to — usually every 3 to 4 hours during the day.
- **CALL YOUR DOCTOR** if you:
 - Can't urinate, or have ongoing difficulty urinating
 - Have problems with your catheter, or with self-catheterizing
 - Have bloody, cloudy, or foul-smelling urine
 - Have burning, painful, or frequent urination